Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-31-10 through 01-13-11
B 09 0 A P PA 9 0146233
Number of checks enclosed: 0
Account Number: 5860 2122 9546

14099 001 SCM999 0

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

At Bank of America, if fraud occurs on your debit or credit card, charges will be credited to your account as soon as the next business day pending resolution of claim. To be covered, report fraud charges promptly. Don't share personal or account information. See account agreements or visit www.bankofamerica.com/solutions for details.

Bank of America is launching the Gift for Opportunity™ fund. Together we can address needs in our communities by donating to Feeding America and the Boys and Girls Club of America. Bank of America is matching up to $1 million in contributions. Donate today at your Banking Center or go online to bankofamerica.com/give.

NELVA E BRUNSTING
CAROLE A BRUNSTING

Statement Period
12-31-10 through 01-13-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 12-31-10	$	0.00
Deposits and Other Additions	+	4,991.20
Checks Posted	-	3,188.14
ATM and Debit Card Subtractions	-	296.59
Service Charges and Other Fees	-	26.00
Ending Balance on 01-13-11	**$**	**1,480.47**

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
TX Tlr transfer Banking Ctr Town & Country #0000159 TX Confirmation# 8681578797	12-31	25.00
Online Banking transfer from Chk 1143 Confirmation# 0408261624	01-03	2,466.20
Deposit	01-06	2,500.00

Total Deposits and Other Additions $4,991.20

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
91	01-07	585.00	93	01-11	605.00
92	01-10	1,413.14	102*	01-13	585.00

Total Checks Posted $3,188.14

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount($)
Randalls Store 01/09 #000555055 Purchase 5586 Weslayan Houston TX	01-10	234.97
CheckCard 0109 Walgreens #0489 Houston TX 24445001010000425981932	01-10	21.62
BkofAmerica ATM 01/11 #000007185 Withdrwl Meyerland Plaza Houston TX	01-12	40.00

Total ATM and Debit Card Subtractions $296.59

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Subtractions

Service Charges and Other Fees		Date Posted	Amount($)
Check Order00099 Des:Fee Indn:Nelva E Brunsting	ID:U016879450 Co ID:0000000099 Ppd	01-13	26.00

Total Service Charges and Other Fees $26.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	0.00	01-06	4,991.20	01-11	2,131.47
12-31	25.00	01-07	4,406.20	01-12	2,091.47
01-03	2,491.20	01-10	2,736.47	01-13	1,480.47

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
01-14-11 through 02-10-11
B 09 0 A P PA 9 0141705
Number of checks enclosed: 0
Account Number: 5860 2122 9546

11099 001 SCM999 I1 0

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

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1.800.688.6086 En Español

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P.O. Box 25118
Tampa, FL 33622-5118

At Bank of America, if fraud occurs on your debit or credit card, charges will be credited to your account as soon as the next business day pending resolution of claim. Don't share personal or account information. See account agreements or visit www.bankofamerica.com/solutions for details.

NELVA E BRUNSTING
CAROLE A BRUNSTING

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 01-14-11	$	1,480.47
Deposits and Other Additions	+	22,620.00
Checks Posted	-	11,444.52
ATM and Debit Card Subtractions	-	1,031.16
Service Charges and Other Fees	-	105.00
Other Subtractions	-	1,493.29
Ending Balance on 02-10-11	**$**	**10,026.50**

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Return Of Posted Check / Item (Received On 01-18) Check #0000000110	01-19	810.00
Return Of Posted Check / Item (Received On 01-18) Electronic Transaction	01-19	725.00
Online Banking transfer from Chk 1143 Conf# 3049684838; Brunsting, Anita	01-20	5,000.00
Online Banking transfer from Chk 1143 Conf# 0215486909; Brunsting, Anita	01-27	3,500.00
Fee Refund nbkhuz8	01-27	105.00
US Treasury 310 Des:Soc Sec ID:Xxxxxxxxxd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	02-03	1,780.00
Online Banking transfer from Chk 1143 Conf# 6104113733; Brunsting, Anita	02-07	700.00
Online Banking transfer from Chk 1143 Conf# 4231325513; Brunsting, Anita	02-10	10,000.00

Total Deposits and Other Additions $22,620.00

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
101	01-18	1,065.00	110*	01-18	810.00	117	02-07	65.00
103*	01-18	220.00	111	01-20	70.00	118	02-02	7.10
104	01-19	2.54	112	01-21	1,619.00	120*	01-28	856.93
105	01-19	8.02	113	01-21	888.00	121	02-01	1,249.00
106	01-20	39.74	114	01-24	1,083.91	122	02-02	460.00
107	01-18	238.50	115	01-25	100.00	124*	02-04	842.00
108	01-19	1.23	116	01-27	906.55	126*	02-07	807.00

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)
127	02-09	105.00

Total Checks Posted $11,444.52

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount($)
Kroger 01/15 #000082610 Purchase 14344 Memorial Dr Houston TX	01-18	32.33
CheckCard 0114 Exxonmobil 47188966 Jersey Villagtx 24164051015378001795630	01-18	20.93
CheckCard 0123 Verizon Wrls Ivr Ve 800-9220204 CA 24498041023169189075855	01-24	106.42
Randalls Store 01/23 #000635058 Purchase 5586 Weslayan Houston TX	01-24	35.89
CheckCard 0122 Chick-Fil-A #01037 Houston TX 24427331023710013223418	01-24	3.29
BkofAmerica ATM 01/25 #000006811 Withdrwl Lakewood Forest Cypress TX	01-25	10.00
CheckCard 0127 Chevron 003077 Houston TX 76097540460310272175991	01-27	20.86
Randalls Store 01/29 #000576033 Purchase 5586 Weslayan Houston TX	01-31	51.87
Randalls Store 01/30 #000569014 Purchase 5586 Weslayan Houston TX	01-31	47.24
CheckCard 0130 Chevron 00107985 Houston TX 24625121030410244886432	01-31	21.07
CheckCard 0127 Chick-Fil-A #01037 Houston TX 24427331028710011831977	01-31	3.29
Lowe's #1570 01/29 #000991908 Purchase 4645 Beechnut Str Houston TX	01-31	0.95
Randalls Store 02/06 #000565032 Purchase 12850 Memorial Dr Houston TX	02-07	71.64
CheckCard 0206 Exxonmobil 47191184 Houston TX 24164051038378001189654	02-08	20.06
Nnt Hare Repai 02/09 #000000005 Purchase 5815 Star Ln Houston TX	02-09	574.65
CheckCard 0208 Exxonmobil 97276117 Houston TX 24164051040378004789282	02-10	10.67

Total ATM and Debit Card Subtractions $1,031.16

Service Charges and Other Fees	Date Posted	Amount($)
NSF: Returned Item Fee For Activity Of 01-18 Electronic Transaction	01-19	35.00
Overdraft Item Fee For Activity Of 01-18 Check #0000000103	01-19	35.00
NSF: Returned Item Fee For Activity Of 01-18 Check #0000000110	01-19	35.00

Total Service Charges and Other Fees $105.00

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Subtractions

Other Subtractions	Date Posted	Amount($)
Cardmember Serv Des:Cr CD Pmt Check #:0109 Indn:4037660013896626 Co ID:Cxxxxxxxxx Arc	01-18	725.00
Cardmember Serv Des:Cr CD Pmt Check #:0109 Indn:4037660013896626 Co ID:Cxxxxxxxxx Arc	01-21	725.00
Bank Of America Credit Card Bill Payment	02-01	43.29
	Total Other Subtractions	**$1,493.29**

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$35.00	$35.00
Total NSF: Returned Item Fees	$70.00	$70.00

We refunded to you a total of $105.00 in fees for Overdraft and/or NSF: Returned Items this statement period and a total of $105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	1,480.47	01-25	105.67	02-03	1,822.52
01-18	1,631.29 -	01-27	2,783.26	02-04	980.52
01-19	213.08 -	01-28	1,926.33	02-07	736.88
01-20	4,677.18	01-31	1,801.91	02-08	716.82
01-21	1,445.18	02-01	509.62	02-09	37.17
01-24	215.67	02-02	42.52	02-10	10,026.50

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
02-11-11 through 03-16-11
B 09 0 A P PA 9 0134661
Number of checks enclosed: 0
Account Number: 5860 2122 9546

17099 001 SCM999 I1 0

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

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Tampa, FL 33622-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 02-11-11	$	10,026.50
Deposits and Other Additions	+	17,717.52
Checks Posted	-	13,759.46
ATM and Debit Card Subtractions	-	1,039.00
Other Subtractions	-	3,248.57
Ending Balance on 03-16-11	**$**	**9,696.99**

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

NELVA E BRUNSTING
CAROLE A BRUNSTING

Statement Period
02-11-11 through 03-16-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	03-01	15,540.40
US Treasury 310 Des:Soc Sec ID:Xxxxxxxxxd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	03-03	1,780.00
CheckCard 0306 Walgreens #0489 Houston TX 74445001066600235241399	03-07	6.48
Deposit	03-11	390.64

Total Deposits and Other Additions $17,717.52

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
125	02-11	70.00	141	02-25	826.72	154	03-15	10.00
130*	02-11	1,166.00	143*	02-25	510.00	155	03-10	285.00
131	02-11	637.41	144	02-28	801.80	156	03-10	1,045.67
133*	02-14	100.00	145	03-02	365.23	157	03-11	100.00
134	02-17	15.01	146	03-04	538.68	158	03-14	1,253.02
135	02-14	430.00	148*	03-07	1,704.19	159	03-16	55.00
136	02-18	771.23	149	03-14	25.00	161*	02-18	70.00
138*	02-17	1,454.42	150	03-10	5.37	162	02-22	1,067.57
139	02-25	52.00	151	03-08	181.58	312*	03-15	111.00
140	02-22	100.00	153*	03-14	7.56			

Total Checks Posted $13,759.46

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount($)
Randalls Store 02/12 #000655055 Purchase 5586 Weslayan Houston TX	02-14	76.92
Randalls Store 02/13 #000656060 Purchase 5586 Weslayan Houston TX	02-14	23.68
CheckCard 0212 Chevron 001079 Houston TX 97562640460310432097451	02-14	20.10
Kroger 02/18 #000084155 Purchase 17455 Sprg Cypres Cypress TX	02-18	27.33
Randalls Store 02/19 #000597005 Purchase 5586 Weslayan Houston TX	02-22	47.02
Wal Wal-Mart S 02/20 #000529592 Purchase 2718 Wal-Sams Houston (C) TX	02-22	46.27
Walgreen Compa 02/19 #000902091 Purchase 5560 Weslayan Houston TX	02-22	28.12
Lowe's #1570 02/20 #000620069 Purchase 4645 Beechnut Str Houston TX	02-22	22.99
CheckCard 0219 Southwest Fertilizer Houston TX 24071051051987109941149	02-22	8.73
Randalls Store 02/20 #000002004 Purchase 5586 Weslayan Houston TX	02-22	8.68
CheckCard 0219 Chick-Fil-A #01037 Houston TX 24427331051710014141333	02-22	5.83
CheckCard 0220 Subway 00327528 Houston TX 24164071052255905122487	02-22	3.25

NELVA E BRUNSTING
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MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount($)
CheckCard 0221 Exxonmobil 47188966 Jersey Villagtx 24164051053378001625418	02-23	20.36
CheckCard 0222 Verizon Wrls Myacct Ve 800-9220204 CA 24498041054169129782281	02-24	172.35
Randalls Store 02/24 #000602018 Purchase 5586 Weslayan Houston TX	02-24	24.39
Radio Shack 02/26 #000955196 Purchase Kroger Plaza S.C. Houston TX	02-28	94.13
CheckCard 0226 Southwest Fertilizer Houston TX 24071051058987107138899	02-28	59.73
Petsmart Inc 1 02/26 #000075895 Purchase 5415 W Loop South Houston TX	02-28	36.79
CheckCard 0227 The Home Depot 566 Houston TX 24610431059010174312569	03-01	20.55
CheckCard 0228 Exxonmobil 47191184 Houston TX 24164051060378001647132	03-02	21.69
Randalls Store 03/05 #000612118 Purchase 5586 Weslayan Houston TX	03-07	24.30
CheckCard 0305 Chevron 001079 Houston TX 93571540460310641893469	03-07	22.98
Wal Wal-Mart S 03/05 #000505808 Purchase 5094 Wal-Sams Houston TX	03-07	11.89
Randalls Store 03/06 #000605017 Purchase 5586 Weslayan Houston TX	03-07	9.77
CheckCard 0305 Chick-Fil-A #01037 Houston TX 24427331065710014423354	03-07	3.29
CheckCard 0306 Subway 00327528 Houston TX 24164071066255906519198	03-08	3.25
Randalls Store 03/13 #000025030 Purchase 5586 Weslayan Houston TX	03-14	29.21
CheckCard 0312 Chevron 001079 Houston TX 70752140460310712170648	03-14	22.20
CheckCard 0310 Exxonmobil 47191184 Houston TX 24164051070378001811710	03-14	22.20
CheckCard 0310 Chick-Fil-A #01037 Houston TX 24427331070710013132256	03-14	14.16
Randalls Store 03/12 #000612039 Purchase 5586 Weslayan Houston TX	03-14	13.23
CheckCard 0312 Taco Cabana #148 Houston TX 24431051072207388701845	03-14	8.63
CheckCard 0311 Taco Cabana #148 Houston TX 24431051071207388703289	03-14	6.48
CheckCard 0312 Chick-Fil-A #01037 Houston TX 24427331072710014582523	03-14	3.29
CheckCard 0311 Chick-Fil-A #01037 Houston TX 24427331071710015126438	03-14	1.83
Randalls Store 03/15 #000594108 Purchase 4800 W Bellfort Houston TX	03-16	60.94
Randalls Store 03/16 #000692081 Purchase 5586 Weslayan Houston TX	03-16	12.44

Total ATM and Debit Card Subtractions $1,039.00

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Subtractions

Other Subtractions	Date Posted	Amount($)
Cardmember Serv Des:Cr CD Pmt Check #:0152 Indn:4037660013896626 Co ID:Cxxxxxxxxx Arc	03-14	3,248.57

Total Other Subtractions $3,248.57

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$35.00
Total NSF: Returned Item Fees	$0.00	$70.00

We refunded to you a total of $105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	10,026.50	02-24	3,608.84	03-07	15,831.98
02-11	8,153.09	02-25	2,220.12	03-08	15,647.15
02-14	7,502.39	02-28	1,227.67	03-10	14,311.11
02-17	6,032.96	03-01	16,747.52	03-11	14,601.75
02-18	5,164.40	03-02	16,360.60	03-14	9,946.37
02-22	3,825.94	03-03	18,140.60	03-15	9,825.37
02-23	3,805.58	03-04	17,601.92	03-16	9,696.99

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

9706

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

2010 | OMB No. 1545-0092

A Type of entity (see instr.):

- [ ] Decedent's estate
- [ ] Simple trust
- [X] Complex trust
- [ ] Qualified disability trust
- [ ] ESBT (S portion only)
- [ ] Grantor type trust
- [ ] Bankruptcy estate-Ch. 7
- [ ] Bankruptcy estate-Ch. 11
- [ ] Pooled income fund

For calendar year 2010 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see page 15 of the instructions.)
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Name and title of fiduciary
ANITA BRUNSTING
TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see page 15 of the instructions.)
203 BLOOMINGDALE CIRCLE

City or town, state, and ZIP code
VICTORIA TX 77904

C Employer identification number
27-6453100

D Date entity created

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E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 16 of the instr.):

- [ ] Described in section 4947(a)(1)
- [ ] Not a private foundation
- [ ] Described in section 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: [X] Initial return [ ] Final return [ ] Amended return [ ] Change in trust's name [ ] Change in fiduciary [ ] Change in fiduciary's name [ ] Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ▶ [ ]

Income	1	Interest income	1
	2a	Total ordinary dividends	2a 7,239
	b	Qualified dividends allocable to: (1) Beneficiaries 2,857 (2) Estate or trust	
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4 50,522
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5 24,013
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6
	7	Ordinary gain or (loss). Attach Form 4797	7
	8	Other income. List type and amount	8
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9 81,774
Deductions	10	Interest. Check if Form 4952 is attached ▶ [ ]	10
	11	Taxes	11
	12	Fiduciary fees	12
	13	Charitable deduction (from Schedule A, line 7)	13
	14	Attorney, accountant, and return preparer fees	14
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b
	16	Add lines 10 through 15b ▶	16
	17	Adjusted total income or (loss). Subtract line 16 from line 9	17 81,774
	18	Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18 31,252
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19
	20	Exemption	20 100
	21	Add lines 18 through 20 ▶	21 31,352
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 23 of the instructions	22 50,422
	23	**Total tax** (from Schedule G, line 7)	23 7,218
	24	**Payments:** a 2010 estimated tax payments and amount applied from 2009 return	24a
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b
	c	Subtract line 24b from line 24a	24c
	d	Tax paid with Form 7004 (see page 24 of the instructions)	24d
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ [X]	24e 123
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25 123
	26	Estimated tax penalty (see page 24 of the instructions)	26
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27 7,095
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28
	29	Amount of line 28 to be: a **Credited to 2011 estimated tax** ▶ ; b **Refunded** ▶	29

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/14/11		P00144154

Firm's name ▶ KROESE & KROESE P.C. Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 Phone no. 712-722-3375

DAA **For Paperwork Reduction Act Notice, see the separate instructions.**

P10654

Form **1041** (2010)

BRUNSTING003484

P10655

BRUNSTING003485

Schedule A **Charitable Deduction.** Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 25)	1	
2	Tax-exempt income allocable to charitable contributions (see page 25 of the instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 25 of the instructions)	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

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Schedule B **Income Distribution Deduction**

1	Adjusted total income (see page 25 of the instructions)	1	81,774
2	Adjusted tax-exempt interest	2	2,070
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 26 of the instructions)	3	0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see page 26 of the instructions)	5	0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-50,522
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	33,322
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law 8 33,322		
9	Income required to be distributed currently	9	33,322
10	Other amounts paid, credited, or otherwise required to be distributed	10	0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 26 of the instructions	11	33,322
12	Enter the amount of tax-exempt income included on line 11	12	2,070
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	31,252
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	31,252
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	31,252

Schedule G **Tax Computation** (see page 27 of the instructions)

1	**Tax:** a Tax on taxable income (see page 27 of the instructions)	1a	7,218		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0		
	d **Total.** Add lines 1a through 1c ▶			1d	7,218
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-			4	7,218
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 4 through 6. Enter here and on page 1, line 23 ▶			7	7,218

	Other Information	Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses	X	
	Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 2,070 SEE STMT 1		
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See page 29 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 29 of the instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see page 29 for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see page 29) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 29) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here P10656		
9	Are any present or future trust beneficiaries skip persons? See page 29 of the instructions		X

9706

Form **8453-F**

Department of the Treasury
Internal Revenue Service

U.S. Estate or Trust Income Tax Declaration and Signature for Electronic Filing

For calendar year 2010, or fiscal year beginning ..... , and ending .....

▶ See instructions on back.

OMB No. 1545-0967

2010

Name of estate or trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number: 27-6005

Client Copy

Name and title of fiduciary: ANITA BRUNSTING
TRUSTEE

Part I Tax Return Information

1	Total income (Form 1041, line 9)	1	81,774
2	Income distribution deduction (Form 1041, line 18)	2	31,252
3	Taxable income (Form 1041, line 22)	3	50,422
4	Total tax (Form 1041, line 23)	4	7,218
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	7,095

Part II Declaration of Fiduciary

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's taxes owed on this return, and the financial institution to debit the entry to this account. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponding lines of the electronic portion of the 2010 U.S. Income Tax Return(s) for Estates and Trusts. I have also examined a copy of the return(s) being filed electronically with the Internal Revenue Service, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If I am not the transmitter, I consent that the return(s), including this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the return transmitter. I also consent to the IRS' sending the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the return(s) is accepted, and, if rejected, the reason(s) for the rejection.

Sign Here ▶ _____ Signature of fiduciary or officer representing fiduciary ▶ _____ Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above estate or trust return(s) and that the entries on Form 8453-F are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). The fiduciary or an officer representing the fiduciary will have signed this form before I submit the return(s). I will give the fiduciary or officer representing the fiduciary a copy of all forms and information to be filed with the IRS, and have followed all other requirements described in Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Returns for Estates and Trusts for Tax Year 2010. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's Use Only

ERO's signature ▶ RICHARD K RIKKERS CPA | Date 04/14/11 | Check if also paid preparer ▶ [X] | Check if self-employed ▶ ☐ | ERO's SSN or PTIN P00144154

Firm's name (or yours if self-employed), address, and ZIP code ▶ KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824

EIN ▶ 42-1277139

Phone no. 712-722-3375

Under penalties of perjury, I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8453-F** (2010)

P10658

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P10659

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2010 Form 1041-V

Department of the Treasury
Internal Revenue Service

Client Copy

What Is Form 1041-V and Do You Have To Use It?

It is a statement you send with a check or money order for any balance due on Line 27 (Tax due) of the estate's or trust's 2010 Form 1041. Using Form 1041-V allows us to process the payment more accurately and efficiently. We strongly encourage you to use Form 1041-V, but there is no penalty if you do not.

Note. Any reference in these instructions to "you" means the fiduciary of the estate or trust.

How To Fill In Form 1041-V

Line 1. Enter the estate's or trust's employer identification number (EIN) as shown on its return.

Line 2. Enter the amount you are paying by check or money order.

Line 3. Enter the name of the estate or trust.

Line 4. Enter your name and title.

Line 5. Enter your address exactly as shown on the estate's or trust's return. Please print clearly.

How To Prepare the Payment

- Make the check or money order payable to the "United States Treasury." Do not send cash.
- Make sure the name of the estate or trust appears on the check or money order.
- Write the estate's or trust's EIN and "2010 Form 1041" on the check or money order.
- To help us process the payment, enter the amount on the right side of the check like this: $ XXX.XX. Do not use dashes or lines (for example, do not enter "$ XXX—" or "$ XXX xx/100").

How To Send In the Estate's or Trust's 2010 Tax Return, Payment, and Form 1041-V

- Detach Form 1041-V along the dotted line.
- Do not staple or otherwise attach the payment or Form 1041-V to the return or to each other. Instead, just put them loose in an envelope.
- Mail the estate's or trust's 2010 tax return, payment, and Form 1041-V to the address shown on the back that applies to you.

Mail To: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0148

Form **1041-V** (2010)

▼ **Detach Here and Mail With Your Payment and Return** ▼

CUT HERE

Form **1041-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ **Do not staple or attach this voucher to your payment or return.**

OMB No. 1545-0092

2010

Print or type

1 Employer identification number (EIN) 27-6453100		2 Amount you are paying by check or money order	Dollars 7,095

3 Name of estate or trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

4 Name and title of fiduciary: ANITA BRUNSTING TRUSTEE

5 Address of fiduciary (number, street, and room or suite no.): 203 BLOOMINGDALE CIRCLE

City, state, and ZIP code: VICTORIA TX 77904

For Paperwork Reduction Act Notice, see the instructions for Form 1041.

P10660

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P10661

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SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

OMB No. 1545-0092

2010

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number
Client Copy
27-6453100

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)	1	81,774
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)	4	
5	Refund of taxes	5	( )
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	179
9	Qualified small business stock (see page 2 of the instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	( )
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	81,953

Note: Complete Part II below before going to line 26.

26	Income distribution deduction from Part II, line 44	26	31,431		
27	Estate tax deduction (from Form 1041, line 19)	27			
28	Add lines 26 and 27			28	31,431
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25			29	50,522

If line 29 is:

- $22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $22,500, but less than $165,000, go to line 45.
- $165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see page 6 of the instructions)	30	81,953
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	1,891
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see page 6 of the instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	(50,522)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	33,322
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	33,322
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	33,322
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	1,891
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	31,431

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Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-		43	31,431
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26		44	31,431

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Part III Alternative Minimum Tax

45	Exemption amount		45	22,500
46	Enter the amount from line 29	46 50,522		
47	Phase-out of exemption amount	47 75,000		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48 0		
49	Multiply line 48 by 25% (.25)		49	
50	Subtract line 49 from line 45. If zero or less, enter -0-		50	22,500
51	Subtract line 50 from line 46		51	28,022
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $175,000 or less, multiply line 51 by 26% (.26). • Over $175,000, multiply line 51 by 28% (.28) and subtract $3,500 from the result		52	3,858
53	Alternative minimum foreign tax credit (see page 7 of the instructions)		53	
54	Tentative minimum tax. Subtract line 53 from line 52		54	3,858
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)		55	7,218
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c		56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see page 8 of the instructions before completing this part.

57	Enter the amount from line 51		57	28,022
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary)	58 50,522		
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59		
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60 50,522		
61	Enter the **smaller** of line 57 or line 60		61	28,022
62	Subtract line 61 from line 57		62	
63	If line 62 is $175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,500 from the result		63	
64	Maximum amount subject to the 0% rate	64 2,300		
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet on page 27 of the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0-	65		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66 2,300		
67	Enter the **smaller** of line 57 or line 58	67 28,022		
68	Enter the **smaller** of line 66 or line 67	68 2,300		
69	Subtract line 68 from line 67	69 25,722		
70	Multiply line 69 by 15% (.15)		70	3,858
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.			
71	Subtract line 67 from line 61	71		
72	Multiply line 71 by 25% (.25)		72	
73	Add lines 63, 70, and 72		73	3,858
74	If line 57 is $175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,500 from the result		74	7,286
75	Enter the **smaller** of line 73 or line 74 here and on line 52		75	3,858

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SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2010

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number
Client Copy
27-6453100

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a INVESCO VK INTERNATIONAL GRT FUNDY	INHERIT	06/08/10	2,933	2,234	699
BRANDYWINE BLUE FUND	INHERIT	VARIOUS	2,945	2,220	725
CHEVRON CORP	INHERIT	06/03/10	69,378	62,556	6,822
CITIGROUP INC	INHERIT	06/03/10	10,217	6,682	3,535
COLUMBIA MID CAP VALUE FUND	INHERIT	VARIOUS	2,992	1,827	1,165

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	37,391
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions SEE STATEMENT 2	9	185
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	50,522

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Part III Summary of Parts I and II Caution: Read the instructions **before** completing this part.		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13			
14 Net long-term gain or (loss):				
a Total for year	14a		Client Copy 50,522	
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15		50,522	50,522

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 15, column (3) **or** b $3,000 — 16 ( )

Note: If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	50,422	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18	50,522			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20	50,522			
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	0			
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	50,522	
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	0	
24	Enter the **smaller** of the amount on line 17 or $2,300			24	2,300	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 through 26; go to line 27 and check the "No" box. ☒ **No.** Enter the amount from line 23			25		
26	Subtract line 25 from line 24			26	2,300	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 through 30; go to line 31. ☒ **No.** Enter the **smaller** of line 17 or line 22			27	50,422	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	2,300	
29	Subtract line 28 from line 27			29	48,122	
30	Multiply line 29 by 15% (.15)					30 7,218
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31
32	Add lines 30 and 31					32 7,218
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33 16,623
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34 7,218

P10669

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Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

Part II Long-Term Capital Gains and Losses–Assets Held More Than One Year

Client Copy

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a DWS SMALL CAP VALUE FUND INSTL	INHERIT	VARIOUS	1,890	1,118	772
DALLAS TX AREA RAPID TRAN	INHERIT	06/07/10	10,057	9,875	182
DC REV MEDLANTIC/HELIX SER B	INHERIT	06/07/10	19,800	19,010	790
DODGE & COX INTL STOCK FUND	INHERIT	VARIOUS	10,773	6,473	4,300
DODGE & COX INCOME FUND	INHERIT	VARIOUS	4,592	4,016	576
E I DU PONT DE NEMOURS & CO	INHERIT	06/03/10	7,274	4,527	2,747
EATON VANCE TAX MANAGED VAL	INHERIT	06/08/10	4,640	3,754	886
EXXON MOBIL CORP	INHERIT	06/03/10	16,476	18,289	-1,813
FIDELITY NEW INSIGHTS FD INSTL	INHERIT	VARIOUS	4,590	3,128	1,462
FIDELITY INTER MUNI INCM FD	INHERIT	VARIOUS	6,229	5,986	243
FRANKLIN FED TAX FREE INCM ADV	INHERIT	06/08/10	4,572	4,234	338
FRANKLIN HIGH YLD TAX FREE ADV	INHERIT	06/08/10	2,288	1,972	316
HARTFORD DIVIDEND & GROWTH	INHERIT	06/08/10	3,136	2,450	686
HAYS TX CONS INDPT SCH DIST GO	INHERIT	06/07/10	31,500	29,742	1,758
ING GLOBAL REAL ESTATE FUND	INHERIT	VARIOUS	2,946	1,763	1,183
IN MUN PWR AGY PWR SUPPLY SYS	INHERIT	06/07/10	30,930	30,263	667
INVESTMENT CO OF AMERICA CL F1	INHERIT	VARIOUS	6,007	4,420	1,587
PERKINS MID CAP VALUE FD	INHERIT	06/08/10	1,594	998	596
JOHN HANCOCK INTL CORE FD	INHERIT	06/08/10	1,941	1,671	270
JOHNSON & JOHNSON	INHERIT	06/03/10	8,985	7,881	1,104
JPMORGAN CORE BOND FUND SELECT	INHERIT	VARIOUS	3,952	3,702	250
JPMORGAN HIGH YIELD FD SELECT	INHERIT	VARIOUS	1,343	998	345
MFS RESEARCH INTL FD CL I	INHERIT	VARIOUS	7,566	5,156	2,410
MONROE CNTY NY ARPT AUTH RFDG	INHERIT	06/07/10	9,357	8,990	367
MUNDER MID CAP CORE GROWTH	INHERIT	06/08/10	2,126	1,519	607

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b **P10670** 22,629

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

Part II Long-Term Capital Gains and Losses–Assets Held More Than One Year

Client Copy

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a MUTUAL GLOBAL DISCOVERY FD Z	INHERIT	06/08/10	2,641	2,251	390
NEW WORLD FUND CL F1	INHERIT	VARIOUS	1,976	1,214	762
OPPENHEIMER INTL BOND FUND Y	INHERIT	VARIOUS	1,923	1,684	239
OPPNHMR CMD STRAT TTL TRN CL Y	INHERIT	VARIOUS	3,735	2,946	789
PIONEER FUND CL Y	INHERIT	VARIOUS	7,550	5,200	2,350
PIONEER CULLEN VALUE FUND CL Y	INHERIT	06/08/10	3,602	2,904	698
PROCTER & GAMBLE CO	INHERIT	06/03/10	18,600	14,216	4,384
T ROWE PRICE BLUE CHIP GROWTH	INHERIT	06/08/10	3,154	2,336	818
T ROWE PRICE EQUITY INCOME FD	INHERIT	VARIOUS	5,883	3,907	1,976
T PRICE SUMMIT MUNI INTERM FD	INHERIT	06/08/10	5,088	4,831	257
T ROWE PRICE NEW INCOME FUND	INHERIT	VARIOUS	3,884	3,498	386
TAX EXEMPT BOND FD AMER CL F1	INHERIT	06/08/10	5,103	4,697	406
THORNBURG LTD TERM MUNI FUND	INHERIT	06/08/10	3,954	3,779	175
THORNBURG INVT TR VALUE FD I	INHERIT	VARIOUS	3,403	2,192	1,211
UNIV TX PERM UNIV FD RFDG	INHERIT	06/07/10	5,503	5,582	-79

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b **P10672** 14,762

P10673

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SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. **13**

Name(s) shown on return

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Your social security number

Client Copy

27-6453100

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

1 List the type and address of each **rental real estate property:**	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days **or** • 10% of the total days rented at fair rental value? (See page E-3)		Yes	No
A FARMLAND IOWA		A		X
B		B		
C		C		

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3	26,685			26,685
4 Royalties received	4				
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-4)	6				
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9				
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12				
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16	2,672			
17 Utilities	17				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19	2,672			2,672
20 Depreciation expense or depletion (see page E-5)	20				
21 Total expenses. Add lines 19 and 20	21	2,672			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file **Form 6198**	22	24,013			
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file **Form 8582.** Real estate professionals **must** complete line 43 on page 2	23	(0)	( )	( )	
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses	24				24,013
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25				( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				24,013

P10674

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Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0092

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2010

For calendar year 2010,
or tax year beginning _____,
and ending _____

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

27-6453100

B Estate's or trust's name

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

D ☐ Check if Form 1041-T was filed and enter the date it was filed

_____

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

481-30-4685

G Beneficiary's name, address, city, state, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income		11	Final year deductions
2a	Ordinary dividends	7,239		Client Copy
2b	Qualified dividends	2,857		
3	Net short-term capital gain			
4a	Net long-term capital gain			
4b	28% rate gain		12 A	Alternative minimum tax adjustment 179
4c	Unrecaptured section 1250 gain		J	179
5	Other portfolio and nonbusiness income			
6	Ordinary business income			
7	Net rental real estate income	24,013	13	Credits and credit recapture
8	Other rental income			
9	Directly apportioned deductions			
			14 A	Other information 2,070
			B	90
10	Estate tax deduction		E	7,239
			H *	STMT

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

P10676

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BRUNSTING003507

Federal Statements

Client Copy

Statement 1 - Form 1041, Page 2, Question 1 - Tax Exempt Income

Payer	Municipal Bond	Private Activity Bond
EDWARD JONES	$ 1,891	$ 179
	$ 1,891	179
TOTAL TAX-EXEMPT INCOME		2,070

Statement 2 - Schedule D, Part II, Line 9 - Capital Gain Distributions

Description	Amount
EDWARD JONES	$ 185
TOTAL	$ 185

P10678

P10679

BRUNSTING003509

Federal Statements

NELVA BRUNSTING
481-30-4685

Client Copy

Schedule K-1, Box 14, Code H - Other Information

Description	Amount
BUSINESS AND RENTAL ACTIVITY DETAIL:	
FARMLAND INCOME	$ 24,013

P10681

BRUNSTING003511

9706

Estimate Worksheet

Form **1041**

For calendar year 2011, or tax year beginning , and ending

2010

Name

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Taxpayer Identification Number

Client Copy

Record of Estimated Tax Payments (see 1041-ES instructions for correct payment due dates)

Payment number	(a) Due Date	(b) Amount Due	(c) Date Paid	(d) Amount Paid
1	04/18/11	1,780		
2	06/15/11	1,780		
3	09/15/11	1,780		
4	01/17/12	1,780		
Total ▶		7,120		

Calculation of 1041-ES Payments

1	Enter adjusted total income expected in 2011			1	
2	Enter any expected income distribution deduction	2			
3	Enter any estate tax deduction	3			
4	Enter exemption (see instructions)	4			
5	Add lines 2 through 4			5	
6	Taxable income of estate or trust. Subtract line 5 from line 1			6	
7	Figure your tax on line 6			7	7,218
8	Alternative minimum tax			8	
9	Add lines 7 and 8. Include any tax on lump-sum distributions from Form 4972			9	7,218
10	Credits (see instructions)			10	
11	Subtract line 10 from line 9. If zero or less, enter -0-			11	7,218
12	Other taxes (see instructions)			12	
13	Income tax withheld and estimated to be withheld during 2011 and other refundable credits			13	123
14	Rounding amount			14	25
15	**Balance**			15	7,120
16	Less amount of current year overpayment applied to next year's estimates			16	
17	Less amounts already paid towards next year's estimates			17	
18	**Total estimates for next year**			18	7,120

P10682

P10683

BRUNSTING003513

Form **1116**

Form 1116 Page 1 Detail Worksheet

2010

For calendar year 2010, or tax year beginning , and ending

Name

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Client Copy

Taxpayer Identification Number

27-6453100

Category of income PASSIVE INCOME **Regular Tax** X **Alternative Minimum Tax**

Name of foreign country	VARIOUS					
1a Gross income: (1)						
Other income	3,060					
Qualified dividends	2,857					
Short-term capital gain / loss						
Long-term capital gain / loss	185					
2 Expenses definitely related						
3a Certain itemized deductions						
3b Other deductions						
3c Add lines 3a and 3b						
3d Gross foreign source income	6,102					
3e Gross income from all sources	88,408					
3f Divide line 3d by line 3e	0.0690					
3g Multiply line 3c by line 3f						
4a Home mortgage interest						
4b Other interest expense						
5 Losses from foreign sources						
Deductions not definitely related (Add lines 3g, 4a, 4b, and 5)						
8 Foreign taxes paid or accrued	90					
Fiduciary share (2)	0.0000 %	%	%	%	%	%

(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule.
(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

P10685

BRUNSTING003515

Form **1116**

Form 1116 Page 1 Detail Worksheet

2010

For calendar year 2010, or tax year beginning , and ending

Name
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Client Copy

Taxpayer Identification Number
27-6453100

Category of income PASSIVE INCOME **Regular Tax** ___ **Alternative Minimum Tax** X

Name of foreign country	VARIOUS					
1a Gross income: (1)						
Other income	3,060					
Qualified dividends	2,857					
Short-term capital gain / loss						
Long-term capital gain / loss	185					
2 Expenses definitely related						
3a Certain itemized deductions						
3b Other deductions						
3c Add lines 3a and 3b						
3d Gross foreign source income	6,102					
3e Gross income from all sources	88,408					
3f Divide line 3d by line 3e	0.0690					
3g Multiply line 3c by line 3f						
4a Home mortgage interest						
4b Other interest expense						
5 Losses from foreign sources						
Deductions not definitely related (Add lines 3g, 4a, 4b, and 5)						
8 Foreign taxes paid or accrued	90					
Fiduciary share (2)	0.0000 %	%	%	%	%	%

(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule.
(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

9706

Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 1041

Iowa Fiduciary Return

For Calendar Year 2010 or fiscal year beginning _____ , and ending _____

Name of Estate or Trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Dept. of Revenue No.:

Federal Identification No.: 27-6453100

Client Copy

Name, Address, and Title of Fiduciary:
ANITA BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904
TRUSTEE

Iowa County in which estate is pending:

Name of Attorney, Address (Number and Street), City, State, and Zip Code:
CANDACE KUNZ-FREED
14800 ST MARYS LANE, SUITE 230
HOUSTON TX 77079

Attorney's Phone Number: 800-229-3002

Probate No.:

Check one:
- [ ] Estate
- [ ] Simple Trust
- [X] Complex Trust
- [ ] Bankruptcy Estate

If trust, check one:
- [X] Testamentary
- [ ] Inter Vivos

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Have prior returns been filed for this estate or trust? [ ] Yes [X] No **Is Income Tax Certificate of Acquittance requested?** [ ] Yes [X] No

Is this an amended IA 1041? [ ] Yes [X] No **Is an Iowa 706 being filed?** [ ] Yes [X] No

INCOME

1. Dividends. Enter full amount.	1.		
2. Interest	2.		
3. Income from partnerships and other fiduciaries. Attach supporting schedule.	3.		
4. Net rents and royalties	4.	24,013	
5. Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.	5.		
6. Net gain (loss) from capital assets	6.		
7. Ordinary gains (losses). Attach federal form 4797.	7.		
8. Other income. State nature of income.	8.		
9. Total income. Add lines 1 through 8.			9. 24,013 ▲

DEDUCTIONS

10. Interest. Enter on Schedule D, page 2.	10.		
11. Taxes. Enter on Schedule D, page 2.	11.	89	
12. Fiduciary fees. Enter on Schedule D, page 2.	12.		
13. Charitable deduction from income in compliance with Will or Trust instrument.	13.		
14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.	14.		
15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2.	15.		
16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.	16.		
17. Total. Add lines 10 through 16.			17. 89 ▲
18. Balance. Subtract line 17 from line 9			18. 23,924 ▲
19. Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1.	19.	23,924	
20. Federal estate tax attributable to income in respect of a decedent (fiduciary's share)	20.		
21. Total. Add lines 19 and 20.			21. 23,924
22. Taxable income of fiduciary. Subtract line 21 from line 18. **Must be zero on final return**			22. 0 ▲

RESIDENT COMPUTED TAX

Residents complete lines 23-32. Nonresidents complete Schedule C and enter on line 32.

23. Compute tax from rate Schedule E, page 2.	23.	0	
24. Iowa lump sum tax. Attach federal Schedule 4972.	24.		
25. Iowa minimum tax. Attach IA 6251.	25.		
26. Tax before credits. Add lines 23 through 25.			26. 0
27. Personal exemption credit. This is a nonrefundable credit.	27.	40.00	
28. Out-of-state tax credit. Attach copy of out-of-state return and Schedule IA 130.	28.		
29. Motor fuel tax credit. Attach Schedule IA 4136.	29.		
30. Other credits. Attach IA 148 Tax Credits Schedule.	30.		
31. Total credits. Add lines 27 through 30.			31.

TAX DUE

32. Tax liability. Residents subtract line 31 from 26. Nonresidents enter amount from line 19, Schedule C.	32.	0
33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher	33.	
34. Refund. If line 33 is larger than line 32, enter the difference.	34.	▲
35. Amount due. If line 33 is less than line 32, enter the difference.	35.	0 ▲

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

Staple payment and voucher here.

SIGN HERE

DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers attached hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary — Date

Signature of preparer other than fiduciary | Preparer's ID No. | Address | P10688 | Date

RICHARD K RIKKERS CPA | 42-1277139 | 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 | 04/14/11

CS

P10689

BRUNSTING003519

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 **Fiduciary Schedules A, B, C, D, and E**

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? ☐ Yes ☐ No
6. Did will of decedent create trust? ☐ Yes ☐ No
7. Did decedent file IOWA return(s) up to the date of death? ☐ Yes ☐ No If no, attach earnings statement or explanatory affidavit.
8. Enter decedent's name, address, and SSN: _____
9. Name and Social Security No. of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Had federal audit been made on prior returns of decedent or the estate or trust? ☐ Yes ☒ No Is an audit now in the process? ☐ Yes ☒ No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? ☐ Yes ☒ No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? ☐ Yes ☒ No
15. Does the estate/trust elect to recognize the gain or loss on a distribution of property under section IRC 643(d)(e)? ☐ Yes ☒ No

Client Copy

Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.

	Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of each beneficiary	SEE SCHEDULE K-1 EQUIVALENT(S)			
2. Social Security Number				
3. Address				
4. Iowa resident (Yes/No)				
5. Net short-term capital gain				
6. Net long-term capital gain (100%)				
7. Depreciation and depletion				
8. Ordinary income subject to Iowa income tax				23,924
9. Income not subject to Iowa income tax				
10. Excess deductions				
REGARDING IOWA NONRESIDENT INCOME				
11. Iowa income tax withheld, if any				
12. Withholding agent's identification number				

Schedule C - Computation of Nonresident's Tax

1. Federal taxable income from federal 1041 (include ESBT income)	1.	50,422
2. Interest and dividends from federal securities	2.	
3. Balance. Subtract line 2 from line 1.	3.	50,422
4. Deduction taken for Iowa state income tax	4.	
5. Interest and dividends from foreign, state, and municipal securities	5.	2,070
6. Exemption credit from federal 1041	6.	100
7. Adjusted taxable income. Add lines 3 through 6.	7.	52,592
8. Compute tax on the amount shown on line 7 using Schedule E.	8.	3,137
9. Personal exemption credit	9.	$40.00
10. Tax before being prorated	10.	3,097
11. Nonresident percentage. Divide amount on line 22, page 1, by amount on line 7, Schedule C. This may not be greater than 100.0%.	11.	0.00%
12. Multiply line 10 by percentage on line 11.	12.	
13. Iowa lump-sum tax: Attach federal Schedule 4972.	13.	
14. Iowa minimum tax: Attach IA 6251.	14.	
15. Balance. Add lines 12, 13, and 14.	15.	
16. Motor fuel tax credit. Attach IA 4136.	16.	
17. Other credits	17.	
18. Total credits. Add lines 16 and 17.	18.	
19. Total tax liability. Subtract line 18 from line 15. Enter on line 32, page 1.	19.	

Schedule D - Explanation of Expenses

Line No.	Explanation	Amount
11	TAX EXPENSE- STMT 1	89

Schedule E - Tax Rates

Taxable Income Over	But Not Over			Tax Rate		Of Excess Over
$0	$1,428	$0.00	+	(0.36%	x	$0)
$1,428	$2,856	$5.14	+	(0.72%	x	$1,428)
$2,856	$5,712	$15.42	+	(2.43%	x	$2,856)
$5,712	$12,852	$84.82	+	(4.50%	x	$5,712)
$12,852	$21,420	$406.12	+	(6.12%	x	$12,852)
$21,420	$28,560	$930.48	+	(6.48%	x	$21,420)
$28,560	$42,840	$1,393.15	+	(6.80%	x	$28,560)
$42,840	$64,260	$2,364.19	+	(7.92%	x	$42,840)
$64,260	over	$4,060.65	+	(8.98%	x	$64,260)

63-001b (03/23/11)

P10690

9706

Iowa Schedule K-1 Equivalent

Form **IA 1041**

For calendar year 2010, or tax year beginning , and ending

2010

☐ Amended K-1

☐ Final K-1

Name of trust
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Client Copy

Beneficiary's identifying number ▶ 481-30-4685

Estate's or trust's EIN ▶ 27-6453100

Beneficiary's name, address, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914
Resident state: TEXAS

Fiduciary's name, address, and ZIP code

ANITA BRUNSTING
TRUSTEE
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Enter the following items on the state income tax return of the above named individual.

1	**Beneficiary's Share of Federal Taxable Income**	31,252	This data presented for information only
	Income		
2	Interest		Schedule B, Part I, line 1 or IA 126, line 2
3	Ordinary dividends		Schedule B, Part II, line 3 or IA 126, line 3
4 a	Net short-term capital gains		Form IA 1040, line 6 or IA 126, line 6
b	Net long-term capital gains		Form IA 1040, line 6 or IA 126, line 6
5	Business / Nonpassive		
a	Income		▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation		
c	Depletion		
d	Amortization		
6	Rental and Passive		
a	Income	23,924	▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation		
c	Depletion		
d	Amortization		
7	**Distributions in the Final Year of Estate / Trust**		
a	Excess deductions on termination		Schedule A, line 21
b	Short-term capital loss carryover		Form IA 1040, line 6 or IA 126, line 6
c	Long-term capital loss carryover		Form IA 1040, line 6 or IA 126, line 6
d	Net operating loss (NOL) carryover		Form IA 1040, line 24 or IA 126, line 24
8	**Tax Preference Items**		
a	Accelerated depreciation		Form IA 6251
b	Depletion		Form IA 6251
c	Amortization		Form IA 6251
d	Exclusion items	179	Form IA 8801
9	**Other Items**		
a	Tax-exempt interest		This data presented for information only
b	Estate tax deduction		This data presented for information only
c	Withholding		This data presented for information only

Additional Information:

P10692

Iowa Statements

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes

Client Copy

Description	Amount
PAGE 1 - TAX EXPENSE	$ 0
FEDERAL TAXES PAID	123
ALLOCATED TO NON-IOWA INCOME	-34
TOTAL IOWA TAX EXPENSE	$ 89

P10694

0000^5

CLIENT COPY

Form **1040X**

(Rev. December 2010)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ See separate instructions.

This return is for calendar year [X] 2010 [ ] 2009 [ ] 2008 [ ] 2007

Other year. Enter one: calendar year **or** fiscal year (month and year ended):

Your first name and middle initial	Your last name	Your social security number
NELVA E	BRUNSTING	481-30-4685
If a joint return, your spouse's first name and middle initial	Your spouse's last name	Your spouse's social security number

Your current home address (number and street). If you have a P.O. box, see page 5 of instructions.	Apt. no.	Your phone number
13630 PINEROCK LN		

Your city, town or post office, state, and ZIP code. If you have a foreign address, see page 5 of instructions.

HOUSTON TX 77079-5914

Amended return filing status. You **must** check one box even if you are not changing your filing status.

Caution. You cannot change your filing status from joint to separate returns after the due date.

[X] Single [ ] Married filing jointly [ ] Married filing separately

[ ] Qualifying widow(er) [ ] Head of household (If the qualifying person is a child but not your dependent, see page 5 of instructions.)

Use Part III on the back to explain any changes

		A. Original amount or as previously adjusted (see page 6)	B. Net change – amount of increase or (decrease) – explain in Part III	C. Correct amount
Income and Deductions				
1 Adjusted gross income (see page 6 of instructions). If net operating loss (NOL) carryback is included, check here ▶ [ ]	1	90,681		90,681
2 Itemized deductions or standard deduction (see page 7 of instructions)	2	7,100	24,266	31,366
3 Subtract line 2 from line 1	3	83,581	-24,266	59,315
4 Exemptions. **If changing, complete Part I on the back and enter the amount from line 30** (see page 7 of instructions)	4	3,650		3,650
5 Taxable income. Subtract line 4 from line 3	5	79,931	-24,266	55,665
Tax Liability				
6 Tax (see page 8 of instructions). Enter method used to figure tax: QDCGTW	6	14,455	-6,062	8,393
7 Credits (see page 8 of instructions). If general business credit carryback is included, check here ▶ [ ]	7	0		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	14,455	-6,062	8,393
9 Other taxes (see page 8 of instructions)	9	0		
10 Total tax. Add lines 8 and 9	10	14,455	-6,062	8,393
Payments				
11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (**if changing,** see page 8 of instructions)	11	0		
12 Estimated tax payments, including amount applied from prior year's return (see page 9 of instructions)	12	11,360		11,360
13 Earned income credit (EIC) (see page 9 of instructions)	13	0		
14 Refundable credits from [ ] Schedule M or Form(s) [ ] 2439 [ ] 4136 [ ] 5405 [ ] 8801 [ ] 8812 [ ] 8839 [ ] 8863 [ ] 8885 or [ ] other (specify):	14	0		
15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed (see page 10 of instructions)	15			3,095
16 Total payments. Add lines 11 through 15	16			14,455
Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)				
17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS (see page 10 of instructions)	17			
18 Subtract line 17 from line 16 (If less than zero, see page 10 of instructions)	18			14,455
19 **Amount you owe.** If line 10, column C, is more than line 18, enter the difference (see page 10 of instructions)	19			
20 If line 10, column C, is less than line 18, enter the difference. This is the amount **overpaid** on this return	20			6,062
21 Amount of line 20 you want **refunded to you**	21			6,062
22 Amount of line 20 you want **applied to your (enter year):** **estimated tax**	22			

Complete and sign this form on Page 2.

NELVA E BRUNSTING 481-30-4685

Part I Exemptions

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2008 or 2009.

See Form 1040 or Form 1040A instructions and page 11 of Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23	Yourself and spouse. **Caution.** If someone can claim you as a dependent, you cannot claim an exemption for yourself	23		
24	Your dependent children who lived with you	24		
25	Your dependent children who did not live with you due to divorce or separation	25		
26	Other dependents	26		
27	Total number of exemptions. Add lines 23 through 26	27		
28	Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending (see page 11 of instructions)	28		
29	If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 2 for 2008, or line 6 for 2009	29		
30	Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form	30		

31 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see page 11 of instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see page 11 of instructions)
				☐
				☐
				☐
				☐
				☐

Part II Presidential Election Campaign Fund

Checking below will not increase your tax or reduce your refund.

☐ Check here if you did not previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

TAXPAYER IS AMENDING HER RETURN TO REPORT MEDICAL EXPENSES AND CONTRIBUTIONS NOT TAKEN ON THE ORIGINAL RETURN.

Sign Here

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

▶ Your signature — Date

▶ Spouse's signature. If a joint return, **both** must sign. — Date

Paid Preparer Use Only

▶ RICHARD K RIKKERS CPA — Preparer's signature

07/06/11 — Date

KROESE & KROESE P.C. — Firm's name (or yours if self-employed)

RICHARD K RIKKERS CPA — Print/type preparer's name

540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824 — Firm's address and ZIP code

P00144154 — PTIN

☐ Check if self-employed

712-722-3375 — Phone number

42-1277139

P10699

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. 07

Name(s) shown on Form 1040: NELVA E BRUNSTING

Your social security number: 481-30-4685

Medical and Dental Expenses	**Caution.** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)		1	30,534	
	2 Enter amount from Form 1040, line 38	2	90,681		
	3 Multiply line 2 by 7.5% (.075)		3	6,801	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4 23,733
Taxes You Paid	5 State and local **(check only one box):**				
	a [X] Income taxes, **or**		5	1,355	
	b [ ] General sales taxes				
	6 Real estate taxes (see instructions)		6	1,298	
	7 New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b		7		
	8 Other taxes. List type and amount ▶ SEE STATEMENT		8	145	
	9 Add lines 5 through 8				9 2,798
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098		10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11		
Note. Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules		12		
	13 Mortgage insurance premiums (see instructions)		13		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
	15 Add lines 10 through 14				15
Gifts to Charity	16 Gifts by cash or check. If you made any gift of $250 or more, see instructions		16	4,835	
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500		17		
	18 Carryover from prior year		18		
	19 Add lines 16 through 18				19 4,835
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21		
	22 Tax preparation fees		22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23		
	24 Add lines 21 through 23		24		
	25 Enter amount from Form 1040, line 38	25			
	26 Multiply line 25 by 2% (.02)		26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶				28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				29 31,366
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]				P10700

000065

For fiscal year beginning 01/01/10 and ending 12/31/10

IA 1040X

Amended Iowa Individual Income Tax Return

STEP 1

A. Your last name: BRUNSTING	Your first name/middle initial: NELVA E	Social Security Number: 481-30-4685
B. Spouse's last name	Spouse's first name/middle initial	Social Security Number

Current Mailing address (number and street or PO Box): 13630 PINEROCK LN

City, town or post office, state, ZIP code: HOUSTON TX 77079-5914

Residence on 12/31 of year being amended — County No: 00 — Sch. Dist. No: 0000

[X] Check this box if you or your spouse were 65 or older at the end of the tax year.

For Calendar Year: 2010

STEP 2 Filing Status: Mark correct status.

1	X	Single: Were you claimed as a dependent on another person's Iowa return for the year being amended? [ ] YES [X] NO ▲
2		Married filing a joint return.
3		Married filing separately on this combined return. Spouse use column B.
4		Married filing separate returns. Spouse's name: SSN: Inc.: $
5		Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name & SSN here.
6		Qualifying widow(er) with dependent child. Name: SSN:

Reason for Amendment:

- [ ] Net Operating Loss
- [ ] Federal Audit
- [ ] Protective Claim
- [X] Other

Provide detailed explanation on back.

STEP 3 Corrected Exemptions

YOU (and spouse IF filing jointly)	Personal Credit: Enter 1 or Enter 2 if filing joint or head of household	▲ 1	X $ 40	= $	40
	Enter 1 for each person who is **65 or older** and/or 1 for each person who is **blind**	▲ 1	X $ 20	= $	20
	Dependents: Enter 1 for each dependent	▲	X $ 40	= $	
	Enter first names of dependents here:		TOTAL $		60
SPOUSE (IF filing status 3)	**Personal Credit:** Enter 1	▲	X $ 40	= $	
	Enter 1 if **65 or older** and/or 1 if **blind**	▲	X $ 20	= $	
	Dependents: Enter 1 for each dependent	▲	X $ 40	= $	
	Enter first names of dependents here:		TOTAL $		

STEP 4 Corrected Taxable Income

		B. Spouse/Status 3	A. You or Joint
1.	Gross Income		▲ 67,933
2.	Adjustments to Income		▲ 7,158
3.	Net Income. Subtract line 2 from line 1.		▲ 60,775
4.	Addition for Federal Taxes		▲ 577
5.	Total. Add lines 3 and 4.		61,352
6.	Deduction for Federal Taxes		▲ 11,500
7.	Balance. Subtract line 6 from line 5.		▲ 49,852
8.	Deduction: Itemized / Standard		▲ 28,853
9.	Taxable Income. Subtract line 8 from line 7.		20,999

STEP 5 Figure Your Tax and Credits

10.	Tax or Alternative Tax		▲ 903
11.	Iowa Lump Sum/Minimum Tax		0
12.	Total Tax. Add lines 10 and 11.		903
13.	Total of Exemption Credits, Earned Income Tax Credit (for years 2006 and prior), & Tuition & Textbook Credit		60
14.	Balance. Subtract line 13 from line 12. If less than zero, enter zero.	0	▲ 843
15.	Credit for Nonresident or Part-Year Resident. Attach IA 126.		▲ 525
16.	Balance. Subtract line 15 from line 14. If less than zero, enter zero.	0	318
17.	Other Iowa Credits. Attach IA 148 Tax Credits Schedule.		
18.	Balance. Subtract line 17 from line 16. If less than zero, enter zero.	0	318
19.	School District Surtax/Emergency Medical Services Surtax		▲
20.	Contributions from Original Return		
21.	Total Tax. Add lines 18, 19, and 20.		318

STEP 6 Refund or Amount You Owe

22.	Total. Add columns A & B, line 21, and enter here.		318
23.	Total Credits B & A from Step 9 of the IA 1040. See instructions.		1,320
24.	Tax amount previously paid		0
25.	Total credits and payments. Add lines 23 and 24.		1,320
26.	Overpayment shown on previous filing		413
27.	Subtract line 26 from line 25. Enter here.		907
28.	If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND		▲ 589
29.	If line 27 is less than line 22, subtract line 27 from line 22. This is the AMOUNT OF TAX YOU OWE.		▲
30.	Penalty and Interest. See instructions. 30a. Penalty ▲ + 30b. Interest		▲
31.	TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of Iowa PAY		▲

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

CS Daytime Telephone Number: _____

Preparer's Signature: RICHARD K RIKKERS CPA Date: 07/06/11

Firm Address: KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824

Phone: 712-722-3375 ID#: 42-1277139

P10702

Explanation of Changes to Income, Deductions, and Credits

Enter the line reference from page 1 for which you are reporting a change and give the reason for each change. Please attach applicable schedules. Please indicate how the change in income, deductions, or credits are allocated between spouses.

TAXPAYER IS AMENDING HER RETURN TO REPORT MEDICAL EXPENSES AND CONTRIBUTIONS NOT TAKEN ON THE ORIGINAL RETURN.

Credit Carryforward

If you are amending prior to the end of the year for which this return came due and wish to change your credit carryforward (estimated tax), please fill in these line items.

Calculated Overpayment: ..... 1) _____

Elected Carryforward Amount for You (A) 0

Spouse (B) _____

Total Carryforward ..... 2) _____

Subtract line 2 from line 1 and enter on line 28 ..... = _____

NOTE: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Mail return to:
Iowa Income Tax Processing
Iowa Department of Revenue
Hoover State Office Building
Des Moines IA 50319-0120.

DO YOU OWE ADDITIONAL TAX?
You have three options to pay!

1. **Payment transfer from your bank account:** Go to www.state.ia.us/tax/ and make a direct debit/electronic payment through eFile & Pay.
2. **Pay by credit card online:** Go to www.state.ia.us/tax/ > eServices > Electronic Payment Options. Please note that you will be charged a service fee by the vendor.
3. **Mail your payment** with voucher IA 1040V to Iowa Department of Revenue, Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187.

FINAL CHECKLIST
Before you mail this return, make sure you have:

- Rechecked your math!
- Provided an explanation of the change.
- Computed interest and any applicable penalty on additional tax due.
- Signed your return.
- Verified your Social Security Number(s).
- Made your payment, if required.

Please do not send cash by mail.

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Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING

Social Security Number 481-30-4685

NOTE: If you have federal bonus depreciation, please see the 2010 Expanded Instructions on our Web site.

Medical and Dental Expenses		**Do not include health insurance premiums deducted on IA 1040, line 18.**			
	1.	Medical and dental expenses	1. 29,376		
	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here.	2. 6,801		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		3.	22,575
Taxes You Paid	4.	State and Local (Check only one box):			
		a [X] Other state and local income taxes. Do not include Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2010 OR >	4.		
		b [ ] General sales taxes only from line 5b of the Federal Schedule A.			
	5.	Real estate taxes	5. 1,298		
	6.	Personal property taxes, including annual vehicle registration	6. 55		
	7.	Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT	7. 90		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	1,443
Interest You Paid	9a	Home mortgage interest and points reported on federal form 1098	9a.		
	9b	Home mortgage interest not reported on federal form 1098	9b.		
	10.	Points not reported on federal form 1098	10.		
	11.	Qualified mortgage insurance premiums	11.		
	12.	Investment interest. Attach federal form 4952 if required.	12.		
	13.	Add lines 9a-12. Enter total here.		13.	
Gifts to Charity	14.	Contributions by cash or check.	14. 4,835		
	15.	Other than by cash or check. You must attach federal form 8283 if more than $500.	15.		
	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation	16.		
	17.	Add lines 14 through 16. Enter total here.		17.	4,835
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.		18.	
Job Expenses and Misc. Deductions	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required.	19.		
	20.	Tax preparation fees	20.		
	21.	Other expenses. List type and amount.	21.		
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here.	22.		
	23.	Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here.	23.		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		24.	0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.		25.	
Total Itemized Deductions	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		26.	28,853
		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.			
Proration of Deductions Between Spouses		**Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.**	**SPOUSE**		**YOU**
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26.	27b.		27a.
	28.	Total Iowa net income, add columns 27a and 27b. Enter the total here.			28.
	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.			29. %
	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A	**(YOU)**		30.
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using filing status 4, enter this amount on line 39, column A of your spouse's return.	**(SPOUSE)**		31.

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

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Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only–Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20 OMB No. 1545-0074

Name, Address, and SSN See separate instructions.

PRINT CLEARLY

Your first name and initial: NELVA E	Last name: BRUNSTING	Your social security number: 481-30-4685
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 13630 PINEROCK LN	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. HOUSTON TX 77079-5914		Checking a box below will not change your tax or refund.

Client Copy

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ You ☐ Spouse

Filing Status Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 1
b [ ] **Spouse** — No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 15)

If more than four dependents, see instructions and check here ▶ ☐

Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	**Taxable** interest. Attach Schedule B if required			8a	15,837
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	5,643		
9a	Ordinary dividends. Attach Schedule B if required			9a	21,685
b	Qualified dividends	9b	17,035		
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	-3,000
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	3,218	b Taxable amount 15b	3,218
16a	Pensions and annuities	16a		b Taxable amount 16b	10,788
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	23,013
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	22,518	b Taxable amount 20b	19,140
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	90,681

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	90,681

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Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	90,681
	39a	Check if: [X] **You** were born before January 2, 1946, [ ] Blind. [ ] **Spouse** was born before January 2, 1946, [ ] Blind. **Total boxes checked** ▶ 39a 1			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or your standard deduction** (see instructions)		40	7,100
	41	Subtract line 40 from line 38		41	83,581
	42	**Exemptions.** Multiply $3,650 by the number on line 6d		42	3,650
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	79,931
	44	**Tax** (see instr.). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		44	14,455
	45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	14,455
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Education credits from Form 8863, line 23	49		
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit (see instructions)	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53		
	54	Add lines 47 through 53. These are your **total credits**		54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	14,455
Other Taxes	56	Self-employment tax. Attach Schedule SE		56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	
	59	a [ ] Form(s) W-2, box 9 b [ ] Schedule H c [ ] Form 5405, line 16		59	
	60	Add lines 55 through 59. This is your **total tax** ▶		60	14,455
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61		
	62	2010 estimated tax payments and amount applied from 2009 return	62	11,360	
	63	Making work pay credit. Attach Schedule M	63		
If you have a qualifying child, attach Schedule EIC.	64a	**Earned income credit (EIC)**	64a		
	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Form 8812	65		
	66	American opportunity credit from Form 8863, line 14	66		
	67	First-time homebuyer credit from Form 5405, line 10	67		
	68	Amount paid with request for extension to file	68		
	69	Excess social security and tier 1 RRTA tax withheld	69		
	70	Credit for federal tax on fuels. Attach Form 4136	70		
	71	Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885	71		
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** ▶		72	11,360
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid**		73	
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		74a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: [ ] Checking [ ] Savings			
	d	Account number			
	75	Amount of line 73 you want **applied to your 2011 estimated tax** ▶	75		
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions ▶		76	3,095
	77	Estimated tax penalty (see instructions)	77		

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Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No**

Designee's name ▶ RICHARD K RIKKERS CPA

Personal identification number (PIN) ▶ 84948

Phone no. ▶ 712-722-3375

Sign Here

Joint return? See page 12. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		RETIRED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/14/11		P00144154

Firm's name ▶ KROESE & KROESE P.C. Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 Phone no. 712-722-3375

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Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records. See instructions.**

OMB No. 1545-0074

2010

Declaration Control Number (DCN) ▶ 00420512020261

Client Copy

Taxpayer's name	Social security number
NELVA E BRUNSTING	481-30-4685
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2010 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	90,681
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	14,455
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5	3,095

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize KROESE & KROESE P.C. to enter or generate my PIN 28905
ERO firm name — **Enter five numbers, but do not enter all zeros**
as my signature on my tax year 2010 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 04/14/11

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____
ERO firm name — **Enter five numbers, but do not enter all zeros**
as my signature on my tax year 2010 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 42051284948
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345,** Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ RICHARD K RIKKERS CPA Date ▶ 04/14/11

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So **P10712**

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SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040. ▶ See instructions on back.

OMB No. 1545-0074
2010
Attachment Sequence No. **08**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-4685

Client Copy

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	
	EDWARD JONES	692
	EDWARD JONES	827
	BANK OF AMERICA	4,596
	BANK OF AMERICA	9,722
2	Add the amounts on line 1	15,837
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	15,837

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶	
	CHEVRON CORPORATION	4,002
	EDWARD JONES	1,340
	METLIFE	70
	EXXON MOBILE	6,830
	EDWARD JONES	14
	EDWARD JONES	2,179
	DEERE & COMPANY	11
	ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100	7,239
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	21,685

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2010

Attachment Sequence No. **12**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
Client Copy

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1	EATON VANCE TAX MANAGED	10/28/09	03/09/10	773	718	55
	FRANKLIN FED TAX FREE INCM ADV	VARIOUS	03/09/10	409	409	
	HARTFORD DIVIDEND & GROWTH	VARIOUS	03/09/10	114	105	9
	PERKINS MID CAP VALUE FD CL	10/28/09	03/09/10	92	83	9
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2	4,503		487
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)		3	5,891		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)				7	560

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8	DEERE & CO	VARIOUS	10/13/10	11,099	8,618	2,481
	DEERE & CO	VARIOUS	12/30/10	9,869	6,952	2,917
	GA POWER CO	VARIOUS	11/17/10	10,055	10,055	
9	Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)		10	31,023		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions. See page D-2 of the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				14	(32,484)
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back				15	-27,086

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule D (Form 1040) 2010**

P10716

Part III Summary

Client Copy

16 Combine lines 7 and 15 and enter the result . . . . . 16 -26,526

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions . . . . . ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions . . . . . ▶ 19

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

. . . . . 21 (3,000)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

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SCHEDULE D-1 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

▶ See instructions for Schedule D (Form 1040).

▶ Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2010

Attachment Sequence No. **12A**

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

491-30-4685

Client Copy

Part I **Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 MUTUAL GLOBAL DISCOVERY FD	VARIOUS	03/09/10	596	568	28
NEUBERGER&BRM MIDCAP GRW INSTL	10/28/09	03/09/10	212	184	28
NEUBERGER&BRM MIDCAP GRW INSTL	10/28/09	03/09/10	2,253	1,953	300
PIONEER CULLEN VALUE FUND CI	10/28/09	03/09/10	105	98	7
T ROW PRICE BLUE CHIP FROWTH	10/28/09	03/09/10	1,337	1,213	124

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SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. 13

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

Client Copy

481-30-4685

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

	1 List the type and address of each **rental real estate property:**	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days **or** • 10% of the total days rented at fair rental value? (See page E-4)		Yes	No
A	FARMLAND IOWA		A		X
B			B		
C			C		

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3				
4 Royalties received	4				
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-5)	6				
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9				
10 Legal and other professional fees	10	1,000			
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12				
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16				
17 Utilities	17				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19	1,000			1,000
20 Depreciation expense or depletion (see page E-5)	20				
21 Total expenses. Add lines 19 and 20	21	1,000			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file **Form 6198**	22	-1,000			
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file **Form 8582.** Real estate professionals **must** complete line 43 on page 2	23	(1,000)	( )	( )	
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses	24				0
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25				(1,000)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				-1,000

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For Paperwork Reduction Act Notice, see your tax return instructions. DAA

Name(s) shown on return. Do not enter name and social security number if shown on other side.

NELVA E BRUNSTING

Your social security number

481-30-4685

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Client Copy

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-2.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	ELMER H BRUNSTING DECEDENTS TR DTD	27-6453100
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A	0	24,013		
B				
34a Totals		24,013		
b Totals				

35	Add columns (d) and (f) of line 34a	35	24,013
36	Add columns (c) and (e) of line 34b	36	(0)
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	24,013

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see page E-8)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	23,013
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Federal Statements

Client Copy

Form 1040, Line 8b - Tax-exempt Interest

Payer	Amount
ELMER H BRUNSTING DECEDENTS TR DTD	$ 2,070
EDWARD JONES	2,769
EDWARD JONES	413
EDWARD JONES	391
TOTAL	$ 5,643

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
ELMER H BRUNSTING DECEDENTS TR DTD	$ 7,239	$ 2,857
CHEVRON CORPORATION	4,002	4,002
EDWARD JONES	1,340	1,073
METLIFE	70	70
EXXON MOBILE	6,830	6,830
EDWARD JONES	14	13
EDWARD JONES	2,179	2,179
DEERE & COMPANY	11	11
TOTAL	$ 21,685	$ 17,035

Form **1040** | **Carryover Report** | **2010**

Name
NELVA E BRUNSTING

Taxpayer Identification Number
481-30-4685

Client Copy

Carryover Item	Available to 2010	2010 Amounts		Carryover to 2011
Excess section 179				
Minimum tax credit				
Investment interest				
Investment interest - AMT				
Short-term capital loss				
Short-term capital loss - AMT				
Long-term capital loss	32,484	UTILIZED	-8,958	23,526
Long-term capital loss - AMT	32,484	UTILIZED	-8,958	23,526
Residential energy efficient property				
D.C. first-time homebuyer credit				
Tax credit bonds				

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2005 Amounts		
2006 Amounts		
2007 Amounts		
2008 Amounts		
2009 Amounts		
Available to 2010		
2010 Amounts		
Carryover to 2011		

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2005 Amounts		
2006 Amounts		
2007 Amounts		
2008 Amounts		
2009 Amounts		
Available to 2010		
2010 Amounts		
Carryover to 2011		

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2010 IA 1040 Iowa Individual Income Tax Long Form

or fiscal year beginning ___ / ___ 2010 and ending ___ / ___

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name	Your first name/middle initial
BRUNSTING	NELVA E
Spouse's last name	**Spouse's first name/middle initial**

Fill in all information below.

[X] Check this box if you or your spouse were 65 or older as of 12/31/10

Client Copy

Your Social Security Number •	Spouse Social Security Number •
481-30-4685	

Current mailing address (number and number, apartment, lot, or suite number) or PO Box: 13630 PINEROCK LN

City, State, ZIP: HOUSTON TX 77079-5914

Residence on 12/31/10 — County No. •: 00 — School District No. •: 0000

You must answer these questions:
Dependent children for whom an exemption is claimed in Step 3
How many have health care coverage? (including Medicaid or hawk-i) ____ •
How many do not have health care coverage? ____ •

STEP 2 Filing Status: Mark one box only.

1	X	Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [X] NO ▲
2		Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3		Married filing separately on this combined return. Spouse use column B.
4		Married filing separate returns. Spouse's name: SSN: ▲ Income: $
5		Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
6		Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

YOU (and spouse if filing jointly)	a.	**Personal Credit:** Enter 1. (Enter 2 if filing joint or head of household.)	▲ 1	X $ 40	= $	40
	b.	Enter 1 for each person who is **65 or older** and/or 1 for each person who is **blind.**	▲ 1	X $ 20	= $	20
	c.	**Dependents:** Enter 1 for each dependent.	▲	X $ 40	= $	
	d.	Enter first names of dependents here:		e. TOTAL $		60
SPOUSE (If filing status 3)	a.	**Personal Credit:** Enter 1.	▲	X $ 40	= $	
	b.	Enter 1 if **65 or older** and/or 1 if **blind.**	▲	X $ 20	= $	
	c.	**Dependents:** Enter 1 for each dependent.	▲	X $ 40	= $	
	d.	Enter first names of dependents here:		e. TOTAL $		

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4 Gross Income	1.	Wages, salaries, tips, etc.	1.			
	2.	Taxable interest income. If more than $1,500, complete Sch. B.	2.	7,162		
	3.	Ordinary dividend income. If more than $1,500, complete Sch. B.	3.	21,685		
	4.	Alimony received	4.			
	5.	Business income/(loss) from federal Schedule C or C-EZ	5.			
	6.	Capital gain/(loss) from federal Sch. D if required for federal purposes	6.	-3,000		
	7.	Other gains/(losses) from federal form 4797	7.			
	8.	Taxable IRA distributions	8.	3,218		
	9.	Taxable pensions and annuities	9.	10,788		
	10.	Rents, royalties, partnerships, estates, etc.	10.	23,013		
	11.	Farm income/(loss) from federal Schedule F	11.			
	12.	Unemployment compensation. See instructions.	12.			
	13.	Taxable Social Security benefits	13.	5,067		
	14.	Other income, gambling income, bonus depreciation/sec. 179 adjustment	14.			
	15.	**GROSS INCOME.** ADD lines 1-14.			15. ▲	67,933
STEP 5 Adjustments to Income	16.	Payments to an IRA, Keogh, or SEP	16.			
	17.	One-half of self-employment tax	17.			
	18.	Health insurance deduction	18.	1,158		
	19.	Penalty on early withdrawal of savings	19.			
	20.	Alimony paid	20.			
	21.	Pension/retirement income exclusion	21.	6,000		
	22.	Moving expense deduction from federal form 3903	22.			
	23.	Iowa capital gain deduction.	23.			
	24.	Other adjustments	24.			
	25.	Total adjustments. ADD lines 16-24.			25. ▲	7,158
	26.	**NET INCOME.** SUBTRACT line 25 from line 15.			26. ▲	60,775
STEP 6 Federal Tax Addition and Deduction	27.	Federal income tax refund / overpayment received in 2010	27.	577		
	28.	Self-employment/household employment taxes	28.			
	29.	Addition for federal taxes. ADD lines 27 and 28.			29.	577
	30.	Total. ADD lines 26 and 29.			30.	61,352
	31.	Federal tax withheld	31.			
	32.	Federal estimated tax payments made in 2010	32.	11,500		
	33.	Additional federal tax paid in 2010 for 2009 and prior years	33.			
	34.	Deduction for federal taxes. ADD lines 31, 32, and 33.			34.	11,500
	35.	**BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2.			35.	49,852

Staple W-2s, payment, and voucher here.

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41-001a (07/23/10) L10

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NELVA E BRUNSTING 481-30-4685

2010 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36.	BALANCE. From side 1, line 35				49,852
Taxable Income	37.	Total itemized deductions from federal Schedule A. Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A.				
	38.	Iowa income tax if included in line 5 of federal Schedule A				
	39.	BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A.		5,738		
	40.	Other deductions				
	41.	Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [ ] Standard				5,738
	42.	**TAXABLE INCOME.** SUBTRACT line 41 from line 36.				44,114
STEP 8	43.	Tax from tables or alternate tax		2,466		
	44.	Iowa lump-sum tax. 25% of federal tax from form 4972				
Tax, Credits and Checkoff Contributions	45.	Iowa minimum tax. Attach IA 6251.				
	46.	Total tax. ADD lines 43, 44, and 45.				2,466
	47.	Total exemption credit amount(s) from Step 3, side 1		60		
	48.	Tuition and textbook credit for dependents K-12				
	49.	Total credits. ADD lines 47 and 48.				60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.			0	2,406
	51.	Credit for nonresident or part-year resident. Attach IA 126 and federal return.				1,499
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.			0	907
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.				
	54.	BALANCE. SUBTRACT line 53 from line 52.				907
	55.	School district surtax/EMS surtax. Take percentage from table; multiply by line 54.			0	0
	56.	Total Tax. ADD lines 54 and 55.				907
	57.	Total tax before contributions. ADD columns A & B on line 56 and enter here.				907
	58.	Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 58a: ▲ State Fair 58b: ▲ Firefighters/Veterans 58c: ▲ Child Abuse Prevention 58d: ▲ Enter total.				
	59.	**TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58.				907
	60.	Iowa income tax withheld				
STEP 9	61.	Estimated and voucher payments made for tax year 2010		1,320		
	62.	Out-of-state tax credit. Attach IA 130.				
Credits	63.	Motor fuel tax credit. Attach IA 4136.				
	64.	Check One: [ ] Child and dependent care credit **OR** [ ] Early childhood development credit				
	65.	Iowa earned income tax credit. See instructions.				
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.				
	67.	TOTAL. ADD lines 60 - 66.		1,320		
	68.	**TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.				1,320
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.				413
Refund or Amount You Owe	70.	Amount of line 69 to be **REFUNDED** REFUND. **Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120**				0
	71.	Amount of line 69 to be **applied to your 2011 estimated tax**		413		
	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.				
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 2210F [ ] Check if annualized income method is used.				
	74.	Penalty and interest. 74a. Penalty ▲ 74b. Interest ▲ ADD Enter total				
	75.	**TOTAL AMOUNT DUE.** ADD lines 72, 73, and 74, and enter here. PAY THIS AMOUNT. **Electronically pay by credit card or direct debit. Go to www.state.ia.us/tax/ To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.**				

Complete lines 37-40 ONLY if you itemize.

Client Copy

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE	YOURSELF
$1.50 to Republican Party [ ]	[ ] $1.50 to Republican Party
$1.50 to Democratic Party [ ]	[ ] $1.50 to Democratic Party
$1.50 to Campaign Fund [ ]	[ ] $1.50 to Campaign Fund

STEP 12

NEXT YEAR,
Would you like to receive a booklet? This option is not available to electronic filers.

0. [ ] Yes
▲ 1. [ ] No

Mailing Addresses:
See lines 70 and 75 above.

STEP 13

PLEASE SIGN HERE
- Verify your SSN(s)
- Recheck your math
- Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's Signature Date

Daytime Telephone Number

RICHARD K RIKKERS CPA 04/14/11

Preparer's Signature Date

KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824

Address

712-722-3375

Daytime Telephone Number

P10732

42-1277139

Identification Number

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This return is due May 2, 2011.

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Declaration Control Number (DCN)
0 0 - 420512 - 02026 - 1

Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 8453-IND

Iowa Individual Income Tax Declaration for an E-File Return

See Instructions

Client Copy

Your first name, middle initial	Last name	Your Social Security Number
NELVA E	BRUNSTING	481-30-4685
Spouse's first name, middle initial	Last name	Spouse Social Security Number
Home address (number and street) or PO Box		
13630 PINEROCK LN		
City, state, and ZIP		
HOUSTON TX 77079-5914		

ATTACH STATE COPY OF FORMS W-2, W-2G, AND 1099 HERE

Part I Tax Return Information - Tax year ending December 31, 2010

		B. Spouse (filing status 3)		A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B		1A	60,775
2. Total Tax (IA 1040, line 46 A & B)	2B		2A	2,466
3. Iowa Income Tax Withheld (IA 1040, line 60 A & B)	3B		3A	
4. Amount to be Refunded (IA 1040, line 70)			4	
5. Total Amount Due (IA 1040, line 75)			5	

Part II Declaration of Taxpayer (Be sure to keep a copy of your return)

6a. ☐ I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b. ☒ I do not want direct deposit of my refund or I am not receiving a refund. Go to "Sign Here."

7. Name of Financial Institution

8. Routing Transit Number (RTN) The first two numbers of the RTN must be 01 through 12 or 21 through 32.

9. Depositor Account Number (DAN)

10. Type of Depositor Account: ☐ Savings ☐ Checking

11. Will this refund go to an account outside the United States? ☐ Yes ☐ No

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my Iowa income tax return. To the best of my knowledge and belief my return is true, correct, and complete. I consent that my return, including any accompanying schedules and statements, be sent to the Internal Revenue Service (IRS) by my ERO and retrieved by the Iowa Department of Revenue (IDR). If I have filed a balance due return, I understand that if the IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown on lines 6a through 11 is correct. If I have filed a joint or combined state return and elected direct deposit, there is an irrevocable appointment of the other spouse to receive the refund. If there is an error on my Federal return, I understand my state return will be rejected. If the processing of my return or refund is delayed, I authorize the IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or when the refund was sent. I also consent to the IDR sending to my ERO and/or transmitter an acknowledgment of receipt of transmission and indication of whether or not my return is accepted, and, if rejected the reason(s) for the rejection. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Sign Here Your Signature Date Spouse Signature. If a joint return, both must sign. Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this return before submitting to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with the IDR and have followed all other requirements described in the Iowa Electronic Filing Handbook. I will keep form IA 8453-IND, with attachments, on file for three years from the due date of the return or the filing date, whichever is later, and I will make a copy available to the IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Use Only	ERO Signature	Date	Check if paid preparer	Check if self-employed	ERO's SSN or PTIN
	RICHARD K RIKKERS CPA	04/14/11	☒	☐	P00144154
	Firm's name (or yours if self-employed), address and ZIP code: KROESE & KROESE P.C. 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824				FEIN 42-1277139 Phone Number 712-722-3375

Paid Preparer Use Only	Paid Preparer's Signature	Date	Check if self-employed	Preparer's SSN or PTIN
			☐	
	Firm's name (or yours if self-employed), address and ZIP code			FEIN Phone Number 712-722-3375

DO NOT MAIL THIS FORM

Retain completed form with your tax records for at least three years.

Balance Due? Three payment options: ePay (direct debit), Credit Card, or Mail payment with IA 1040V payment voucher.

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Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

Client Copy

Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING

Social Security Number 481-30-4685

NOTE: If you have federal bonus depreciation/section 179, please see the 2010 Expanded Instructions on our Web site.

Medical and Dental Expenses		**Do not include health insurance premiums deducted on IA 1040, line 18.**			
	1.	Medical and dental expenses	1. 2,133		
	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here.	2. 6,801		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		3.	0
Taxes You Paid	4.	Other state and local income taxes. DO NOT INCLUDE IOWA STATE INCOME TAX. Include School District Surtax and EMS Surtax paid in 2010.	4.		
	5.	Real estate taxes	5. 1,298		
	6.	Personal property taxes, including annual vehicle registration DO NOT INCLUDE new motor vehicle taxes deducted on federal Schedule A, line 7.	6. 55		
	7.	Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT	7. 90		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	1,443
Interest You Paid	9a	Home mortgage interest and points reported on federal form 1098	9a.		
	9b	Home mortgage interest not reported on federal form 1098	9b.		
	10.	Points not reported on federal form 1098	10.		
	11.	Qualified mortgage insurance premiums	11.		
	12.	Investment interest. Attach federal form 4952 if required.	12.		
	13.	Add lines 9a-12. Enter total here.		13.	
Gifts to Charity	14.	Contributions by cash or check.	14. 4,295		
	15.	Other than by cash or check. You must attach federal form 8283 if more than $500.	15.		
	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation	16.		
	17.	Add lines 14 through 16. Enter total here.		17.	4,295
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.		18.	
Job Expenses and Misc. Deductions	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required.	19.		
	20.	Tax preparation fees	20.		
	21.	Other expenses. List type and amount.	21.		
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here.	22.		
	23.	Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here.	23.		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		24.	0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.		25.	
Total Itemized Deductions	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		26.	5,738
		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.			
Proration of Deductions Between Spouses		**Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.**	**SPOUSE**		**YOU**
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26.	27b.	27a.	
	28.	Total Iowa net income, add columns 27a and 27b. Enter the total here.		28.	
	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.		29.	%
	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A	**(YOU)**	30.	
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using filing status 4, enter this amount on line 39, column A of your spouse's return.	**(SPOUSE)**	31.	

P10736

41-004a (09/22/10)
CS

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
Client Copy 485

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME You must complete this part if you received more than $1,500 in interest in 2010. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities. For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES	X			692
EDWARD JONES	X			827
EDWARD JONES	X			2,769
EDWARD JONES	X			413
EDWARD JONES	X			391
TAX EXEMPT INTEREST INCOME	X			2,070
Total Taxable Interest Income. Add the amounts. Enter here and on IA 1040, line 2.				7,162

PART II: DIVIDEND INCOME You must complete this part if you received more than $1,500 in gross dividends in 2010. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities. For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION	X			4,002
EDWARD JONES	X			1,340
METLIFE	X			70
EXXON MOBILE	X			6,830
EDWARD JONES	X			14
EDWARD JONES	X			2,179
DEERE & COMPANY	X			11
FROM BENEFICIARY'S SCHEDULE K-1	X			7,239
Total Taxable Dividend Income. Add the amounts. Enter here and on IA 1040, line 3.				21,685

P10738 41-004b (05/24/10)

Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
Client Copy

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X] ▲

You are a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [ ] ▲

Your spouse is a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Attach this form and a copy of your federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.	1.	
2.	Taxable interest income	2.	
3.	Ordinary dividend income	3.	
4.	Alimony received	4.	
5.	Business income or (loss)	5.	
6.	Capital gain or (loss)	6.	
7.	Other gains or (losses)	7.	
8.	Taxable IRA distributions	8.	
9.	Taxable pensions and annuities	9.	
10.	Rents, royalties, partnerships, estates, etc.	10.	22,924
11.	Farm income or (loss)	11.	
12.	Unemployment compensation	12.	
13.	Taxable Social Security benefits.	13.	
14.	Other income, gambling income, bonus depreciation/section 179 adjustment	14.	
15.	**GROSS INCOME.** ADD lines 1-14.	15.	▲ 22,924
16.	Payments to an IRA, Keogh, or SEP while an Iowa resident	16.	
17.	Deduction for self-employment tax	17.	
18.	Health insurance deduction	18.	
19.	Penalty on early withdrawal of savings	19.	
20.	Alimony paid	20.	
21.	Pension/retirement income exclusion	21.	
22.	Moving expense deduction into Iowa only	22.	
23.	Iowa capital gain deduction	23.	
24.	Other adjustments	24.	
25.	Total adjustments. ADD lines 16-24.	25.	▲
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15.	26.	22,924
27.	All-source net income from line 26, IA 1040	27.	60,775
		100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.	28. %	37.7%
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	29. %	62.3%
30.	Iowa tax on total income from line 43, IA 1040	30.	2,466
31.	Total credits from line 49, IA 1040	31.	60
32.	Tax after credits. Subtract line 31 from line 30.	32.	2,406
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	33.	P10740 1,499

ENTER THIS AMOUNT ON LINE 51 OF IA 1040

CS

Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 6251

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 or IA 1041:

NELVA E BRUNSTING

SSN or FEIN

Client Copy

481-30-4685

PART I: Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

1. Medical and dental from line 2, federal form 6251	1.	
2. Taxes from line 3, federal form 6251, less any Iowa income tax included on that line	2.	1,443
3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form 6251	3.	
4. Miscellaneous itemized deductions from line 5, federal form 6251	4.	
5. Refund of taxes from line 7, federal form 6251, less any Iowa income tax included on that line	5.	
6. Investment interest from line 8, federal form 6251, less interest and expense related to private activity bonds issued after 08/07/86	6.	0
7. Post - 1986 depreciation from line 18, federal form 6251	7.	
8. Adjusted gain or loss from line 17, federal form 6251	8.	
9. Incentive stock options from line 14, federal form 6251	9.	
10. Passive activities from line 19, federal form 6251	10.	179
11. Beneficiaries of estates and trusts from line 15, federal form 6251	11.	
12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.		

a. Circulation expenditures (line 21)	a.		h. Patron's adjustment	h.	
b. Depreciation (pre-1987)	b.		i. Pollution control facilities	i.	
c. Installment sales (line 25)	c.		j. Research and experimental (line 24)	j.	
d. Large partnerships (line 16)	d.		k. Section 1202 exclusion (line 13)	k.	
e. Long-term contracts (line 22)	e.		l. Tax shelter farm activities	l.	
f. Loss limitations (line 20)	f.		m. Related adjustments (see instr.) (line 27)	m.	0
g. Mining costs (line 23)	g.				

12.	12.	
13. **Total Adjustments and Preferences.** Combine lines 1 through 12.	13.	1,622

PART II: Alternative Minimum Taxable Income

14. Taxable income from IA 1040, line 42; or IA 1041, line 22	14.	44,114
15. Net operating loss deduction. Do not enter as a negative amount.	15.	
16. Combine lines 14 and 15.	16.	44,114
17. Add lines 13 and 16.	17.	45,736
18. Alternative tax net operating loss deduction. See instructions.	18.	
19. Alternative Minimum Taxable Income. Subtract line 18 from line 17.	19.	45,736

PART III: Exemption Amount and Alternative Minimum Tax

20. Enter $35,000 (*$17,500 if filing status 3 or 4; $26,000 if single, head of household or qualifying widow(er))	20.	26,000
21. Enter $150,000 (*$75,000 if filing status 3 or 4; $112,500 if single, head of household or qualifying widow(er))	21.	112,500
22. Subtract line 21 from line 19. If the result is zero or less, enter zero.	22.	0
23. Multiply line 22 by 25% (0.25).	23.	
24. Subtract line 23 from line 20. If the result is zero or less, enter zero.	24.	26,000
25. Subtract line 24 from line 19.	25.	19,736
26. Multiply line 25 by 6.7% (0.067).	26.	1,322
27. Regular tax after credits. See instructions.	27.	2,406
28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	28.	0

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.

29. Enter Iowa net income plus Iowa adjustments and preferences. See instructions. If less than zero, enter zero.	29.	22,924
30. Total net income plus total adjustments and preferences. See instructions.	30.	62,397
31. Divide line 29 by line 30 and enter the result to three (3) decimal places.	31.	0.367
32. Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	32.	0

*Exemption levels of $17,500 and $75,000 on lines 20 and 21, respectively, also apply to an estate or trust.

P10742

P10743

BRUNSTING003573

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Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

2011 | OMB No. 1545-0092

A Check all that apply:

- [ ] Decedent's estate
- [ ] Simple trust
- [X] Complex trust
- [ ] Qualified disability trust
- [ ] ESBT (S portion only)
- [ ] Grantor type trust
- [ ] Bankruptcy estate-Ch. 7
- [ ] Bankruptcy estate-Ch. 11
- [ ] Pooled income fund

For calendar year 2011 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instructions.)
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Name and title of fiduciary
ANITA BRUNSTING
TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see the instructions.)
2003 BLOOMINGDALE CIR

City or town, state, and ZIP code
VICTORIA TX 77904

C Employer identification number
27-6453100

D Date entity created

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E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

- [ ] Described in sec. 4947(a)(1). Check here if not a private foundation ▶ [ ]
- [ ] Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: [ ] Initial return [ ] Final return [ ] Amended return [ ] Change in trust's name [ ] Change in fiduciary [ ] Change in fiduciary's name [ ] Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ▶ [ ]

Income	1	Interest income	1	
	2a	Total ordinary dividends	2a	8,092
	b	Qualified dividends allocable to: (1) Beneficiaries 4,241 (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	3,508
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	41,938
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9	53,538
Deductions	10	Interest. Check if Form 4952 is attached ▶ [ ]	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b ▶	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9 — 17: 53,538		
	18	Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	50,030
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	100
	21	Add lines 18 through 20 ▶	21	50,130
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	3,408
	23	**Total tax** (from Schedule G, line 7)	23	207
	24	**Payments:** a 2011 estimated tax payments and amount applied from 2010 return	24a	7,120
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	7,120
	d	Tax paid with Form 7004 (see instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ [ ]	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	7,120
	26	Estimated tax penalty (see instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	6,913
	29	Amount of line 28 to be: a **Credited to 2012 estimated tax** ▶ ; b **Refunded** ▶	29	6,913

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary — Date: 4/9/12 — EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/05/12		P00144154

Firm's name ▶ KROESE & KROESE P.C. — Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE, SIOUX CENTER, IA 51250-1824 — Phone no. 712-722-3375

DAA **For Paperwork Reduction Act Notice, see the separate instructions.**

Form **1041** (2011)

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1	
2	Tax-exempt income allocable to charitable contributions (see instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

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Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions)	1	53,538
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)	3	0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5	0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,508
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	50,030
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law — 8: 50,030		
9	Income required to be distributed currently	9	50,030
10	Other amounts paid, credited, or otherwise required to be distributed	10	0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	50,030
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	50,030
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	50,030
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	50,030

Schedule G Tax Computation (see instructions)

1	**Tax:** a Tax on taxable income (see instructions)	1a	207		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0		
	d **Total.** Add lines 1a through 1c ▶			1d	207
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-			4	207
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 4 through 6. Enter here and on page 1, line 23 ▶			7	207

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses		X
	Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $		
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2011, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here		
9	Are any present or future trust beneficiaries skip persons? See instructions		X

P10F46

9706

Form **8879-F**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for Form 1041

For calendar year 2011, or fiscal year beginning ..... , ending .....

▶ See instructions. Do not send to the IRS. Keep for your records.

OMB No. 1545-0967

2011

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number

Client Copy
27-6453100

Name and title of fiduciary

ANITA BRUNSTING
TRUSTEE

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	53,538
2	Income distribution deduction (Form 1041, line 18)	2	50,030
3	Taxable income (Form 1041, line 22)	3	3,408
4	Total tax (Form 1041, line 23)	4	207
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	-6,913

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2011 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☒ I authorize KROESE & KROESE P.C. (ERO firm name) to enter my PIN 10540 (do not enter all zeros) as my signature on the estate's or trust's 2011 electronically filed income tax return.

☐ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2011 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ▶ _____ Date ▶ 03/28/12

ANITA BRUNSTING

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 42051284948 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Returns for Estates and Trusts for Tax Year 2011.

ERO's signature ▶ RICHARD K RIKKERS CPA Date ▶ 04/05/12

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-F** (2011)

P10748

DAA

9706

Form **8453-F**

Department of the Treasury
Internal Revenue Service

U.S. Estate or Trust Income Tax Declaration and Signature for Electronic Filing

For calendar year 2011, or fiscal year beginning ..... , and ending .....

▶ See instructions on back.

OMB No. 1545-0967

2011

Name of estate or trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

A Employer identification number: 27-6036293

Client Copy

Name and title of fiduciary: ANITA BRUNSTING TRUSTEE

B If this form is being used only as a transmittal, check here ..... [X]

Part I Tax Return Information

1	Total income (Form 1041, line 9)	1	
2	Income distribution deduction (Form 1041, line 18)	2	
3	Taxable income (Form 1041, line 22)	3	
4	Total tax (Form 1041, line 23)	4	
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	

Part II Declaration of Fiduciary

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponding lines of the electronic portion of the 2011 U.S. Income Tax Return(s) for Estates and Trusts. I have also examined a copy of the return(s) being filed electronically with the IRS, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If I am not the transmitter, I consent that the return(s), including this declaration and accompanying schedules and statements, be sent to the IRS by the return transmitter. I also consent to the IRS's sending the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the return(s) is accepted, and, if rejected, the reason(s) for the rejection.

Sign Here ▶ _____ Signature of fiduciary or officer representing fiduciary ▶ _____ Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above estate or trust return(s) and that the entries on Form 8453-F are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). The fiduciary or an officer representing the fiduciary will have signed this form before I submit the return(s). I will give the fiduciary or officer representing the fiduciary a copy of all forms and information to be filed with the IRS, and have followed all other requirements described in Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Returns for Estates and Trusts for Tax Year 2011. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's Use Only

ERO's signature ▶	Date	Check if also paid preparer ▶ [ ]	Check if self-employed ▶ [ ]	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN ▶	
			Phone no.	

Under penalties of perjury, I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

P10750 **8453-F** (2011)

DAA

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

OMB No. 1545-0092

2011

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number
Client Copy
27-6453100

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)	1	53,538
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)	4	
5	Refund of taxes	5	( )
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	( )
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	53,538
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44 (26: 50,030)		
27	Estate tax deduction (from Form 1041, line 19) (27:)		
28	Add lines 26 and 27	28	50,030
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	3,508

If line 29 is:

- $22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $22,500, but less than $165,000, go to line 45.
- $165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	53,538
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	(3,508)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	50,030
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	50,030
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	50,030
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	50,030

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-			43	50,030
44	**Income distribution deduction on a minimum tax basis** Enter the smaller of line 42 or line 43. Enter here and on line 26			44	50,030

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Part III Alternative Minimum Tax

45	Exemption amount			45	22,500
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount	47	75,000		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48			
49	Multiply line 48 by 25% (.25)			49	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46			51	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $175,000 or less, multiply line 51 by 26% (.26). • Over $175,000, multiply line 51 by 28% (.28) and subtract $3,500 from the result			52	
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see the instructions before completing this part.

57	Enter the amount from line 51			57	
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59			
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60			
61	Enter the **smaller** of line 57 or line 60			61	
62	Subtract line 61 from line 57			62	
63	If line 62 is $175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,500 from the result ▶			63	
64	Maximum amount subject to the 0% rate	64	2,300		
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0-	65			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66			
67	Enter the **smaller** of line 57 or line 58	67			
68	Enter the **smaller** of line 66 or line 67	68			
69	Subtract line 68 from line 67	69			
70	Multiply line 69 by 15% (.15) ▶			70	
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.				
71	Subtract line 67 from line 61	71			
72	Multiply line 71 by 25% (.25) ▶			72	
73	Add lines 63, 70, and 72			73	
74	If line 57 is $175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,500 from the result			74	P10754
75	Enter the **smaller** of line 73 or line 74 here and on line 52			75	

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2011

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number
Client Copy
27-6453100

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a SEE ATTACHED EDWARD JONES	VARIOUS	VARIOUS	2,516	2,142	374

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	374

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a SEE ATTACHED EDWARD JONES	VARIOUS	VARIOUS	42,662	39,786	2,876

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions SEE STATEMENT 1	9	258
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	3,134

Part III Summary of Parts I and II — Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		374	374
14 Net long-term gain or (loss):				
a Total for year	14a		3,134	3,134
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 Total net gain or (loss). Combine lines 13 and 14a ▶	15		3,508	3,508

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Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 15, column (3) **or** b $3,000 ..... 16 ( )

Note: If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	3,408	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18	3,134			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20	3,134			
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	0			
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	3,134	
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	274	
24	Enter the **smaller** of the amount on line 17 or $2,300			24	2,300	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☒ **No.** Enter the amount from line 23			25	274	
26	Subtract line 25 from line 24			26	2,026	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30; go to line 31. ☒ **No.** Enter the **smaller** of line 17 or line 22			27	3,134	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	2,026	
29	Subtract line 28 from line 27			29	1,108	
30	Multiply line 29 by 15% (.15)					30 166
31	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31 41
32	Add lines 30 and 31					32 207
33	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33 622
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34 207

9706

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ **Attach to Form 1040, 1040NR, or Form 1041.** ▶ **See separate instructions.**

OMB No. 1545-0074

2011

Attachment Sequence No. **13**

Name(s) shown on return

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Your social security number

Client Copy

27-6453100

A	Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)	☐ Yes	☐ No
B	If "Yes," did you or will you file all required Forms 1099?	☐ Yes	☐ No

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

	1 Physical address of each property–street, city, state, zip	Type–from list below	2 For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	IOWA	1		**A**			
B				**B**			
C				**C**			

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		**Properties** A	B	C
3a Merchant card and third party payments. For 2011, enter -0-	3a	0		
3b Payments not reported to you on line 3a	3b	44,923		
4 Total not including amounts on line 3a that are not income (see instructions)	4	44,923		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2,985		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	2,985		
21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file **Form 6198**	21	41,938		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(0)	( )	( )

23a Total of all amounts reported on line 3a for all rental properties	23a		
b Total of all amounts reported on line 3a for all royalty properties	23b		
c Total of all amounts reported on line 4 for all rental properties	23c	44,923	
d Total of all amounts reported on line 4 for all royalty properties	23d		
e Total of all amounts reported on line 12 for all properties	23e		
f Total of all amounts reported on line 18 for all properties	23f		
g Total of all amounts reported on line 20 for all properties	23g	2,985	
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		41,938
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		( )
26 **Total rental real estate and royalty income or (loss)** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	P10760	41,938

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule E (Form 1040) 2011**

DAA

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Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning _____,
and ending _____

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

27-6453100

B Estate's or trust's name

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D ☐ Check if Form 1041-T was filed and enter the date it was filed

_____

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

481-30-4685

G Beneficiary's name, address, city, state, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends: 8,092		Client Copy
2b	Qualified dividends: 4,241		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income: 41,938	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14	Other information
		B *	123
10	Estate tax deduction	E *	8,092 STMT
		H *	STMT

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

P10762

P10763

BRUNSTING003593

Federal Statements

Client Copy

Statement 1 - Schedule D, Part II, Line 9 - Capital Gain Distributions

Description	Amount
EDWARD JONES	$ 258
TOTAL	$ 258

P10764

Federal Statements

NELVA BRUNSTING
481-30-4685

Client Copy

Schedule K-1, Box 14, Code E - Net Investment Income Information

Description	Amount
DIVIDEND INCOME	$ 8,092

Schedule K-1, Box 14, Code H - Other Information

Description	Amount
BUSINESS AND RENTAL ACTIVITY DETAIL:	$
FARMLAND INCOME	41,938

Form **1116**

Form 1116 Page 1 Detail Worksheet

For calendar year 2011, or tax year beginning , and ending

2011

Name
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Client Copy

Taxpayer Identification Number
27-6453100

Category of income PASSIVE INCOME **Regular Tax** X **Alternative Minimum Tax**

Name of foreign country	VARIOUS					
1a Gross income: (1)						
Other income	3,851					
Qualified dividends	2,350					
Short-term capital gain / loss						
Long-term capital gain / loss	258					
2 Expenses definitely related						
3a Certain itemized deductions						
3b Other deductions						
3c Add lines 3a and 3b						
3d Gross foreign source income	6,459					
3e Gross income from all sources	56,523					
3f Divide line 3d by line 3e	0.1143					
3g Multiply line 3c by line 3f						
4a Home mortgage interest						
4b Other interest expense						
5 Losses from foreign sources						
Deductions not definitely related (Add lines 3g, 4a, 4b, and 5)						
8 Foreign taxes paid or accrued	123					
Fiduciary share (2)	0.0000 %	%	%	%	%	%

(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule.
(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

Form **1116**

Form 1116 Page 1 Detail Worksheet

For calendar year 2011, or tax year beginning , and ending

2011

Name
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Client Copy

Taxpayer Identification Number
27-6453100

Category of income PASSIVE INCOME **Regular Tax** ___ **Alternative Minimum Tax** X

Name of foreign country	VARIOUS					
1a Gross income: (1)						
Other income	3,851					
Qualified dividends	2,350					
Short-term capital gain / loss						
Long-term capital gain / loss	258					
2 Expenses definitely related						
3a Certain itemized deductions						
3b Other deductions						
3c Add lines 3a and 3b						
3d Gross foreign source income	6,459					
3e Gross income from all sources	56,523					
3f Divide line 3d by line 3e	0.1143					
3g Multiply line 3c by line 3f						
4a Home mortgage interest						
4b Other interest expense						
5 Losses from foreign sources						
Deductions not definitely related (Add lines 3g, 4a, 4b, and 5)						
8 Foreign taxes paid or accrued	123					
Fiduciary share (2)	0.0000 %	%	%	%	%	%

(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule.
(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

9706

Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 1041

For Calendar Year 2011 or fiscal year beginning _____ , and ending _____

Iowa Fiduciary Return

Name of Estate or Trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96	Federal Employer ID Number: 27-6453100	Check one: ☐ Estate ☐ Simple Trust ☒ Complex Trust ☐ Bankruptcy Estate
Name, Address, and Title of Fiduciary: ANITA BRUNSTING, 2003 BLOOMINGDALE CIR, VICTORIA TX 77904, TRUSTEE	Decedent's Social Security Number: Client Copy	If trust, check one: ☒ Testamentary ☐ Inter Vivos
Name of Attorney, Mailing Address (city, state, ZIP): CANDACE KUNZ-FREED, 14800 ST MARYS LANE, SUITE 230, HOUSTON TX 77079	Iowa County in which estate is pending:	
Attorney's Phone Number: 800-229-3002	Probate No.:	

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Have prior returns been filed for this estate or trust? ☒ Yes ☐ No **Is Income Tax Certificate of Acquittance requested?** ☐ Yes ☒ No

Is this an amended IA 1041? ☐ Yes ☒ No **Is an Iowa 706 being filed?** ☐ Yes ☒ No

Staple payment and voucher here.

INCOME

1.	Dividends. Enter full amount.	1. 8,092	
2.	Interest	2.	
3.	Income from partnerships and other fiduciaries. Attach supporting schedule.	3.	
4.	Net rents and royalties	4. 41,938	
5.	Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.	5.	
6.	Net gain (loss) from capital assets	6. 3,508	
7.	Ordinary gains (losses). Attach federal form 4797.	7.	
8.	Other income. State nature of income.	8.	
9.	Total income. Add lines 1 through 8.		9. 53,538 ▲

DEDUCTIONS

10.	Interest. Enter on Schedule D, page 2.	10.	
11.	Taxes. Enter on Schedule D, page 2.	11. 8,875	
12.	Fiduciary fees. Enter on Schedule D, page 2.	12.	
13.	Charitable deduction from income in compliance with Will or Trust instrument.	13.	
14.	Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.	14.	
15.	Other deductions not subject to 2% floor. Enter on Schedule D, page 2.	15.	
16.	Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.	16.	
17.	Total. Add lines 10 through 16.		17. 8,875 ▲
18.	Balance. Subtract line 17 from line 9		18. 44,663 ▲
19.	Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1.	19. 41,155	
20.	Federal estate tax attributable to income in respect of a decedent (fiduciary's share)	20.	
21.	Total. Add lines 19 and 20.		21. 41,155
22.	Taxable income of fiduciary. Subtract line 21 from line 18. **Must be zero on final return.**		22. 3,508 ▲

COMPUTED TAX

Complete lines 23-32. Nonresidents, also complete Schedule C and enter on line 28.

23.	Compute tax from rate Schedule E, page 2.	23. 31	
24.	Iowa lump sum tax. Attach federal Schedule 4972.	24.	
25.	Iowa minimum tax. Attach IA 6251.	25.	
26.	Tax before credits. Add lines 23 through 25.		26. 31
27.	Personal exemption credit. This is a nonrefundable credit.	27. 40.00	
28.	Out-of-state tax credit or nonresident credit. Attach copy of out-of-state return and Schedule IA 130 or IA 1041 Schedule C.	28.	
29.	Motor fuel tax credit. Attach Schedule IA 4136.	29.	
30.	Other credits. Attach IA 148 Tax Credits Schedule.	30.	
31.	Total credits. Add lines 27 through 30.		31. 40

TAX DUE

32.	Tax liability. Subtract line 31 from 26.	32. 0
33.	Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher	33.
34.	Refund. If line 33 is larger than line 32, enter the difference.	34. ▲
35.	Amount due. If line 33 is less than line 32, enter the difference.	35. 0 ▲

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

SIGN HERE

DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers attached hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary — Date

P10772

Signature of preparer other than fiduciary	Preparer's ID No.	Address	Date
RICHARD K RIKKERS CPA	42-1277139	540 NORTH MAIN AVENUE, SIOUX CENTER, IA 51250-1824	04/05/12

CS

P10773

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 **Fiduciary Schedules A, B, D, and E**

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? ☐ Yes ☐ No
6. Did will of decedent create trust? ☐ Yes ☐ No
7. Did decedent file IOWA return(s) up to the date of death? ☐ Yes ☐ No If no, attach earnings statement or explanatory affidavit
8. Enter decedent's name and address: _____
9. Name and Social Security No. of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Had federal audit been made on prior returns of decedent or the estate or trust? ☐ Yes ☒ No Is an audit now in the process? ☐ Yes ☒ No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? ☐ Yes ☒ No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? ☐ Yes ☒ No
15. Does the estate/trust elect to recognize the gain or loss on a distribution of property under section IRC 643(d)(e)? ☐ Yes ☒ No

Client Copy

Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.

	Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of each beneficiary 1.	SEE SCHEDULE K-1 EQUIVALENT(S)			
2. Social Security Number 2.				
3. Address 3.				
4. Iowa resident (Yes/No) 4.				
5. Net short-term capital gain 5.				
6. Net long-term capital gain (100%) 6.				
7. Depreciation and depletion 7.				
8. Ordinary income subject to Iowa income tax 8.				41,155
9. Income not subject to Iowa income tax 9.				
10. Excess deductions 10.				
REGARDING IOWA NONRESIDENT INCOME				
11. Iowa income tax withheld, if any 11.				
12. Withholding agent's identification number 12.				

Schedule D - Explanation of Expenses

Line No.	Explanation	Amount
11	TAX EXPENSE- STMT 1	8,875

Schedule E - Tax Rates

Taxable Income Over	But Not Over			Tax Rate		Of Excess Over
$0	$1,439	$0.00	+	(0.36%	x	$0)
$1,439	$2,878	$5.18	+	(0.72%	x	$1,439)
$2,878	$5,756	$15.54	+	(2.43%	x	$2,878)
$5,756	$12,951	$85.48	+	(4.50%	x	$5,756)
$12,951	$21,585	$409.26	+	(6.12%	x	$12,951)
$21,585	$28,780	$937.66	+	(6.48%	x	$21,585)
$28,780	$43,170	$1,403.90	+	(6.80%	x	$28,780)
$43,170	$64,755	$2,382.42	+	(7.92%	x	$43,170)
$64,755	over	$4,091.95	+	(8.98%	x	$64,755)

63-001b (09/21/11)

P10774

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 1041 Schedule C
Computation of Nonresident's Tax Credit

Client Copy

Name of Estate or Trust	Federal Identification No.
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96	27-6453100

			Column B	Column A
			All Source (from IA 1041)	Iowa Source
1.	Ordinary dividend income	1.	8,092	
2.	Taxable interest income	2.		
3.	Income from partnerships and other fiduciaries	3.		
4.	Net rents and royalties	4.	41,938	41,938
5.	Net business and farm income (loss)	5.		
6.	Net gain (loss) from capital assets	6.	3,508	
7.	Ordinary gains (losses) from federal form 4797	7.		
8.	Other income	8.		
9.	Total income	9.	53,538	41,938
10.	Distribution to beneficiaries	10.	41,155	34,498
11.	Undistributed Net income (subtract line 10 from line 9)	11.	12,383	7,440
12.	Iowa income percentage: divide column A of line 11 by column B of line 11 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	12.		60.1
13.	Nonresidential credit percentage (subtract line 12 from 100.0%)	13.		39.9
14.	Iowa tax on total income from line 23, IA 1041	14.		31
15.	Personal exemption credit from line 27, IA 1041	15.		$ 40.00
16.	Tax after credits (subtract line 15 from line 14)	16.		
17.	Nonresident tax credit (multiply line 16 by line 13 and enter on line 28, IA 1041)	17.		

Income should be reported using the criteria in the instructions to Form IA 126.

P10776

P10777

BRUNSTING003607

9706

Iowa Schedule K-1 Equivalent

Form **IA 1041**

For calendar year 2011, or tax year beginning , and ending

2011

☐ Amended K-1

☐ Final K-1

Name of trust
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Client Copy

Beneficiary's identifying number ▶ 481-30-4685

Estate's or trust's EIN ▶ 27-6453100

Beneficiary's name, address, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914
Resident state: TEXAS

Fiduciary's name, address, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

Enter the following items on the state income tax return of the above named individual.

1	**Beneficiary's Share of Federal Taxable Income**	1	50,030	This data presented for information only
	Income			
2	Interest	2		Schedule B, Part I or IA 126, line 2
3	Ordinary dividends	3		Schedule B, Part II or IA 126, line 3
4 a	Net short-term capital gains	4 a		Form IA 1040, line 6 or IA 126, line 6
b	Net long-term capital gains	b		Form IA 1040, line 6 or IA 126, line 6
5	Business / Nonpassive			
a	Income	5 a		▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation	b		
c	Depletion	c		
d	Amortization	d		
6	Rental and Passive			
a	Income	6 a	34,498	▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation	b		
c	Depletion	c		
d	Amortization	d		
7	**Distributions in the Final Year of Estate / Trust**			
a	Excess deductions on termination	7 a		Schedule A, line 21
b	Short-term capital loss carryover	b		Form IA 1040, line 6 or IA 126, line 6
c	Long-term capital loss carryover	c		Form IA 1040, line 6 or IA 126, line 6
d	Net operating loss (NOL) carryover	d		Form IA 1040, line 14 or IA 126, line 14
8	**Tax Preference Items**			
a	Accelerated depreciation	8 a		Form IA 6251
b	Depletion	b		Form IA 6251
c	Amortization	c		Form IA 6251
d	Exclusion items	d		Form IA 8801
9	**Other Items**			
a	Tax-exempt interest	9 a		This data presented for information only
b	Estate tax deduction	b		This data presented for information only
c	Withholding	c		This data presented for information only

Additional Information:

P10778

Iowa Statements

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes

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Description	Amount
PAGE 1 - TAX EXPENSE	$ 0
FEDERAL TAXES PAID	8,875
TOTAL IOWA TAX EXPENSE	$ 8,875

9834X2012

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

2011 | OMB No. 1545-0092

A Check all that apply:

- ☐ Decedent's estate
- ☐ Simple trust
- ☒ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2011 or fiscal year beginning 12/31/11 , and ending 03/31/12

Name of estate or trust (If a grantor type trust, see the instructions.)
BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

Name and title of fiduciary
ANITA BRUNSTING
TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see the instructions.)
2003 BLOOMINGDALE CIR

City or town, state, and ZIP code
VICTORIA TX 77904

C Employer identification number
76-6124195

D Date entity created
Client Copy

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 5

F Check applicable boxes:
- ☐ Initial return
- ☒ Final return
- ☐ Amended return
- ☐ Change in trust's name
- ☐ Change in fiduciary
- ☐ Change in fiduciary's name
- ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ▶ ☐

Income	1	Interest income	1	167
	2a	Total ordinary dividends	2a	
	b	Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9	167
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☐	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b ▶	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9 — 17: 167		
	18	Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	167
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	100
	21	Add lines 18 through 20 ▶	21	267
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	-100
	23	**Total tax** (from Schedule G, line 7)	23	0
	24	**Payments:** a 2011 estimated tax payments and amount applied from 2010 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with Form 7004 (see instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	
	26	Estimated tax penalty (see instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	
	29	Amount of line 28 to be: a **Credited to 2012 estimated tax** ▶ ; b **Refunded** ▶	29	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary — Date 4/9/12 — EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/05/12		P00144154

Firm's name ▶ KROESE & KROESE P.C. — Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE, SIOUX CENTER, IA 51250-1824 — Phone no. P10782 22-3375

DAA **For Paperwork Reduction Act Notice, see the separate instructions.**

Form **1041** (2011)

BRUNSTING003612

Schedule A **Charitable Deduction.** Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1	
2	Tax-exempt income allocable to charitable contributions (see instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

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Schedule B **Income Distribution Deduction**

1	Adjusted total income (see instructions)	1	167
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)	3	0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5	0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	167
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law — 8: 167		
9	Income required to be distributed currently	9	167
10	Other amounts paid, credited, or otherwise required to be distributed	10	0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	167
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	167
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	167
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	167

Schedule G **Tax Computation** (see instructions)

1	**Tax:** a Tax on taxable income (see instructions)	1a			
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0		
	d **Total.** Add lines 1a through 1c ▶			1d	0
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-			4	0
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 4 through 6. Enter here and on page 1, line 23 ▶			7	0

	Other Information	Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses		X
	Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $		
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2011, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here P10784 ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

OMB No. 1545-0092

2011

Name of estate or trust
BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

Employer identification number
Client Copy
76-6124195

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)	1	167
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)	4	
5	Refund of taxes	5	( )
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	( )
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	167
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44 (26: 167)		
27	Estate tax deduction (from Form 1041, line 19) (27:)		
28	Add lines 26 and 27	28	167
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	

If line 29 is:

- $22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $22,500, but less than $165,000, go to line 45.
- $165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	167
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	( )
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	167
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	167
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	167
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	167

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-		43	167
44	**Income distribution deduction on a minimum tax basis** Enter the smaller of line 42 or line 43. Enter here and on line 26		44	167

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Part III Alternative Minimum Tax

45	Exemption amount		45	22,500
46	Enter the amount from line 29	46		
47	Phase-out of exemption amount	47	75,000	
48	Subtract line 47 from line 46. If zero or less, enter -0-	48		
49	Multiply line 48 by 25% (.25)		49	
50	Subtract line 49 from line 45. If zero or less, enter -0-		50	
51	Subtract line 50 from line 46		51	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $175,000 or less, multiply line 51 by 26% (.26). • Over $175,000, multiply line 51 by 28% (.28) and subtract $3,500 from the result		52	
53	Alternative minimum foreign tax credit (see instructions)		53	
54	Tentative minimum tax. Subtract line 53 from line 52		54	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)		55	
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c		56	

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see the instructions before completing this part.

57	Enter the amount from line 51		57	
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary)	58		
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59		
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60		
61	Enter the **smaller** of line 57 or line 60		61	
62	Subtract line 61 from line 57		62	
63	If line 62 is $175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,500 from the result ▶		63	
64	Maximum amount subject to the 0% rate	64	2,300	
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0-	65		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66		
67	Enter the **smaller** of line 57 or line 58	67		
68	Enter the **smaller** of line 66 or line 67	68		
69	Subtract line 68 from line 67	69		
70	Multiply line 69 by 15% (.15) ▶		70	
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.			
71	Subtract line 67 from line 61	71		
72	Multiply line 71 by 25% (.25) ▶		72	
73	Add lines 63, 70, and 72		73	
74	If line 57 is $175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,500 from the result		74	P10788
75	Enter the **smaller** of line 73 or line 74 here and on line 52		75	

9834X2012

[X] Final K-1 [ ] Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning 12/31/2011,
and ending 03/31/2012

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

76-6124195

B Estate's or trust's name

BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D [ ] Check if Form 1041-T was filed and enter the date it was filed

E [X] Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

509-56-6240

G Beneficiary's name, address, city, state, and ZIP code

CANDY CURTIS
1215 ULIFINIAN WAY
MARTINEZ CA 94553

H [X] Domestic beneficiary [ ] Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

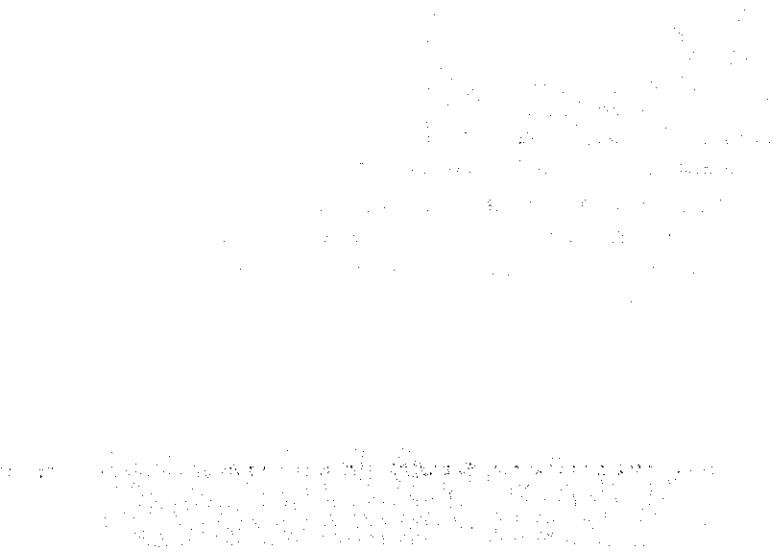
1	Interest income 34	11	Final year deductions
2a	Ordinary dividends		Client Copy
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14	Other information
		E *	34 STMT
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

P10790



9834X2012

661111

[X] Final K-1 [ ] Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning 12/31/2011,
and ending 03/31/2012

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

76-6124195

B Estate's or trust's name

BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D [ ] Check if Form 1041-T was filed and enter the date it was filed

E [X] Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

509-56-6228

G Beneficiary's name, address, city, state, and ZIP code

CAROLE BRUNSTING
5822 JASON
HOUSTON TX 77074

H [X] Domestic beneficiary [ ] Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income: 34	11	Final year deductions
2a	Ordinary dividends		Client Copy
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
		E *	34 STMT
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

P10792

9834X2012

661111

[X] Final K-1 [ ] Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning 12/31/2011,
and ending 03/31/2012

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

76-6124195

B Estate's or trust's name

BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D [ ] Check if Form 1041-T was filed and enter the date it was filed

E [X] Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

509-56-6234

G Beneficiary's name, address, city, state, and ZIP code

CARL BRUNSTING
5629 FLACK
HOUSTON TX 77081

H [X] Domestic beneficiary [ ] Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

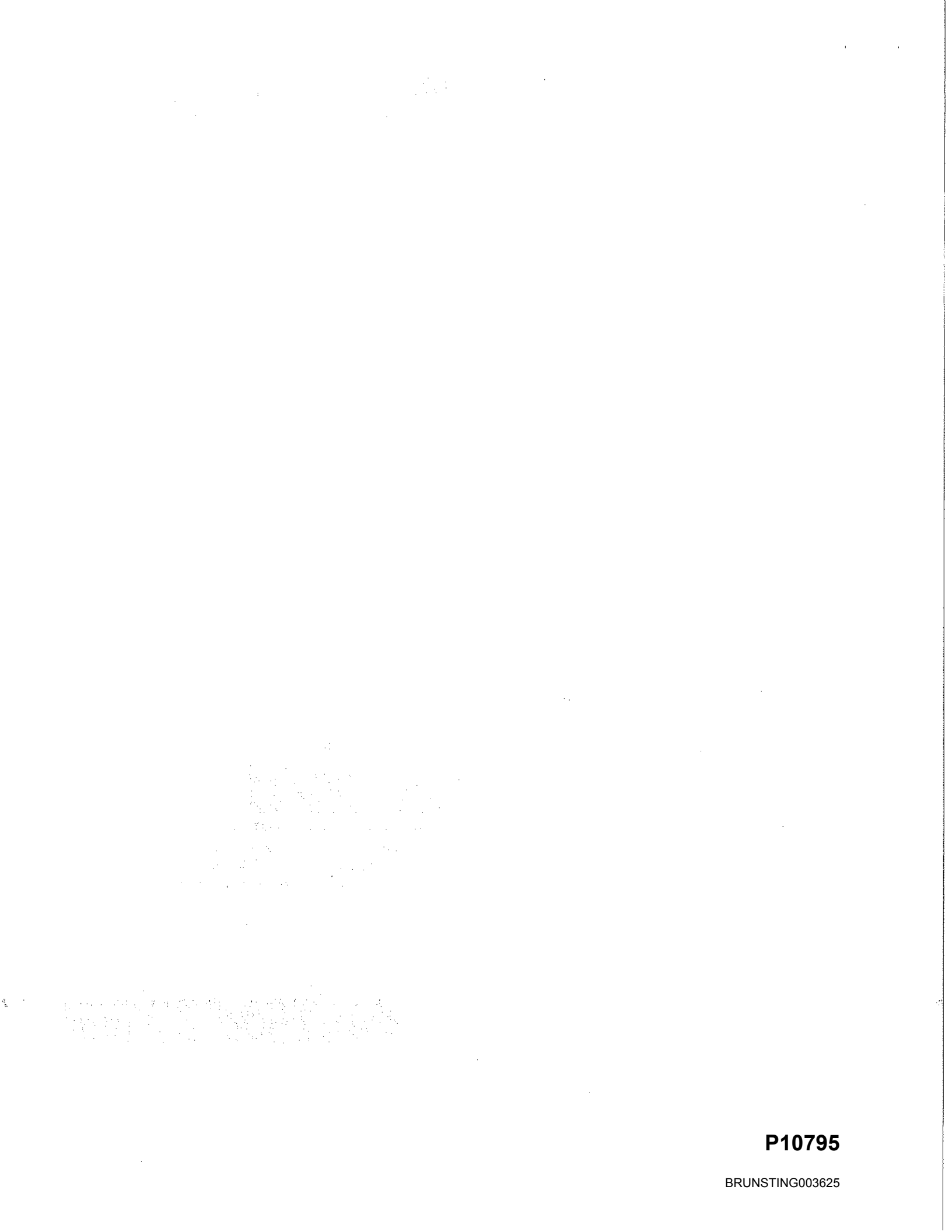
1	Interest income 33	11	Final year deductions
2a	Ordinary dividends		Client Copy
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
		E *	33 STMT
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

P10794



9834X2012

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[X] Final K-1 [ ] Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning 12/31/2011,
and ending 03/31/2012

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

76-6124195

B Estate's or trust's name

BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D [ ] Check if Form 1041-T was filed and enter the date it was filed

E [X] Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

456-25-5947

G Beneficiary's name, address, city, state, and ZIP code

AMY BRUNSTING
2582 COUNTRY LEDGE DR
NEW FRAUNFELS TX 78132-4109

H [X] Domestic beneficiary [ ] Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income 33	11	Final year deductions
2a	Ordinary dividends		Client Copy
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14	Other information
		E *	33 STMT
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

P10796

P10797

9834X2012

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[X] Final K-1 [ ] Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning 12/31/2011,
and ending 03/31/2012

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

76-6124195

B Estate's or trust's name

BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D [ ] Check if Form 1041-T was filed and enter the date it was filed

E [X] Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

457-25-1860

G Beneficiary's name, address, city, state, and ZIP code

ANITA BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

H [X] Domestic beneficiary [ ] Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

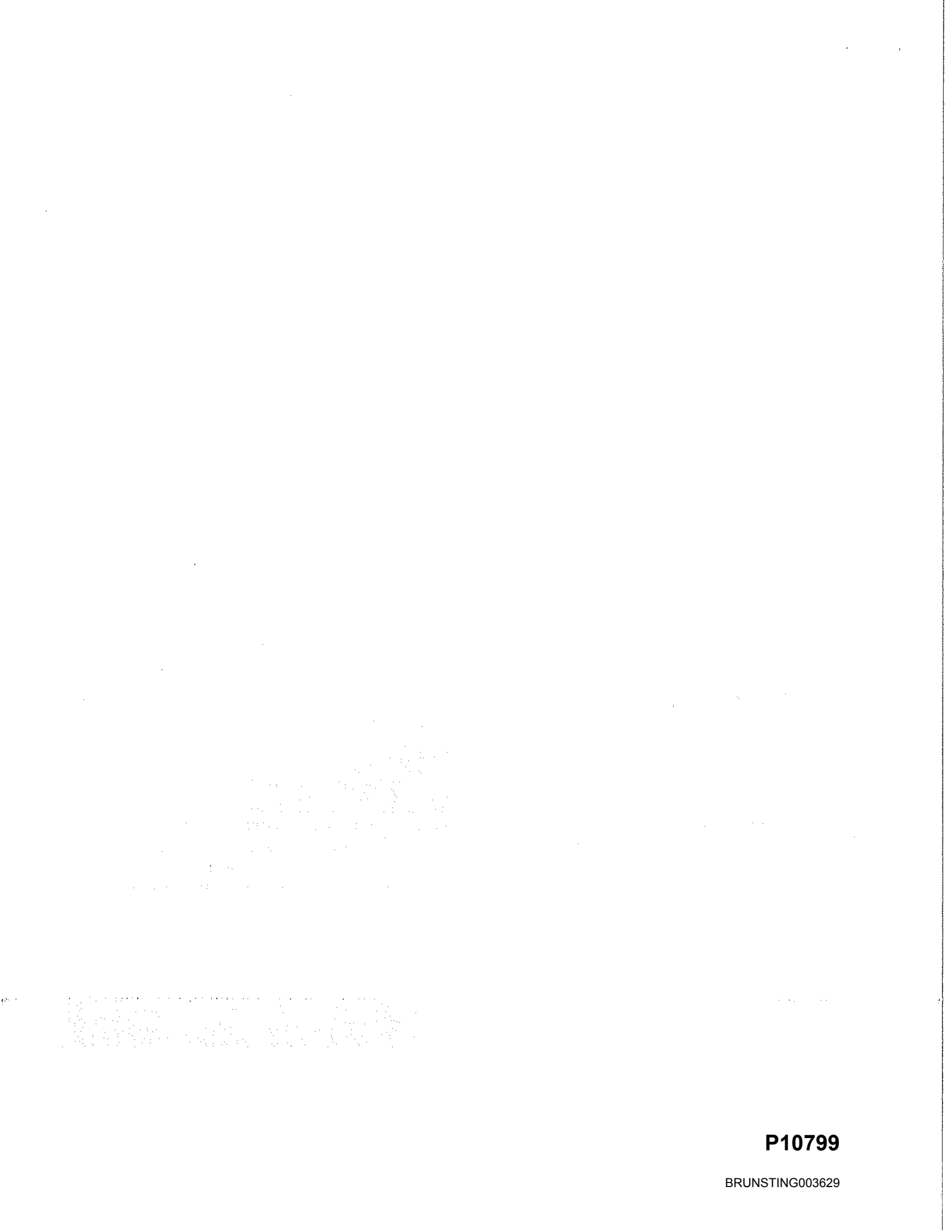
1	Interest income 33	11	Final year deductions
2a	Ordinary dividends		Client Copy
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
		E *	33 STMT
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

P10798



9834X2012

Form **8948**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Preparer Explanation for Not Filing Electronically

▶ **Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.**

OMB No. 1545-2200

Attachment Sequence No. **173**

Name(s) on tax return: BRUNSTING IRREVOCABLE LIFE INSURANCE TRUST

Taxpayer's identifying number: [redacted]95

Client Copy

Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

1 [X] Taxpayer chose to file this return on paper.

2 [ ] The preparer received a waiver from the requirement to electronically file the tax return.

Waiver Reference Number _____ Approval Letter Date _____

3 [ ] The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.

4 [ ] This return was rejected by IRS e-file and the reject condition could not be resolved.

Reject code: _____ Number of attempts to resolve reject: _____

5 [ ] The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.

6 Check the box that applies and provide additional information if requested.

a [ ] The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.

b [ ] The preparer is ineligible to participate in IRS e-file.

c [ ] Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

P10800

P10801

Federal Statements

CANDY CURTIS
509-56-6240

Client Copy

Schedule K-1, Box 14, Code E - Net Investment Income Information

Description	Amount
INTEREST INCOME	$ 34

P10803

Federal Statements

CAROLE BRUNSTING
509-56-6228

Client Copy

Schedule K-1, Box 14, Code E - Net Investment Income Information

Description	Amount
INTEREST INCOME	$ 34

P10805

Federal Statements

CARL BRUNSTING
509-56-6234

Client Copy

Schedule K-1, Box 14, Code E - Net Investment Income Information

Description	Amount
INTEREST INCOME	$ 33

P10807

Federal Statements

AMY BRUNSTING
456-25-5947

Client Copy

Schedule K-1, Box 14, Code E - Net Investment Income Information

Description	Amount
INTEREST INCOME	$ 33

P10809

Federal Statements

ANITA BRUNSTING
457-25-1860

Client Copy

Schedule K-1, Box 14, Code E - Net Investment Income Information

Description	Amount
INTEREST INCOME	$ 33

P10811

000065

Form 1040 U.S. Individual Income Tax Return 2011

Department of the Treasury—Internal Revenue Service (99) | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
NELVA E	BRUNSTING DECEASED 11/11/11	481-30-4685
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		Client Copy

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct.

203 BLOOMINGDALE CIR

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

VICTORIA TX 77904

Foreign country name | Foreign province/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qual. for child tax credit (see instr.)

If more than four dependents, see instructions and check here ▶ [ ]

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	**Taxable** interest. Attach Schedule B if required			8a	463
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	387		
9a	Ordinary dividends. Attach Schedule B if required			9a	13,239
b	Qualified dividends	9b	8,208		
10	Taxable refunds, credits, or offsets of state and local income taxes			10	488
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			13	9,756
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	58,792	b Taxable amount 15b	58,792
16a	Pensions and annuities	16a		b Taxable amount 16b	9,920
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	41,938
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	20,642	b Taxable amount 20b	17,546
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	152,142

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35			36
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37 152,142

P10812

P10813

BRUNSTING003643

Tax and Credits

38	Amount from line 37 (adjusted gross income)		38	152,142
39a	Check if: [X] You were born before January 2, 1947, [ ] Blind. [ ] Spouse was born before January 2, 1947, [ ] Blind. } Total boxes checked ▶	39a 1		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	39b [ ]		
40	**Itemized deductions** (from Schedule A) **or your standard deduction** (see left margin)		40	110,886
41	Subtract line 40 from line 38		41	41,256
42	**Exemptions.** Multiply $3,700 by the number on line 6d		42	3,700
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	37,556
44	**Tax** (see instr.). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] 962 elec.		44	4,432
45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
46	Add lines 44 and 45 ▶		46	4,432
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48		
49	Education credits from Form 8863, line 23	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit (see instructions)	51		
52	Residential energy credits. Attach Form 5695	52		
53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53		
54	Add lines 47 through 53. These are your **total credits**		54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	4,432

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $5,800

Married filing jointly or Qualifying widow(er), $11,600

Head of household, $8,500

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your **total tax** ▶	61	4,432

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62		
63	2011 estimated tax payments and amount applied from 2010 return	63	9,340	
64a	**Earned income credit (EIC)**	64a		
b	Nontaxable combat pay election 64b			
65	Additional child tax credit. Attach Form 8812	65		
66	American opportunity credit from Form 8863, line 14	66		
67	First-time homebuyer credit from Form 5405, line 10	67		
68	Amount paid with request for extension to file	68		
69	Excess social security and tier 1 RRTA tax withheld	69		
70	Credit for federal tax on fuels. Attach Form 4136	70		
71	Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885	71		
72	Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** ▶		72	9,340

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**	73	4,908
74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]	74a	4,908
b	Routing number 113000023 ▶ c Type: [X] Checking [ ] Savings		
d	Account number 586027563523		
75	Amount of line 73 you want **applied to your 2012 estimated tax** ▶ 75		

Direct deposit? See instructions.

Amount You Owe

76	**Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
77	Estimated tax penalty (see instructions) 77		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No**

Designee's name ▶ RICHARD K RIKKERS CPA

Personal identification number (PIN) ▶ 84948

Phone no. ▶ 712-722-3375

Sign Here

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		DECEASED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/05/12		P00144154

Firm's name ▶ KROESE & KROESE P.C. Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 Phone no. 712-722-3375

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P10815

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Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records. See instructions.**

OMB No. 1545-0074

2011

Declaration Control Number (DCN) ▶ 00420512019602

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Taxpayer's name	Social security number
NELVA E BRUNSTING	481-30-4685
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	152,142
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	4,432
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	4,908
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS(a) an acknowledgement of receipt or reason for rejection of the transmission,(b) the reason for any delay in processing the return or refund, and(c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize KROESE & KROESE P.C. to enter or generate my PIN 28905
ERO firm name
Enter five numbers, but do not enter all zeros
as my signature on my tax year 2011 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 04/02/12

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____
ERO firm name
Enter five numbers, but do not enter all zeros
as my signature on my tax year 2011 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 42051284948
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345,** Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ RICHARD K RIKKERS CPA Date ▶ 04/02/12

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

P10816

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SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2011

Attachment Sequence No. **07**

Name(s) shown on Form 1040

NELVA E BRUNSTING

Your social security number

[redacted]

Client Copy

Medical and Dental Expenses	**Caution.** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)		1	118,893	
	2 Enter amount from Form 1040, line 38	2 152,142			
	3 Multiply line 2 by 7.5% (.075)		3	11,411	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4 107,482
Taxes You Paid	5 State and local **(check only one box):**				
	a ☐ Income taxes, **or**		5	1,137	
	b ☒ General sales taxes				
	6 Real estate taxes (see instructions)		6	2,027	
	7 Personal property taxes		7	57	
	8 Other taxes. List type and amount ▶ FOREIGN TAXES - 1041-GT		8	123	
	9 Add lines 5 through 8				9 3,344
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098		10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11		
Note. Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules		12		
	13 Mortgage insurance premiums (see instructions)		13		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
	15 Add lines 10 through 14				15
Gifts to Charity	16 Gifts by cash or check. If you made any gift of $250 or more, see instructions		16	60	
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500		17		
	18 Carryover from prior year		18		
	19 Add lines 16 through 18				19 60
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21		
	22 Tax preparation fees		22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23		
	24 Add lines 21 through 23		24		
	25 Enter amount from Form 1040, line 38	25			
	26 Multiply line 25 by 2% (.02)		26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶				28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				29 110,886
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

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SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040. ▶ See instructions on back.

OMB No. 1545-0074
2011
Attachment Sequence No. **08**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-4685

Client Copy

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶		
	EDWARD JONES	1	463
2	Add the amounts on line 1	2	463
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	463

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶		
	CHEVRON CORPORATION	5	609
	METLIFE		70
	EXXON MOBILE		1,756
	EDWARD JONES		2,697
	DEERE & COMPANY		15
	ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100		8,092
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	13,239

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶		
8	During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

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SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011

Attachment Sequence No. **12**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
[redacted]

Client Copy

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with **box A** checked in **Part I**				
2 Short-term totals from all Forms 8949 with **box B** checked in **Part I**				
3 Short-term totals from all Forms 8949 with **box C** checked in **Part I**	35,607	25,680	0	9,927

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	9,927

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with **box A** checked in **Part II**				
9 Long-term totals from all Forms 8949 with **box B** checked in **Part II**				
10 Long-term totals from all Forms 8949 with **box C** checked in **Part II**	137,539	114,185	0	23,354

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	1
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	(23,526)
15 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (h). Then go to Part III on the back	15	-171

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule D (Form 1040) 2011**

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Part III Summary

Client Copy 9,756

16 Combine lines 7 and 15 and enter the result

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☒ **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions ▶ 19

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

21)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

P10825

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Form **8949**

Department of the Treasury
Internal Revenue Service (99)

Sales and Other Dispositions of Capital Assets

▶ See Instructions for Schedule D (Form 1040).
▶ For more information about Form 8949, see www.irs.gov/form8949
▶ Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011

Attachment Sequence No. **12A**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
[redacted]

Client Copy

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

Note: You **must** check **one** of the boxes below. Complete a separate Form 8949, page 1, for **each** box that is checked.

***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

☐ **(A)** Short-term transactions reported on Form 1099-B with basis reported to the IRS

☐ **(B)** Short-term transactions reported on Form 1099-B but basis not reported to the IRS

☒ **(C)** Short-term transactions for which you cannot check box A or B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
1 INVSCO BLD AMER BDS INCM		11/22/10	11/10/11	10,509	9,880	
DEERE & CO		05/20/10	02/03/11	25,098	15,800	

2 **Totals.** Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, **line 1** (if **box A** above is checked), **line 2** (if **box B** above is checked), or **line 3** (if **box C** above is checked) ▶	2	35,607	25,680	0

P10826

For Paperwork Reduction Act Notice, see your tax return instructions.

DAA

Name(s) shown on return. Do not enter name and social security number if shown on other side.

NELVA E BRUNSTING

Your social security number

481-30-4685

Part II **Long-Term Capital Gains and Losses—Assets Held More Than One Year**

Client Copy

Note: You **must** check **one** of the boxes below. Complete a separate Form 8949, page 2, for **each** box that is checked.

***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

☐ **(A)** Long-term transactions reported on Form 1099-B with basis reported to the IRS

☐ **(B)** Long-term transactions reported on Form 1099-B but basis not reported to the IRS

☒ **(C)** Long-term transactions for which you cannot check box A or B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
3 VK BLD AMER BONDS INCM		04/23/10	10/07/11	14,493	13,919	
DEERE & CO		05/20/10	06/07/11	50,391	35,794	
DEERE & CO		05/20/10	10/21/11	30,006	24,418	
DEERE & CO		05/20/10	11/09/11	14,110	11,204	
GMAC SMARTNOTES		03/20/03	04/11/11	8,725	9,000	
IN FIN AUTH REV PARKVIEW		08/14/09	04/15/11	14,819	14,850	
TOYOTA MOTOR CR CORP		07/13/07	04/11/11	4,995	5,000	

4 **Totals.** Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, **line 8** (if **box A** above is checked), **line 9** (if **box B** above is checked), or **line 10** (if **box C** above is checked) ▶	4	137,539	114,185	0

P10828

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Name(s) shown on return. Do not enter name and social security number if shown on other side.

NELVA E BRUNSTING

Your social security number: 481-30-4685

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Client Copy

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from a passive activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	ELMER H BRUNSTING DECEDENTS TR DTD	27-6453100
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	0	41,938		
B				
34a Totals		41,938		
b Totals				

35	Add columns (d) and (f) of line 34a	35	41,938
36	Add columns (c) and (e) of line 34b	36	(0)
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	41,938

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	41,938
42	**Reconciliation of farming and fishing income** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

P10830

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Form **1310**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Statement of Person Claiming Refund Due a Deceased Taxpayer

▶ See instructions below and on back.

OMB No. 1545-0074

Attachment Sequence No. **87**

Tax year decedent was due a refund:
Calendar year 2011, or other tax year beginning , 20 , and ending , 20

Client Copy

	Name of decedent	Date of death	Decedent's social security no.
	NELVA E BRUNSTING	11/11/11	481-30-4685
Please print or type	Name of person claiming refund		**Your social security number**
	ANITA BRUNSTING		457-25-1860
	Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
	203 BLOOMINGDALE CIRCLE		
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.		
	VICTORIA TX 77904		

Part I **Check the box that applies to you.** Check only one box. **Be sure to complete Part III below.**

A ☐ Surviving spouse requesting reissuance of a refund check. (see instructions).

B ☐ Court-appointed or certified personal representative (defined below). Attach a court certificate showing your appointment, unless previously filed (see instructions).

C ☒ Person, **other** than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

Part II **Complete this part only if you checked the box on line C above.**

		Yes	No
1	Did the decedent leave a will?	X	
2a	Has a court appointed a personal representative for the estate of the decedent?		X
b	If you answered **"No"** to 2a, will one be appointed?		X
	If you answered **"Yes"** to 2a or 2b, the personal representative must file for the refund.		
3	As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	X	
	If you answered **"No"** to 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund.		

Part III **Signature and verification. All filers must complete this part.**

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund ▶ **Date** ▶

P10832

Federal Statements

Client Copy

Form 1040, Line 8b - Tax-exempt Interest

Payer	Amount
EDWARD JONES	$ 387
TOTAL	$ 387

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
ELMER H BRUNSTING DECEDENTS TR DTD	$ 8,092	$ 4,241
CHEVRON CORPORATION	609	609
METLIFE	70	70
EXXON MOBILE	1,756	1,756
EDWARD JONES	2,697	1,517
DEERE & COMPANY	15	15
TOTAL	$ 13,239	$ 8,208

Capital Gain Distributions

Payer	Capital Gain Distribution
EDWARD JONES	$ 1
TOTAL	$ 1

Schedule A, Line 1 - Medical and Dental Expenses

Description	Amount
MEDICAL/DENTAL EXPENSES	$ 117,831
MEDICARE PREMIUMS	1,062
TOTAL	$ 118,893

Federal Statements

Schedule A, Line 5 - State and Local Taxes

Client Copy

Description	Amount
2010 ESTIMATES PAID IN 2011	$ 330
STATE TAX PAYMENTS	690
'10 IA INCOME TAX REFUND	-251
TOTAL INCOME TAXES	769
GENERAL SALES TAX	1,137
TOTAL SALES TAXES*	1,137

*SALES TAXES ARE BEING DEDUCTED

Form **1040** | **Carryover Report** | **2011**

Name
NELVA E BRUNSTING

Taxpayer Identification Number
481-30-4685

Client Copy

Carryover Item	Available to 2011	2011 Amounts		Carryover to 2012
Excess section 179				
Minimum tax credit				
Investment interest				
Investment interest - AMT				
Short-term capital loss				
Short-term capital loss - AMT				
Long-term capital loss	23,526	UTILIZED	-23,526	0
Long-term capital loss - AMT	23,526	UTILIZED	-23,526	0
Residential energy efficient property				
D.C. first-time homebuyer credit				
Tax credit bonds				

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2006 Amounts		
2007 Amounts		
2008 Amounts		
2009 Amounts		
2010 Amounts		
Available to 2011		
2011 Amounts		
Carryover to 2012		

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2006 Amounts		
2007 Amounts		
2008 Amounts		
2009 Amounts		
2010 Amounts		
Available to 2011		
2011 Amounts		
Carryover to 2012		

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Form **1040**

Tax Return History Report - Page 1

2011

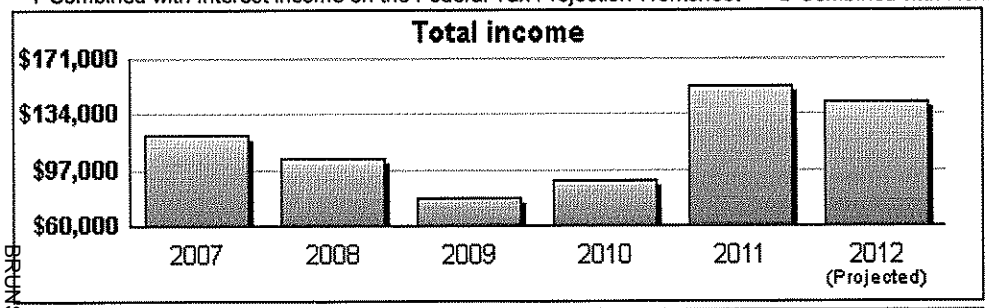
Name NELVA E BRUNSTING

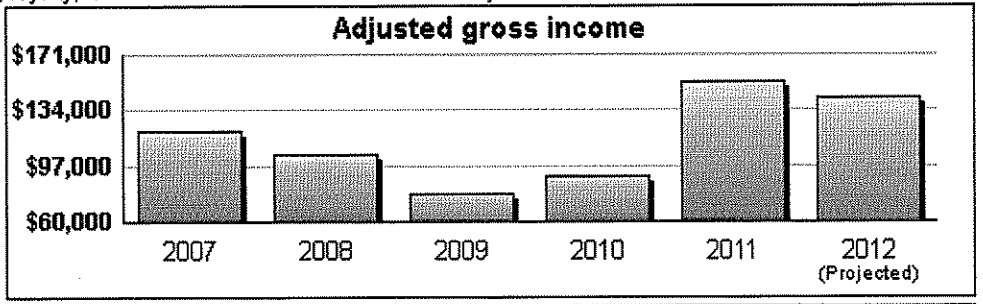
Taxpayer Identification Number 457-30-4685

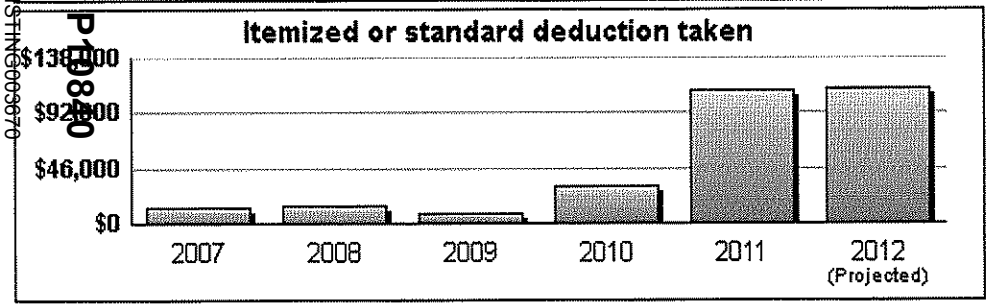
Client Copy

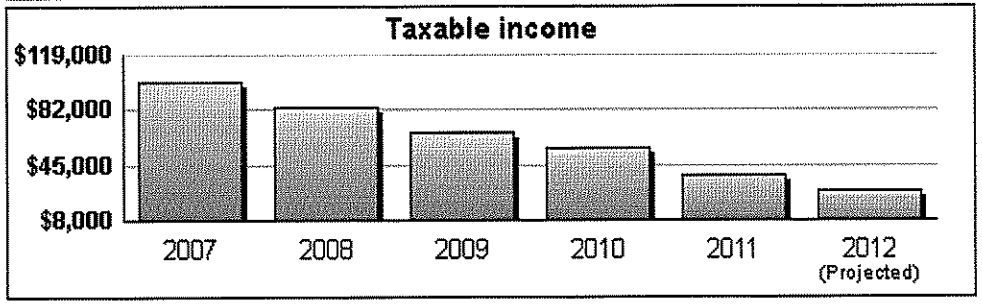
	2007	2008	2009	2010	2011	2012 PROJECTED
Filing Status	MFJ	MFJ	SGL	SGL	SGL	SGL
Salaries and wages						
Interest income	19,504	6,535	842	15,837	463	13,702
Dividend income	21,421	19,317	16,579	21,685	13,239	[1]
Business income/loss						
Capital gains/losses	4,406	-3,000	-3,000	-3,000	9,756	
Other gains/losses						
IRA distributions, pensions, annuities	24,812	24,942	14,302	14,006	68,712	68,712
Rent, royalty, farm rental income	25,335	30,399	27,836	-1,000		41,938
Partnership/S corp income						[2]
Estate or trust income				24,013	41,938	[2]
Farm income/loss						
Other income/loss	24,448	26,110	21,967	19,140	18,034	18,177
Total income	119,926	104,303	78,526	90,681	152,142	142,529
Total adjustments						
Adjusted gross income	119,926	104,303	78,526	90,681	152,142	142,529
Allowable itemized deductions	6,391	4,631	2,418	31,366	110,886	111,607
Standard deduction	12,800	14,000	7,600	7,100	7,250	5,950
Itemized or standard deduction taken	12,800	14,000	7,600	31,366	110,886	111,607
Exemptions	6,800	7,000	3,650	3,650	3,700	3,800
Taxable income	100,326	83,303	67,276	55,665	37,556	27,122

1 Combined with Interest income on the Federal Tax Projection Worksheet 2 Combined with Rent, royalty, farm rental income on the Federal Tax Projection Worksheet as Schedule E income/loss









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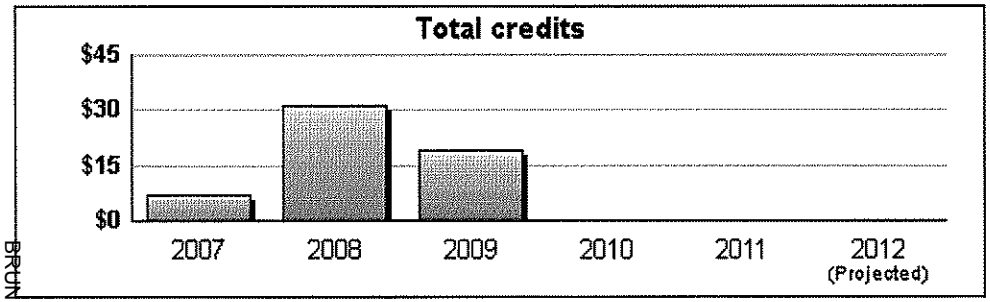
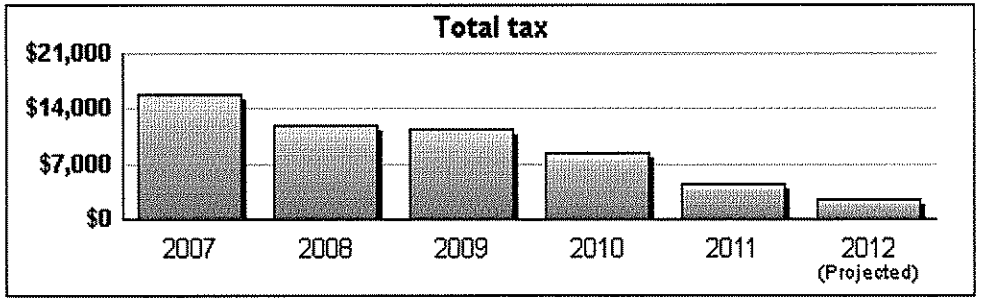
Form **1040** | **Tax Return History Report - Page 2** | **2011**

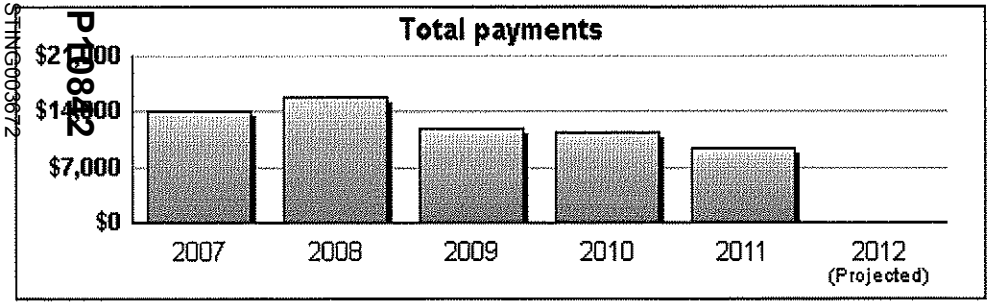
Name NELVA E BRUNSTING | Taxpayer Identification Number 457-30-4685

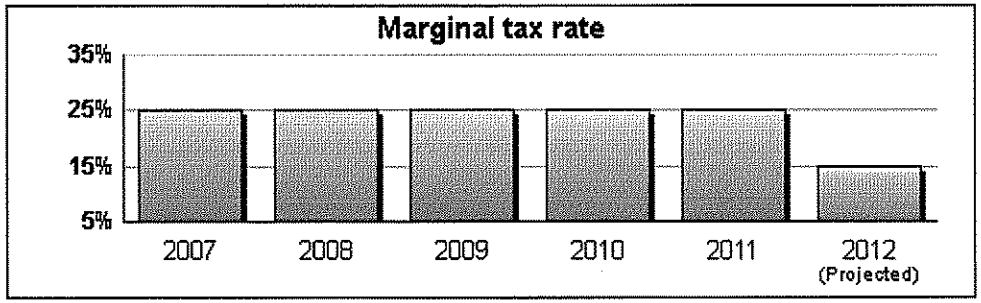
Client Copy

	2007	2008	2009	2010	2011	2012 PROJECTED
Taxable income	100,326	83,303	67,276	55,665	37,556	27,122
Tax on taxable income	15,853	11,971	11,387	8,393	4,432	2,402
Alternative minimum tax						
Total credits	7	31	19			
Net tax liability	15,846	11,940	11,368	8,393	4,432	2,402
Self-employment taxes						
Other taxes						
Total tax	15,846	11,940	11,368	8,393	4,432	2,402
Income tax withheld		24	25			
Estimated tax payments	14,160	15,880	11,920	11,360	9,340	
Other payments						
Total payments	14,160	15,904	11,945	11,360	9,340	
Total due/-refund	1,686	-3,964	-577	-2,967	-4,908	2,402
Penalties and interest						
Net tax due/-refund	1,686	-3,964	-577	-2,967	-4,908	2,402
Refund applied to estimated tax payments		3,964	577			
Refund received				-2,967	-4,908	
Marginal tax rate	25.0%	25.0%	25.0%	25.0%	25.0%	15.0%
Effective tax rate	16%	14%	17%	15%	12%	9%









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2011 IA 1040 Iowa Individual Income Tax Form

or fiscal year beginning ___/___ 2011 and ending ___/___/___

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number (SSN).

Client Copy

Your last name	Your first name/middle initial
BRUNSTING	NELVA E
Spouse's last name	**Spouse's first name/middle initial**

Current mailing address (number and street, apartment, lot, or suite number) or PO Box

203 BLOOMINGDALE CIR

City, State, ZIP

VICTORIA TX 77904

Spouse SSN • | Your SSN • 481-30-4685

• [X] Check this box if you or your spouse were 65 or older as of 12/31/11.

Residence on 12/31/11: County Number • 00 | School District Number • 0000

Dependent children for whom an exemption is claimed in Step 3

How many have health care coverage? (including Medicaid or hawk-i) ___ •

How many do not have health care coverage? ___ •

STEP 2 Filing Status: Mark one box only.

1	[X]	Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [X] NO ▲
2	[ ]	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3	[ ]	Married filing separately on this combined return. Spouse use column B.
4	[ ]	Married filing separate returns. Spouse's name: SSN: ▲ Income: $
5	[ ]	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.
6	[ ]	Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

		B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a.	**Personal Credit:** Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	▲ ___ X $ 40 = $ ___	▲ 1 X $ 40 = $ 40
b.	Enter 1 for each person who is **65 or older** and/or 1 for each person who is **blind**	▲ ___ X $ 20 = $ ___	▲ 1 X $ 20 = $ 20
c.	**Dependents:** Enter 1 for each dependent	▲ ___ X $ 40 = $ ___	▲ ___ X $ 40 = $ ___
d.	Enter first names of dependents here:	e. TOTAL $	$ 60

Enclose W-2s and payment with your return - DO NOT STAPLE them here.

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4 Gross Income	1.	Wages, salaries, tips, etc.	1.			
	2.	Taxable interest income. If more than $1,500, complete Sch. B.	2.	850		
	3.	Ordinary dividend income. If more than $1,500, complete Sch. B.	3.	13,239		
	4.	Alimony received	4.			
	5.	Business income/(loss) from federal Schedule C or C-EZ	5.			
	6.	Capital gain/(loss) from federal Sch. D if required for federal purposes	6.	9,756		
	7.	Other gains/(losses) from federal form 4797	7.			
	8.	Taxable IRA distributions	8.	58,792		
	9.	Taxable pensions and annuities	9.	9,920		
	10.	Rents, royalties, partnerships, estates, etc.	10.	41,938		
	11.	Farm income/(loss) from federal Schedule F	11.			
	12.	Unemployment compensation. See instructions.	12.			
	13.	Taxable Social Security benefits	13.	3,406		
	14.	Other income, gambling income, bonus depreciation/sec. 179 adjustment	14.			
	15.	**GROSS INCOME.** ADD lines 1-14.			15.	▲ 137,901
STEP 5 Adjustments to Income	16.	Payments to an IRA, Keogh, or SEP	16.			
	17.	Deductible part of self-employment tax	17.			
	18.	Health insurance deduction	18.	1,062		
	19.	Penalty on early withdrawal of savings	19.			
	20.	Alimony paid	20.			
	21.	Pension/retirement income exclusion	21.	6,000		
	22.	Moving expense deduction from federal form 3903	22.			
	23.	Iowa capital gain deduction certain asset sales ONLY (see instructions)	23.			
	24.	Other adjustments	24.			
	25.	Total adjustments. ADD lines 16-24.			25.	▲ 7,062
	26.	**NET INCOME.** SUBTRACT line 25 from line 15.			26.	▲ 130,839
STEP 6 Federal Tax Addition and Deduction	27.	Federal income tax refund / overpayment received in 2011	27.	2,967		
	28.	Self-employment/household employment taxes	28.			
	29.	Addition for federal taxes. ADD lines 27 and 28.			29.	2,967
	30.	Total. ADD lines 26 and 29.			30.	133,806
	31.	Federal tax withheld	31.			
	32.	Federal estimated tax payments made in 2011	32.	12,180		
	33.	Additional federal tax paid in 2011 for 2010 and prior years	33.			
	34.	Deduction for federal taxes. ADD lines 31, 32, and 33.			34.	12,180
	35.	**BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2.			35.	▲ 121,626

NOTE: Use only blue or black ink, no pencils or red ink.

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NELVA E BRUNSTING 481-30-4685

2011 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36.	BALANCE. From side 1, line 35				121,626
Taxable Income	37.	Total itemized deductions from federal Schedule A. Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A.		109,824	Complete lines 37-40	
	38.	Iowa income tax if included in line 5 of federal Schedule A			ONLY if you itemize.	
	39.	BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A.		109,824	Client Copy	
	40.	Other deductions				
	41.	Deduction. Check one box. ▲ [X] Itemized. Add lines 39 and 40. [ ] Standard				▲ 109,824
	42.	**TAXABLE INCOME.** SUBTRACT line 41 from line 36.				11,802
STEP 8	43.	Tax from tables or alternate tax		359		
Tax, Credits and Checkoff Contributions	44.	Iowa lump-sum tax. 25% of federal tax from form 4972				
	45.	Iowa minimum tax. Attach IA 6251.				
	46.	Total tax. ADD lines 43, 44, and 45.				359
	47.	Total exemption credit amount(s) from Step 3, side 1		60		
	48.	Tuition and textbook credit for dependents K-12				
	49.	Total credits. ADD lines 47 and 48.				60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.			0	▲ 299
	51.	Credit for nonresident or part-year resident. Attach IA 126 and federal return.				▲ 299
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.			0	0
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.			▲	
	54.	BALANCE. SUBTRACT line 53 from line 52.				
	55.	School district surtax/EMS surtax. Take percentage from table; multiply by line 54.			0 ▲	0
	56.	Total Tax. ADD lines 54 and 55.			▲	
	57.	Total tax before contributions. ADD columns A & B on line 56 and enter here.				0
	58.	Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife ▲ 58a: ____ State Fair ▲ 58b: ____ Firefighters/Veterans ▲ 58c: ____ Child Abuse Prevention ▲ 58d: ____ Enter total.				
	59.	**TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58.				0
STEP 9	60.	Iowa income tax withheld				
Credits	61.	Estimated and voucher payments made for tax year 2011		690		
	62.	Out-of-state tax credit. Attach IA 130.				
	63.	Motor fuel tax credit. Attach IA 4136.				
	64.	Check One: [ ] Child and dependent care credit **OR** ▲ [ ] Early childhood development credit				
	65.	Iowa earned income tax credit. See instructions.				
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.				
	67.	TOTAL. ADD lines 60 - 66.		690		
	68.	**TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.				690
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.				▲ 690
Refund or Amount You Owe	70.	Amount of line 69 to be **REFUNDED** REFUND. **For a faster refund file electronically. Go to www.iowa.gov/tax for details or mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120**				▲ 690
	71.	Amount of line 69 to be **applied to your 2012 estimated tax**				
	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.				▲
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 2210F ▲ [ ] Check if annualized income method is used.				▲
	74.	Penalty and interest. 74a. Penalty ____ ▲ 74b. Interest ____ ▲ ADD Enter total				
	75.	**TOTAL AMOUNT DUE.** ADD lines 72, 73, and 74, and enter here. PAY THIS AMOUNT. **You can pay online at www.iowa.gov/tax or pay by mail to Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make Check payable to Treasurer, State of Iowa.**				▲

STEP 11 **POLITICAL CHECKOFF.** This checkoff does not increase the amount of tax you owe or decrease your refund.

▲ SPOUSE:		▲ YOURSELF:	
$1.50 to Democratic Party	[ ]	$1.50 to Democratic Party	[ ]
$1.50 to Republican Party	[ ]	$1.50 to Republican Party	[ ]
$1.50 to Campaign Fund	[ ]	$1.50 to Campaign Fund	[ ]

STEP 12 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

PLEASE SIGN HERE

Your Signature	Date	Check if Deceased	Date of Death	Preparer's Signature	Date
	▲ [X] 11/11/11			RICHARD K RIKKERS CPA	04/05/12

SIGN HERE

Spouse's Signature	Date	Check if Deceased	Date of Death	Preparer's SSN, FEIN, or PTIN
	▲ [ ]			42-1277139

Daytime Telephone Number: 712-722-3375

This return is due April 30, 2012. Please sign, enclose W-2s, and verify SSNs.

MAILING ADDRESSES: See lines 70 and 75 above.

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Declaration Control Number (DCN)
0 0 - 420512 - 01960 - 2

Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 8453-IND

Iowa Individual Income Tax Declaration for an E-File Return

Your first name, middle initial	Last name	Your Social Security Number
NELVA E	BRUNSTING	481-30-4685 Client Copy
Spouse's first name, middle initial	Last name	Spouse Social Security Number

Home address (number and street) or PO Box
203 BLOOMINGDALE CIR

City, state, and ZIP
VICTORIA TX 77904

ATTACH STATE COPY OF FORMS W-2, W-2G, AND 1099 HERE

Part I Tax Return Information - Tax year ending December 31, 2011

		B. Spouse (filing status 3)		A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B		1A	130,839
2. Total Tax (IA 1040, line 46 A & B)	2B		2A	359
3. Iowa Income Tax Withheld (IA 1040, line 60 A & B)	3B		3A	
4. Amount to be Refunded (IA 1040, line 70)			4	690
5. Total Amount Due (IA 1040, line 75)			5	

Part II Declaration of Taxpayer (Be sure to keep a copy of your return)

6. [ ] I do not want direct deposit or direct debit.
7. [X] I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

[ ] I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

NOTE: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, please contact your financial institution to request that they allow a withdrawal from our bank account by this ACH Company ID.

a. Name of financial institution BANK OF AMERICA
b. Routing Number 113000023 The first two digits must be 01 through 12 or 21 through 32.
c. Account Number 586027563523
d. Type of Account: [ ] Savings [X] Checking
e. Will this refund go to (or payment come from) an account outside the United States? [ ] Yes [X] No

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my Iowa income tax return. To the best of my knowledge and belief my return is true, correct, and complete. I consent that my return, including any accompanying schedules and statements, be sent to the Internal Revenue Service (IRS) by my ERO and retrieved by the Iowa Department of Revenue (IDR). If I have filed a balance due return, I understand that if the IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If I have filed a joint or combined state return and elected direct deposit, there is an irrevocable appointment of the other spouse to receive the refund. If there is an error on my Federal return, I understand my state return will be rejected. If the processing of my return, refund, or direct debit is delayed, I authorize the IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or when the refund was sent. I also consent to the IDR sending to my ERO and/or transmitter an acknowledgment of receipt of transmission and indication of whether or not my return is accepted, and, if rejected the reason(s) for the rejection. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Sign Here Your Signature _____ Date _____ Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this return before submitting to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with the IDR and have followed all other requirements described in the Iowa Electronic Filing Handbook and the Iowa Modernized eFile (MeF) developer guide. I will keep form IA 8453-IND, with attachments, on file for three years from the due date of the return or the filing date, whichever is later, and I will make a copy available to the IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Use Only

ERO Signature	Date	Check if paid preparer	Check if self-employed	ERO's SSN or PTIN
RICHARD K RIKKERS CPA	04/05/12	[X]	[ ]	P00144154

Firm's name (or yours if self-employed), address and ZIP code: KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
FEIN 42-1277139
Phone Number 712-722-3375

Paid Preparer Use Only

Paid Preparer's Signature	Date	Check if self-employed	Preparer's SSN or PTIN
		[ ]	

Firm's name (or yours if self-employed), address and ZIP code
FEIN
Phone Number 712-722-3375

P10848

Do Not Mail This Form. Retain completed form with your tax records for at least three years.

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, enclose a copy of this schedule or a copy of the federal Schedule A with your return.

Client Copy

Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING

Social Security Number 481-30-4685

NOTE: If you have federal bonus depreciation/section 179, please see the 2011 Expanded Instructions on our Web site.

Medical and Dental Expenses		**Do not include health insurance premiums deducted on IA 1040, line 18.**			
	1.	Medical and dental expenses	1. 117,831		
	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here	2. 11,411		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		3.	106,420
Taxes You Paid	4.	State and Local (Check only one box):			
		a ☐ Other state and local income taxes. Do not include Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2011 OR	4. 1,137		
		b ☒ General sales taxes only from line 5b of the Federal Schedule A.			
	5.	Real estate taxes	5. 2,027		
	6.	Personal property taxes, including annual vehicle registration	6. 57		
	7.	Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT	7. 123		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	3,344
Interest You Paid	9a	Home mortgage interest and points reported on federal form 1098	9a.		
	9b	Home mortgage interest not reported on federal form 1098	9b.		
	10.	Points not reported on federal form 1098	10.		
	11.	Qualified mortgage insurance premiums	11.		
	12.	Investment interest. Attach federal form 4952 if required.	12.		
	13.	Add lines 9a-12. Enter total here.		13.	
Gifts to Charity	14.	Contributions by cash or check.	14. 60		
	15.	Other than by cash or check. You must attach federal form 8283 if more than $500.	15.		
	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation	16.		
	17.	Add lines 14 through 16. Enter total here.		17.	60
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.		18.	
Job Expenses and Misc. Deductions	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required.	19.		
	20.	Tax preparation fees	20.		
	21.	Other expenses. List type and amount.	21.		
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here.	22.		
	23.	Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here	23.		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		24.	0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.		25.	
Total Itemized Deductions	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		26.	109,824
		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.			
Proration of Deductions Between Spouses		**Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.**	**SPOUSE**		**YOU**
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26.	27b.		27a.
	28.	Total Iowa net income, add columns 27a and 27b. Enter the total here.		28.	
	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.		29.	%
	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A	**(YOU)**	30.	
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using filing status 4, enter this amount on line 39, column A of your spouse's return.	**(SPOUSE)**	31.	

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
Client Copy

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME

You must complete this part if you received more than $1,500 in interest in 2011. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES	X			463
EDWARD JONES	X			387
Total Taxable Interest Income. Add the amounts. Enter here and on IA 1040, line 2.				850

PART II: DIVIDEND INCOME

You must complete this part if you received more than $1,500 in gross dividends in 2011. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION	X			609
METLIFE	X			70
EXXON MOBILE	X			1,756
EDWARD JONES	X			2,697
DEERE & COMPANY	X			15
FROM BENEFICIARY'S SCHEDULE K-1	X			8,092
Total Taxable Dividend Income. Add the amounts. Enter here and on IA 1040, line 3.				13,239

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Iowa Department of Revenue
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2011 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
Client Copy

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X] ▲

You are a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [ ] ▲

Your spouse is a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Enclose this form and a copy of your federal return with your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.	1.	
2.	Taxable interest income	2.	
3.	Ordinary dividend income	3.	
4.	Alimony received	4.	
5.	Business income or (loss)	5.	
6.	Capital gain or (loss)	6.	
7.	Other gains or (losses)	7.	
8.	Taxable IRA distributions	8.	
9.	Taxable pensions and annuities	9.	
10.	Rents, royalties, partnerships, estates, etc.	10.	
11.	Farm income or (loss)	11.	
12.	Unemployment compensation	12.	
13.	Taxable Social Security benefits.	13.	
14.	Other income, gambling income, bonus depreciation/section 179 adjustment	14.	
15.	**GROSS INCOME.** ADD lines 1-14.	15.	▲
16.	Payments to an IRA, Keogh, or SEP while an Iowa resident	16.	
17.	Deduction for self-employment tax	17.	
18.	Health insurance deduction	18.	
19.	Penalty on early withdrawal of savings	19.	
20.	Alimony paid	20.	
21.	Pension/retirement income exclusion	21.	
22.	Moving expense deduction into Iowa only	22.	
23.	Iowa capital gain deduction	23.	
24.	Other adjustments	24.	
25.	Total adjustments. ADD lines 16-24.	25.	▲
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15. LOW INCOME EXEMPTION	26.	
27.	All-source net income from line 26, IA 1040	27.	
		100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.	28. %	%
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	29. %	100.0%
30.	Iowa tax on total income from line 43, IA 1040	30.	359
31.	Total credits from line 49, IA 1040	31.	60
32.	Tax after credits. Subtract line 31 from line 30.	32.	299
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	33.	299

ENTER THIS AMOUNT ON LINE 51, IA 1040

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 6251

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 or IA 1041

NELVA E BRUNSTING

SSN or FEIN

Client Copy

481-30-4685

PART I: Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

1.	Medical and dental from line 2, federal form 6251	3,804
2.	Taxes from line 3, federal form 6251, less any Iowa income tax included on that line	3,344
3.	Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form 6251	
4.	Miscellaneous itemized deductions from line 5, federal form 6251	
5.	Refund of taxes from line 7, federal form 6251, less any Iowa income tax included on that line	
6.	Investment interest from line 8, federal form 6251, less interest and expense related to private activity bonds issued after 08/07/86	0
7.	Post - 1986 depreciation from line 18, federal form 6251	
8.	Adjusted gain or loss from line 17, federal form 6251	
9.	Incentive stock options from line 14, federal form 6251	
10.	Passive activities from line 19, federal form 6251	
11.	Beneficiaries of estates and trusts from line 15, federal form 6251	
12.	Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.	

a.	Circulation expenditures (line 21) a.		h.	Patron's adjustment h.	
b.	Depreciation (pre-1987) b.		i.	Pollution control facilities i.	
c.	Installment sales (line 25) c.		j.	Research and experimental (line 24) j.	
d.	Large partnerships (line 16) d.		k.	Section 1202 exclusion (line 13) k.	
e.	Long-term contracts (line 22) e.		l.	Tax shelter farm activities l.	
f.	Loss limitations (line 20) f.		m.	Related adjustments (see instr.) (line 27) m.	0
g.	Mining costs (line 23) g.				

12.		
13.	**Total Adjustments and Preferences.** Combine lines 1 through 12.	7,148

PART II: Alternative Minimum Taxable Income

14.	Taxable income from IA 1040, line 42; or IA 1041, line 22	11,802
15.	Net operating loss deduction. Do not enter as a negative amount.	
16.	Combine lines 14 and 15.	11,802
17.	Add lines 13 and 16.	18,950
18.	Alternative tax net operating loss deduction. See instructions.	
19.	Alternative Minimum Taxable Income. Subtract line 18 from line 17.	18,950

PART III: Exemption Amount and Alternative Minimum Tax

20.	Enter $35,000 (*$17,500 if filing status 3 or 4; $26,000 if single, head of household or qualifying widow(er))	26,000
21.	Enter $150,000 (*$75,000 if filing status 3 or 4; $112,500 if single, head of household or qualifying widow(er))	112,500
22.	Subtract line 21 from line 19. If the result is zero or less, enter zero.	0
23.	Multiply line 22 by 25% (0.25).	
24.	Subtract line 23 from line 20. If the result is zero or less, enter zero.	26,000
25.	Subtract line 24 from line 19. If the result is zero or less, enter zero.	
26.	Multiply line 25 by 6.7% (0.067).	0
27.	Regular tax after credits. See instructions.	299
28.	Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	0

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.

29.	Enter Iowa net income plus Iowa adjustments and preferences. See instructions. If less than zero, enter zero.	0
30.	Total net income plus total adjustments and preferences. See instructions.	137,987
31.	Divide line 29 by line 30 and enter the result to three (3) decimal places.	
32.	Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	0

*Exemption levels of $17,500 and $75,000 on lines 20 and 21, respectively, also apply to an estate or trust.

P10856

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

IA Tax Return (12/31/06) - IA Form 1040 P1
IA Tax Return (12/31/06) - IA Form 1040 P2
IA Tax Return (12/31/06) - IA Schedule A
IA Tax Return (12/31/06) - IA Schedule B
IA Tax Return (12/31/06) - IA Form 126
IA Tax Return (12/31/06) - IA Form 6251

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2006 IA 1040 Iowa Individual Income Tax Long Form

or fiscal year beginning _____ 2006 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Last name	Your first name/middle initial	Social Security Number
A. BRUNSTING	ELMER H	282-32-8905
Spouse's last name	**Spouse's first name/middle initial**	**Social Security Number**
B. BRUNSTING	NELVA E	481-30-4685

Current mailing address (number and street, apartment, lot or suite number) or PO Box: 13630 PINEROCK LN

City, State, ZIP: HOUSTON TX 77079-5914

Are your name, your spouse's name, if applicable, and your address the same as on last year's return? [X] YES [ ] NO

Your Occupation: RETIRED

Spouse's Occupation: RETIRED

Residence on 12/31/06: County No. 00 Sch.Dist.No. 0000

School District Name:

STEP 2 Filing Status: Mark one box only.

1		Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [ ] NO ▲
2		Married filing a joint return. (Two-income families may benefit by using status 3 or 4)
3	X	Married filing separately on this combined return. Spouse use column B.
4		Married filing separate returns. Spouse's name: SSN: ▲ Income: $
5		Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
6		Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

YOU (& spouse IF filing jointly)

a. **Personal Credit:** Enter 1 (Enter 2 if filing joint or head of household) ▲ 1 X $ 40 = $ 40
b. Enter 1 for each spouse who is **65 or older** and/or 1 for each spouse who is **blind** ▲ 1 X $ 20 = $ 20
c. **Dependents:** Enter 1 for each dependent ▲ X $ 40 = $
d. Enter first names of dependents here:
e. TOTAL $ 60

SPOUSE (IF filing status 3)

a. **Personal Credit:** Enter 1 ▲ 1 X $ 40 = $ 40
b. Enter 1 if **65 or older** and/or 1 if **blind** ▲ 1 X $ 20 = $ 20
c. **Dependents:** Enter 1 for each dependent ▲ X $ 40 = $
d. Enter first names of dependents here:
e. TOTAL $ 60

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1. Wages, salaries, tips, etc.	1.				
	2. Taxable interest income. If more than $1,500, complete Sch. B	2.	2,979	2,981		
Figure your gross income	3. Ordinary dividend income. If more than $1,500, complete Sch. B	3.	10,047	10,270		
	4. Alimony received	4.				
	5. Business income/(loss) from Federal Schedule C or C-EZ	5.				
	6. Capital gain/(loss) from Federal Schedule D	6.	9,781	9,781		
	7. Other gains/(losses) from Federal form 4797	7.				
	8. Taxable IRA distributions	8.	1,103	2,163		
	9. Taxable pensions and annuities	9.		20,694		
	10. Rents, royalties, partnerships, estates, etc.	10.		23,638		
	11. Farm income/(loss) from Federal Schedule F	11.				
	12. Unemployment compensation	12.				
	13. Taxable Social Security benefits	13.	4,463	10,075		
	14. Other income, gambling income, bonus depreciation adjustment	14.				
	15. **GROSS INCOME.** ADD lines 1-14	15.			28,373 ▲	79,602
STEP 5	16. Payments to an IRA, KEOGH or SEP	16.				
	17. One-half of self-employment tax	17.				
Figure your adjustments to income	18. Health insurance deduction	18.	1,062	1,062		
	19. Penalty on early withdrawal of savings	19.				
	20. Alimony paid	20.				
	21. Pension/retirement income exclusion	21.	552 ▲	11,448		
	22. Moving expense deduction from Federal form 3903	22.				
	23. Iowa capital gains deduction.	23.	▲			
	24. Other adjustments	24.				
	25. Total adjustments. ADD lines 16-24	25.			1,614 ▲	12,510
	26. **NET INCOME.** SUBTRACT line 25 from line 15	26.			26,759 ▲	67,092
STEP 6	27. Federal income tax refund / overpayment received in 2006	27.	▲			
	28. Self-employment/household employment taxes	28.	▲			
Figure your Federal tax addition and deduction	29. Addition for Federal taxes. ADD lines 27 and 28	29.				
	30. Total. ADD lines 26 and 29	30.			26,759	67,092
	31. Federal tax withheld	31.	▲			
	32. Federal estimated tax payments made in 2006	32.	3,554 ▲	9,446		
	33. Additional Federal tax paid in 2006 for 2005 and prior years	33.	1,692 ▲	11,004		
	34. Deduction for Federal taxes. ADD lines 31, 32, and 33	34.			5,246	20,450
	35. **BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2	35.			21,513	46,642

Staple W-2's, payment, and voucher here.

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41-001a (8/7/06) L06

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ELMER H & NELVA E BRUNSTING 282-32-8905

2006 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36. BALANCE. From side 1, line 35.	36.			21,513	46,642
Figure your taxable income	37. Total itemized deductions from Federal Schedule A. Taxpayers with bonus depreciation must use Iowa Schedule A	37.			Complete lines 37-40 ONLY if you itemize.	
	38. Iowa income tax if included in line 5 of Federal Schedule A	38.				
	39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A	39.	1,454	3,645		
	40. Other deductions.	40.				
	41. Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [ ] Standard.	41.			1,454 ▲	3,645
	42. **TAXABLE INCOME.** SUBTRACT line 41 from line 36.	42.			20,059	42,997
STEP 8	43. Tax from tables or alternate tax	43.	884 ▲	2,467		
Figure your tax, credits and checkoff contributions	44. Iowa lump-sum tax. 25% of Federal tax from form 4972.	44.	▲			
	45. Iowa minimum tax. Attach IA 6251.	45.	▲			
	46. Total tax. ADD lines 43, 44 and 45.	46.			884	2,467
	47. Total exemption credit amount(s) from Step 3, side 1	47.	60	60		
	48. Iowa earned income credit: **6.5% (.065) of Federal credit**	48.	▲			
	49. Tuition and textbook credit.	49.	▲			
	50. Total credits. ADD lines 47, 48 and 49.	50.			60	60
	51. BALANCE. SUBTRACT line 50 from line 46. If less than zero, enter zero.	51.			824 ▲	2,407
	52. Credit for nonresident or part-year resident. Attach IA 126 and Federal return.	52.			824 ▲	1,560
	53. BALANCE. SUBTRACT line 52 from 51. If less than or equal to zero, enter zero.	53.			0	847
	54. Other Iowa credits. Attach IA 148 Tax Credits Schedule.	54.			▲	
	55. BALANCE. SUBTRACT line 54 from line 53.	55.				847
	56. School district surtax/EMS surtax. (take percentage from table, multiply by line 55).	56.			0 ▲	0
	57. Total Tax. ADD lines 55 and 56.	57.			▲	847
	58. Total tax before contributions. ADD Columns A & B on line 57 and enter here.	58.				847
	59. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 59a: ▲ State Fair 59b: ▲ Firefighters/Keeplowa 59c: ▲ Veterans 59d: ▲ ADD Enter total.	59.				
	60. **TOTAL TAX AND CONTRIBUTIONS.** ADD lines 58 and 59.	60.				847
STEP 9	61. Iowa income tax withheld.	61.	▲			
Figure your credits	62. Estimate and voucher payments made for tax year 2006	62.	▲	2,000		
	63. Out-of-state tax credit. Attach IA 130.	63.	▲			
	64. Motor vehicle fuel tax credit. Attach IA 4136.	64.	▲			
	65. Check One: [ ] Child and dependent care credit **OR** [ ] Early childhood development credit	65.	▲			
	66. Other refundable credits. Attach IA 148 Tax Credits Schedule.	66.	▲			
	67. TOTAL. ADD lines 61-66.	67.		2,000		
	68. **TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.	68.				2,000
STEP 10	69. If line 68 is more than line 60, SUBTRACT line 60 from line 68. This is the amount you overpaid.	69.				1,153
Figure your refund or amount you owe	70. Amount of line 69 to be **REFUNDED**	70.			REFUND	305
	Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120					
	71. Amount of line 69 to be applied to your 2007 estimated tax	71.	242	606		
	72. If line 68 is less than line 60, SUBTRACT line 68 from line 60. This is the AMOUNT OF TAX YOU OWE.	72.				
	73. Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. [ ] Check if annualized income method is used	73.				
	74. Penalty and interest. 74a. Penalty. ▲ 74b. Interest ▲ ADD Enter total	74.				
	75. **TOTAL AMOUNT DUE.** ADD lines 72, 73 and 74, and enter here.	75.			PAY THIS AMOUNT	

E - pay by credit card or by transfer from your bank account. Go to www.state.ia.us/tax. This is a secure site.
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa

STEP 11 **POLITICAL CHECKOFF.** This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE	YOURSELF
$1.50 to Republican Party [ ]	[ ] $1.50 to Republican Party
$1.50 to Democratic Party [ ]	[ ] $1.50 to Democratic Party
$1.50 to Campaign Fund [ ]	[ ] $1.50 to Campaign Fund

STEP 12

NEXT YEAR,

Would you like to receive a booklet? This option is not available to electronic filers.

0. [ ] Yes
1. [ ] No

STEP 13

COW-CALF REFUND Attach IA 132.

Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).

Spouse: $ _____

You: $ _____

STEP 14

PLEASE SIGN HERE
- Verify your SSN(s)
- Recheck your math
- Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's Signature Date

Daytime Telephone Number

RICHARD K RIKKERS CPA 4/03/07

Preparer's Signature Date

KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824

Address

712-722-3375 42-1277139

Daytime Telephone Number Identification Number

CS **This return is due April 30, 2007.** **Mailing Addresses: See lines 70 and 75 above.** 41-001b (9/25/06)

P10860

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Iowa Department of Revenue
www.state.ia.us/tax

2006 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the Federal Schedule A to your return.

Name(s) as shown on page 1 of the IA 1040	Social Security Number
ELMER H & NELVA E BRUNSTING	282-32-8905

NOTE: If you have Federal Bonus Depreciation, please see the 2006 Expanded Instructions on our Web site.

Do not include health insurance premiums deducted on IA 1040, line 18.

Medical and Dental Expenses	1.	Medical and dental expenses	1.		
	2.	Multiply the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here.	2.		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		3.	0
Taxes You Paid	4.	Other state and local income taxes. DO NOT INCLUDE IOWA INCOME TAX. Include School District Surtax and EMS Surtax paid in 2006.	4.		
	5.	Real estate taxes	5.	1,003	
	6.	Personal property taxes, including vehicle registration	6.		
	7.	Other taxes. List the type and amount.	7.		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	1,003
Interest You Paid	9a	Home mortgage interest and points reported on Federal form 1098	9a.		
	9b	Home mortgage interest not reported on Federal form 1098	9b.		
	10.	Points not reported on Federal form 1098	10.		
	11.	Investment interest. Attach Federal form 4952 if required.	11.		
	12.	Add lines 9a-11. Enter total here.		12.	
Gifts to Charity	13.	Contributions by cash or check. Do not include contributions to Injured Veterans Grant Program (IA 1040 line 24) or School Tuition Organization Tax Credit (IA 1040 line 54).	13.	4,096	
	14.	Other than by cash or check. You must attach Federal form 8283 if more than $500.	14.		
	15.	Carryover from prior year (as adjusted for disallowance of Bonus Depreciation)	15.		
	16.	Add lines 13 through 15. Enter total here.		16.	4,096
Casualty/Theft Loss	17.	Casualty or theft loss(es). Attach Federal form 4684.		17.	
Job Expenses and Misc. Deductions	18.	Unreimbursed employee expenses. Attach Fed. form 2106 or 2106-EZ if required.	18.		
	19.	Tax preparation fees	19.		
	20.	Other expenses. List type and amount. _____	20.		
	21.	Add the amounts on lines 18, 19, and 20. Enter the total here.	21.		
	22.	Multiply the amount of Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here.	22.		
	23.	Subtract line 22 from line 21. Enter the total. If less than zero, enter zero.		23.	0
Other Misc. Deductions	24.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.		24.	
Total Itemized Deductions	25.	If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 is $150,500 or less ($75,250 or less if married filing separately for Federal tax purposes), add lines 3, 8, 12, 16, 17, 23, and 24, and enter the total here		25.	5,099
		If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* is more than $150,500 ($75,250 if married filing separately for Federal tax purposes), you must complete the Iowa Itemized Deductions Worksheet, 41-104, to calculate your total deductions.			
		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.			

				SPOUSE		YOU
Proration of Deductions Between Spouses		**Complete lines 26 through 30 ONLY if you are using filing status 3 or 4.**				
	26.	Enter the Iowa net income of both spouses from IA 1040, line 26.	26b.	26,759	26a.	67,092
	27.	Total Iowa net income, add columns 26a and 26b. Enter the total here.			27.	93,851
	28.	Divide the amount on line 26a by the amount on line 27. Enter the percentage here.			28.	71.488 %
	29.	Multiply line 25 by the percentage on line 28. Enter here and on IA 1040, line 39, Col. A		(YOU)	29.	3,645
	30.	Subtract line 29 from line 25. Enter here and on IA 1040, line 39, Col. B. If you are using filing status 4, enter this amount on line 39, Col. A of your spouse's return.		(SPOUSE)	30.	1,454

*If you filed Federal 1040A, see line 21; if Federal 1040EZ, see line 4.

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Iowa Department of Revenue
www.state.ia.us/tax

2006 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040 | **Social Security Number**
ELMER H & NELVA E BRUNSTING | 282-32-8905

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME

You must complete this part if you received more than $1,500 in interest in 2006. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds (see instructions for IA 1040, line 2, Taxable interest Income), and interest from tax refunds. Do not report interest from Federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
BANK OF AMERICA			X	601
EDWARD JONES			X	4,115
EDWARD JONES			X	1,244
Total Taxable Interest Income. Add the amounts; enter here and on IA 1040, line 2				5,960

PART II: DIVIDEND INCOME

You must complete this part if you received more than $1,500 in gross dividends in 2006. Deduct that portion of any net dividend from mutual funds that is attributable to Federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
DEERE & CO			X	895
EDWARD JONES			X	14,150
EXXON MOBIL			X	4,633
FRANKLIN TEMPLETON			X	418
METLIFE	X			221
Total Taxable Dividend Income. Add the amounts; enter here and on IA 1040, line 3				20,317

41-004b (8/7/06)

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Iowa Department of Revenue
www.state.ia.us/tax

2006 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
ELMER H & NELVA E BRUNSTING

Social Security Number
282-32-8905

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X]

You are a part-year resident of Iowa [ ]
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [X]

Your spouse is a part-year resident of Iowa [ ]
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Attach this form and a copy of your Federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.		
2.	Taxable interest income		
3.	Ordinary dividend income		
4.	Alimony received		
5.	Business income or (loss)		
6.	Capital gain or (loss)		
7.	Other gains or (losses)		
8.	Taxable IRA distributions		
9.	Taxable pensions and annuities		
10.	Rents, royalties, partnerships, estates, etc.		23,638
11.	Farm income or (loss)		
12.	Unemployment compensation		
13.	Taxable Social Security benefits.		
14.	Other income, gambling income, bonus depreciation adjustment		
15.	**GROSS INCOME.** ADD lines 1-14.		23,638
16.	Payments to an IRA, KEOGH or SEP while an Iowa resident		
17.	Deduction for self-employment tax		
18.	Health insurance deduction		
19.	Penalty on early withdrawal of savings		
20.	Alimony paid		
21.	Pension/retirement income exclusion		
22.	Moving expense deduction into Iowa only		
23.	Iowa capital gains deduction		
24.	Other adjustments		
25.	Total adjustments. ADD lines 16-24.		
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15.		23,638
27.	All-source net income from line 26, IA 1040	26,759	67,092
		100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage.	%	35.2 %
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	100.0 %	64.8 %
30.	Iowa tax on total income from line 43, IA 1040	884	2,467
31.	Total credits from line 50, IA 1040	60	60
32.	Tax after credits. Subtract line 31 from line 30.	824	2,407
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	824	1,560

ENTER THIS AMOUNT ON LINE 52 OF IA 1040

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P10863 (8/7/06)

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Iowa Department of Revenue
www.state.ia.us/tax

IA 6251 2006

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 (or IA 1041):	Social Security No.
ELMER H BRUNSTING	282-32-8905

PART I: Adjustments and Preferences, see instructions

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

1.	Medical and dental (line 2, federal form 6251)	
2.	Taxes (line 3, federal form 6251 less any Iowa income tax)	1,003
3.	Certain interest on a home mortgage not used to build, buy, or improve your home (line 4, federal form 6251)	
4.	Miscellaneous itemized deductions (line 5, federal form 6251)	
5.	Refund of taxes (line 7, federal form 6251 less any Iowa income tax)	
6.	Investment interest (line 8, federal form 6251 less interest and expense related to private activity bonds issued after 8/7/86)	0
7.	Post - 1986 depreciation (line 17, federal form 6251)	
8.	Adjusted gain or loss (line 16, federal form 6251)	
9.	Incentive stock options (line 13, federal form 6251)	
10.	Passive activities (line 18, federal form 6251)	
11.	Beneficiaries of estates and trusts (line 14, federal form 6251)	

12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.

a.	Circulation expenditures (ln. 20)		h.	Patron's adjustment	
b.	Depreciation (pre-1987)		i.	Pollution control facilities	
c.	Installment sales (line 24)		j.	Research and experimental (line 23)	
d.	Large partnerships (line 15)		k.	Section 1202 exclusion (line 12)	
e.	Long-term contracts (line 21)		l.	Tax shelter farm activities	
f.	Loss limitations (line 19)		m.	Related adjustments (see instr.) (line 26)	0
g.	Mining costs (line 22)				

12.		
13.	**Total Adjustments and Preferences.** Combine lines 1 through 12	1,003

PART II: Alternative Minimum Taxable Income

14.	Taxable income (from IA 1040, line 42; or IA 1041, line 22)	42,997
15.	Net operating loss deduction. Do not enter as a negative amount	
16.	If federal AGI, plus any IA Bonus Depreciation adjustment is more than $150,500 (more than $75,250 if married filing separately for federal purposes), see instructions for amount to enter on this line	( )
17.	Combine lines 14, 15 and 16	42,997
18.	Add lines 13 and 17	44,000
19.	Alternative tax net operating loss deduction (see instructions)	
20.	Alternative Minimum Taxable Income. Subtract line 19 from line 18	44,000

PART III: Exemption Amount and Alternative Minimum Tax

21.	Enter $35,000 (*$17,500 if filing status 3 or 4; $26,000 if single, head of household or qualifying widow(er))	17,500
22.	Enter $150,000 (*$75,000 if filing status 3 or 4; $112,500 if single, head of household or qualifying widow(er))	75,000
23.	Subtract line 22 from line 20. If the result is zero or less, enter zero	0
24.	Multiply line 23 by 25% (0.25)	
25.	Subtract line 24 from line 21. If result is zero or less, enter zero	17,500
26.	Subtract line 25 from line 20	26,500
27.	Multiply line 26 by 6.7% (0.067)	1,776
28.	Regular tax after credits. See instructions.	2,407
29.	Iowa Minimum Tax. Subtract line 28 from line 27, enter here and on IA 1040, line 45 (or IA 1041, line 25.) See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero	0

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 30 - 33.

30.	Enter Iowa net income plus Iowa adjustments and preferences (see instructions). If less than zero, enter zero.	23,638
31.	Total net income plus total adjustments and preferences (see instructions)	68,095
32.	Divide line 30 by line 31 and enter the result to three (3) decimal places	0.347
33.	Iowa Minimum Tax. Multiply line 29 by line 32. Enter here and on IA 1040, line 45 (or IA 1041, line 25). See instruction for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	0

* Exemption levels of $17,500 and $75,000 on lines 21 and 22, respectively, also apply to an estate or trust.

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P10864 (08/09/06)

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

US Tax Return (12/31/06) - Form 1040 Page 1
US Tax Return (12/31/06) - Form 1040 Page 2
US Tax Return (12/31/06) - Schedule B
US Tax Return (12/31/06) - Schedule D Page 1
US Tax Return (12/31/06) - Schedule D Page 2
US Tax Return (12/31/06) - Schedule E Page 2
US Tax Return (12/31/06) - Form 6251 Page 1
US Tax Return (12/31/06) - Form 6251 Page 2
US Tax Return (12/31/06) - Form 4835 - SHARE CROP
US Tax Return (12/31/06) - Cap Gain Tax Wrk

P10865

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Form **1040** Department of the Treasury - Internal Revenue Service **U.S. Individual Income Tax Return** **2006** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20 — OMB No. 1545-0074

Label (See instructions on page 16.) **Use the IRS label.** Otherwise, please print or type.

Your first name and initial: ELMER H	Last name: BRUNSTING
If a joint return, spouse's first name and initial: NELVA E	Last name: BRUNSTING
Home address (number and street). If you have a P.O. box, see page 16.: 13630 PINEROCK LN	Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.: HOUSTON TX 77079-5914	

Your social security number: 282-32-8905
Spouse's social security number: 481-30-4685
▲ You **must** enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**
Boxes checked on 6a and 6b 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 19)

If more than four dependents, see page 19.

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above ▶ 2

d Total number of exemptions claimed

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a	**Taxable** interest. Attach Schedule B if required		8a	4,796
	b	**Tax-exempt** interest. **Do not** include on line 8a	8b 1,244		
	9a	Ordinary dividends. Attach Schedule B if required		9a	20,317
	b	Qualified dividends (see page 23)	9b 15,420		
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)		10	
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	
If you did not get a W-2, see page 23.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	19,562
	14	Other gains or (losses). Attach Form 4797		14	
	15a	IRA distributions 15a	b Taxable amount (see page 25)	15b	3,266
	16a	Pensions and annuities 16a	b Taxable amount (see page 26)	16b	20,694
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	23,638
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Social security benefits 20a 29,076	b Taxable amount (see page 27)	20b	24,715
	21	Other income. List type and amount (see page 29)		21	
	22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	116,988
Adjusted Gross Income	23	Archer MSA deduction. Attach Form 8853	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses. Attach Form 3903	26		
	27	One-half of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction (see page 29)	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶	31a		
	32	IRA deduction (see page 31)	32		
	33	Student loan interest deduction (see page 33)	33		
	34	Jury duty pay you gave to your employer	34		
	35	Domestic production activities deduction. Attach Form 8903	35		
	36	Add lines 23 through 31a and 32 through 35		36	
	37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	116,988

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80. Cat. No. 11320B Form **1040** (2006)
DAA

P10866

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Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	116,988
	39a	Check if: [X] You were born before January 2, 1942, [ ] Blind. [X] Spouse was born before January 2, 1942, [ ] Blind.	Total boxes checked ▶ 39a 2		
Standard Deduction for- • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34. • All others: Single or Married filing separately, $5,150; Married filing jointly or Qualifying widow(er), $10,300; Head of household, $7,550	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	12,300
	41	Subtract line 40 from line 38		41	104,688
	42	If line 38 is over $112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply $3,300 by the total number of exemptions claimed on line 6d		42	6,600
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	98,088
	44	**Tax** (see page 36). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		44	14,143
	45	**Alternative minimum tax** (see page 39). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	14,143
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Credit for the elderly or the disabled. Attach Schedule R	49		
	50	Education credits. Attach Form 8863	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Child tax credit (see page 42). Attach Form 8901 if required	53		
	54	Credits from: a [ ] Form 8396 b [ ] Form 8839 c [ ] Form 8859	54		
	55	Other credits: a [ ] Form 3800 b [ ] Form 8801 c [ ] Form _____	55		
	56	Add lines 47 through 55. These are your **total credits**		56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶		57	14,143
Other Taxes	58	Self-employment tax. Attach Schedule SE		58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60	
	61	Advance earned income credit payments from Form(s) W-2, box 9		61	
	62	Household employment taxes. Attach Schedule H		62	
	63	Add lines 57 through 62. This is your **total tax** ▶		63	14,143
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64		
	65	2006 estimated tax payments and amount applied from 2005 return	65	16,000	
	66a	**Earned income credit (EIC)**	66a		
	b	Nontaxable combat pay election ▶ 66b			
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see page 60)	69		
	70	Payments from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885	70		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	40	
	72	Add ln. 64, 65, 66a, & 67 - 71. These are your **total payments** ▶		72	16,040
Refund Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you **overpaid**		73	1,897
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		74a	
	b	▶ Routing number ▶ c Type: [ ] Checking [ ] Savings			
	d	▶ Account number			
	75	Amount of line 73 you want **applied to your 2007 estimated tax** ▶	75	1,897	
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 63. For details on how to pay, see page 62 ▶		76	
	77	Estimated tax penalty (see page 62)	77		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 63)? [X] **Yes.** Complete the following. [ ] **No**

Designee's name ▶ PREPARER Personal identification number (PIN) ▶ Phone no. ▶

Sign Here Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		RETIRED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		RETIRED	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
RICHARD K RIKKERS CPA	4/03/07	[ ]	P00144154

Firm's name (or yours if self-employed), address, and ZIP code: KROESE & KROESE P.C., 540 NORTH MAIN AVENUE, SIOUX CENTER IA 51250-1824 — EIN 42-1277139 — Phone no. 712-722-3375

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		
	BANK OF AMERICA		601
	DEPT OF TREASURY H BONDS		80
	EDWARD JONES		
	TAXABLE INTEREST INCOME		4,115
	TAX-EXEMPT INTEREST		1,244
	** SUBTOTAL **	1	6,040
	TAX-EXEMPT INTEREST		-1,244
2	Add the amounts on line 1	2	4,796
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	4,796

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶		
	DEERE & CO		895
	EDWARD JONES		14,150
	EXXON MOBIL		4,633
	FRANKLIN TEMPLETON		418
	METLIFE		221
		5	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	6	20,317

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1	☐	☒
b	If "Yes," enter the name of the foreign country ▶		
8	During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2	☐	☒

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SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2006

Attachment Sequence No. **12**

Name(s) shown on return
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Part I Short-Term Capital Gains and Losses-Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1						
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2			
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)		3			
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)				7	0

Part II Long-Term Capital Gains and Losses-Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8	FRANKLIN HIGH INCOME FUND	VARIOUS	4/12/06	17,460	19,047	-1,587
	420 SHARES CITIGROUP	8/17/87	1/03/06	19,956	1,028	18,928
	27000 SHARES HOUSEHOLD FINANCE	VARIOUS	8/02/06	27,144	27,000	144
9	Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)		10	64,560		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions. See page D-1 of the instructions				13	2,077
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back				15	19,562

Part III Summary

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below	16	19,562
17	Are lines 15 and 16 **both** gains? [X] **Yes.** Go to line 18. [ ] **No.** Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	
20	Are lines 18 and 19 **both** zero or blank? [X] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below. [ ] **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: ● The loss on line 16 or ● ($3,000), or if married filing separately, ($1,500) **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? [ ] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). [ ] **No.** Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

ELMER H & NELVA E BRUNSTING 282-32-8905

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see page E-7)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	23,638
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	23,638
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	32,957
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax-Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2006

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	116,988
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2 1/2% of Form 1040, line 38	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	
6	If Form 1040, line 38, is over $150,500 (over $75,250 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-7 of the Instructions for Schedule A (Form 1040)	6	( )
7	Tax refund from Form 1040, line 10 or line 21	7	( )
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	984
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	0
19	Loss limitations (difference between AMT and regular tax income or loss)	19	0
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	( )
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	( )
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $200,100, see page 7 of the instructions.)	28	117,972

Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 18, see page 7 of the instructions.)

IF your filing status is . . .	AND line 28 is not over...	THEN enter on line 29...
Single or head of household	$112,500	$42,500
Married filing jointly or qualifying widow(er)	150,000	62,550
Married filing separately	75,000	31,275

If line 28 is **over** the amount shown above for your filing status, see page 7 of the instructions.

29		29	62,550
30	Subtract line 29 from line 28. If more than zero **or** you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II	30	55,422
31	● If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. ● If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. ● **All others:** If line 30 is $175,000 or less ($87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	31	10,561
32	Alternative minimum tax foreign tax credit (see page 8 of the instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	10,561
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see page 9 of the instructions)	34	14,143
35	**Alternative minimum tax.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0

For Paperwork Reduction Act Notice, see page 10 of the instructions.

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Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30		36	55,422
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 10 of the instructions)	37 34,982		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 10 of the instructions)	38		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary).	39 34,982		
40	Enter the **smaller** of line 36 or line 39		40	34,982
41	Subtract line 40 from line 36		41	20,440
42	If line 41 is $175,000 or less ($87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result ▶		42	5,314
43	Enter: ● $61,300 if married filing jointly or qualifying widow(er), ● $30,650 if single or married filing separately, or ● $41,050 if head of household. ▶	43 61,300		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44 63,106		
45	Subtract line 44 from line 43. If zero or less, enter -0-	45 0		
46	Enter the **smaller** of line 36 or line 37	46 34,982		
47	Enter the **smaller** of line 45 or line 46	47		
48	Multiply line 47 by 5% (.05) ▶		48	
49	Subtract line 47 from line 46	49 34,982		
50	Multiply line 49 by 15% (.15) ▶		50	5,247
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 46 from line 40	51		
52	Multiply line 51 by 25% (.25) ▶		52	
53	Add lines 42, 48, 50, and 52		53	10,561
54	If line 36 is $175,000 or less ($87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		54	14,410
55	Enter the **smaller** of line 53 or line 54 here and on line 31		55	10,561

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Form **4835**

Department of the Treasury
Internal Revenue Service

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))

(Income not subject to self-employment tax)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See instructions on back.**

OMB No. 1545-0074

2006

Attachment Sequence No. **37**

Name(s) shown on tax return

ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Employer ID number (EIN), if any

A Did you actively participate in the operation of this farm during 2006 (see instructions)? [X] Yes [ ] No

Part I Gross Farm Rental Income-Based on Production. Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops				1	30,084
2a	Cooperative distributions (Form(s) 1099-PATR)	2a	499	2b Taxable amount	2b	499
3a	Agricultural program payments (see instructions)	3a	2,374	3b Taxable amount	3b	2,374
4	Commodity Credit Corporation (CCC) loans (see instructions):					
a	CCC loans reported under election				4a	
b	CCC loans forfeited	4b		4c Taxable amount	4c	
5	Crop insurance proceeds and federal crop disaster payments (see instructions):					
a	Amount received in 2006	5a		5b Taxable amount	5b	
c	If election to defer to 2007 is attached, check here ▶ [ ]			5d Amount deferred from 2005	5d	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				6	
7	**Gross farm rental income.** Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 ▶				7	32,957

Part II Expenses-Farm Rental Property. Do not include personal or living expenses.

8	Car and truck expenses (see Schedule F instructions). Also attach **Form 4562**	8		21	Pension and profit-sharing plans	21	
9	Chemicals	9	1,748	22	Rent or lease:		
10	Conservation expenses (see instructions)	10		a	Vehicles, machinery, and equipment (see instructions)	22a	
11	Custom hire (machine work)	11		b	Other (land, animals, etc.)	22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12		23	Repairs and maintenance	23	
				24	Seeds and plants	24	3,057
				25	Storage and warehousing	25	1,226
13	Employee benefit programs other than on line 21 (see Schedule F instructions)	13		26	Supplies	26	
				27	Taxes	27	2,496
14	Feed	14		28	Utilities	28	
15	Fertilizers and lime	15	792	29	Veterinary, breeding, and medicine	29	
16	Freight and trucking	16		30	Other expenses (specify):		
17	Gasoline, fuel, and oil	17		a		30a	
18	Insurance (other than health)	18		b		30b	
19	Interest:			c		30c	
a	Mortgage (paid to banks, etc.)	19a		d		30d	
b	Other	19b		e		30e	
20	Labor hired (less employment credits) (see Schedule F instructions)	20		f		30f	
				g		30g	

31	**Total expenses.** Add lines 8 through 30g (see instructions) ▶	31	9,319
32	**Net farm rental income or (loss).** Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you **must** go on to line 33	32	23,638
33	If line 32 is a loss, check the box that describes your investment in this activity see instructions)	33a	[ ] All investment is at risk.
		33b	[ ] Some invest. is not at risk.
	You may have to complete **Form 8582** to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you **must** complete **Form 6198** before going to Form 8582. In either case, enter the **deductible loss** here and on Schedule E, line 40	33c	

For Paperwork Reduction Act Notice, see instructions on back.

DAA

Form **4835** (2006)

P10874

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Form 1040	Qualified Dividends and Capital Gain Tax Worksheet	2006

Name	Taxpayer Identification Number
ELMER H & NELVA E BRUNSTING	282-32-8905

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
- You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
  You do not have to file Schedule D if **both** of the following apply:
  - The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
  - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

1.	Enter the amount from Form 1040, line 43		1. 98,088	
2.	Enter the amount from Form 1040, line 9b	2. 15,420		
3.	Are you filing Schedule D? ☒ **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D, but do not enter less than -0- ☐ **No.** Enter the amount from Form 1040, line 13	3. 19,562		
4.	Add lines 2 and 3	4. 34,982		
5	If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0-	5.		
6.	Subtract line 5 from line 4. If zero or less, enter -0-		6. 34,982	
7.	Subtract line 6 from line 1. If zero or less, enter -0-		7. 63,106	
8.	Enter the **smaller** of: • The amount on line 1, **or** • $30,650 if single or married filing separately • $61,300 if married filing jointly or qualifying widow(er), or • $41,050 if head of household		8 61,300	
9.	Is the amount on line 7 equal to or more than the amount on line 8? ☒ **Yes.** Skip lines 9 through 11; go to line 12 and check the "No" box ☐ **No.** Enter the amount from line 7		9.	
10.	Subtract line 9 from line 8		10.	
11.	Multiply line 10 by 5% (.05)			11.
12.	Are the amounts on lines 6 and 10 the same? ☐ **Yes.** Skip lines 12 through 15; go to line 16 ☒ **No.** Enter the **smaller** of line 1 or line 6		12. 34,982	
13.	Enter the amount from line 10 (if line 10 is blank, enter -0-)		13.	
14.	Subtract line 13 from line 12		14. 34,982	
15.	Multiply line 14 by 15% (.15)			15. 5,247
16.	Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies			16. 8,896
17.	Add lines 11, 15, and 16			17. 14,143
18.	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies			18. 17,634
19	**Tax on all taxable income.** Enter the **smaller** of line 17 or line 18. Also include this amount on Form 1040, line 44			19. 14,143

P10875

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

IA Tax Return (12/31/07) - IA Form 1040 Page 1
IA Tax Return (12/31/07) - IA Form 1040 Page 2
IA Tax Return (12/31/07) - IA Schedule A
IA Tax Return (12/31/07) - IA Schedule B
IA Tax Return (12/31/07) - IA Form 126
IA Tax Return (12/31/07) - IA Form 6251
IA Tax Return (12/31/07) - IA Required Statements

P10876

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IA 1040 Iowa Individual Income Tax Long Form 2007

or fiscal year beginning _____ 2007 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name	Your first name/middle initial	Your Social Security Number
A. BRUNSTING	ELMER H	282-32-8905
Spouse's last name	**Spouse's first name/middle initial**	**Spouse's Social Security Number**
B. BRUNSTING	NELVA E	481-30-4685

[X] Check this box if you or your spouse were 65 or older as of 12/31/07.

Current mailing address (number and street, apartment, lot or suite number) or PO Box: 13630 PINEROCK LN

City, State, ZIP: HOUSTON TX 77079-5914

Are your name, your spouse's name, if applicable, and your address the same as on last year's return? [X] YES [ ] NO

Your Occupation: RETIRED

Spouse's Occupation: RETIRED

Residence on 12/31/07: County No. 00 | Sch.Dist.No. 0000

School District Name:

STEP 2 Filing Status: Mark one box only.

1		Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [ ] NO
2		Married filing a joint return. (Two-income families may benefit by using status 3 or 4)
3	X	Married filing separately on this combined return. Spouse use column B.
4		Married filing separate returns. Spouse's name: SSN: Income: $
5		Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
6		Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

YOU (& spouse IF filing jointly)

a.	**Personal Credit:** Enter 1 (Enter 2 if filing joint or head of household)	1	X $ 40	= $	40
b.	Enter 1 for each spouse who is **65 or older** and/or 1 for each spouse who is **blind**	1	X $ 20	= $	20
c.	**Dependents:** Enter 1 for each dependent		X $ 40	= $	
d.	Enter first names of dependents here:		e. TOTAL $		60

SPOUSE (IF filing status 3)

a.	**Personal Credit:** Enter 1	1	X $ 40	= $	40
b.	Enter 1 if **65 or older** and/or 1 if **blind**	1	X $ 20	= $	20
c.	**Dependents:** Enter 1 for each dependent		X $ 40	= $	
d.	Enter first names of dependents here:		e. TOTAL $		60

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1. Wages, salaries, tips, etc.	1.				
	2. Taxable interest income. If more than $1,500, complete Sch. B	2.	2,699	2,701		
Figure	3. Ordinary dividend income. If more than $1,500, complete Sch. B	3.	10,709	10,712		
your	4. Alimony received	4.				
gross	5. Business income/(loss) from Federal Schedule C or C-EZ	5.				
income	6. Capital gain/(loss) from Federal Schedule D	6.	2,203	2,203		
	7. Other gains/(losses) from Federal form 4797	7.				
	8. Taxable IRA distributions	8.	1,416	2,700		
	9. Taxable pensions and annuities	9.		20,696		
	10. Rents, royalties, partnerships, estates, etc.	10.		25,335		
	11. Farm income/(loss) from Federal Schedule F	11.				
	12. Unemployment compensation	12.				
	13. Taxable Social Security benefits	13.	2,709	7,070		
	14. Other income, gambling income, bonus depreciation adjustment	14.				
	15. **GROSS INCOME.** ADD lines 1-14	15.			19,736 ▲	71,417
STEP 5	16. Payments to an IRA, KEOGH or SEP	16.				
	17. One-half of self-employment tax	17.				
Figure	18. Health insurance deduction	18.	1,270	1,270		
your	19. Penalty on early withdrawal of savings	19.				
adjust-	20. Alimony paid	20.				
ments	21. Pension/retirement income exclusion	21.	685 ▲	11,315		
to	22. Moving expense deduction from Federal form 3903	22.				
income	23. Iowa capital gains deduction.	23.	▲			
	24. Other adjustments	24.				
	25. Total adjustments. ADD lines 16-24	25.			1,955 ▲	12,585
	26. **NET INCOME.** SUBTRACT line 25 from line 15	26.			17,781 ▲	58,832
STEP 6	27. Federal income tax refund / overpayment received in 2007	27.	541 ▲	1,316		
Figure	28. Self-employment/household employment taxes	28.	▲			
your	29. Addition for Federal taxes. ADD lines 27 and 28	29.			541	1,316
Federal	30. Total. ADD lines 26 and 29	30.			18,322	60,148
tax	31. Federal tax withheld	31.	▲			
addition	32. Federal estimated tax payments made in 2007	32.	3,605 ▲	11,015		
and	33. Additional Federal tax paid in 2007 for 2006 and prior years	33.	▲			
deduc-	34. Deduction for Federal taxes. ADD lines 31, 32, and 33	34.			3,605	11,015
tion	35. **BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2	35.			14,717	47,133

Staple W-2's, payment, and voucher here.

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P10877

41-001a (6/27/07) L07

BRUNSTING003707

000065 ELMER H & NELVA E BRUNSTING 282-32-8905

2007 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36.	BALANCE. From side 1, line 35.			14,717	49,133
Figure your taxable income	37.	Total itemized deductions from Federal Schedule A. Taxpayers with bonus depreciation must use Iowa Schedule A			Complete lines 37-40 ONLY if you itemize.	
	38.	Iowa income tax if included in line 5 of Federal Schedule A				
	39.	BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A	1,170	3,873		
	40.	Other deductions.				
	41.	Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [ ] Standard.			1,170	3,873
	42.	**TAXABLE INCOME.** SUBTRACT line 41 from line 36.			13,547	45,260
STEP 8	43.	Tax from tables or alternate tax	470	2,618		
Figure your tax, credits and checkoff contributions	44.	Iowa lump-sum tax. 25% of Federal tax from form 4972.				
	45.	Iowa minimum tax. Attach IA 6251.				
	46.	Total tax. ADD lines 43, 44 and 45.			470	2,618
	47.	Total exemption credit amount(s) from Step 3, side 1	60	60		
	48.	Tuition and textbook credit.				
	49.	Total credits. ADD lines 47 and 48.			60	60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.			410	2,558
	51.	Credit for nonresident or part-year resident. Attach IA 126 and Federal return.			410	1,457
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.			0	1,101
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.				
	54.	BALANCE. SUBTRACT line 53 from line 52.				1,101
	55.	School district surtax/EMS surtax. (take percentage from table, multiply by line 54).			0	0
	56.	Total Tax. ADD lines 54 and 55.				1,101
	57.	Total tax before contributions. ADD Columns A & B on line 56 and enter here.				1,101
	58.	Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 58a: ▲ State Fair 58b: ▲ Firefighters/Keep Iowa Beautiful 58c: ▲ Veterans 58d: ▲ Enter total.				
	59.	**TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58.				1,101
STEP 9	60.	Iowa income tax withheld.				
Figure your credits	61.	Estimate and voucher payments made for tax year 2007	242	606		
	62.	Out-of-state tax credit. Attach IA 130.				
	63.	Motor fuel tax credit. Attach IA 4136.				
	64.	Check One: [ ] Child and dependent care credit **OR** [ ] Early childhood development credit				
	65.	Iowa earned income credit: **7.0% (.07) of Federal credit**				
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.				
	67.	TOTAL. ADD lines 60-66.	242	606		
	68.	**TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.				848
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.				
Figure your refund or amount you owe	70.	Amount of line 69 to be **REFUNDED**			REFUND	
		Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120				
	71.	Amount of line 69 to be applied to your 2008 estimated tax				
	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.				253
	73.	Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. [ ] Check if annualized income method is used				
	74.	Penalty and interest. 74a. Penalty. ▲ 74b. Interest ▲ ADD Enter total				
	75.	**TOTAL AMOUNT DUE.** ADD lines 72, 73 and 74, and enter here.			PAY THIS AMOUNT	253

ePay by credit card or direct debit. Go to www.state.ia.us/tax.
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa

STEP 11 **POLITICAL CHECKOFF.** This checkoff does not increase the amount of tax you owe or decrease your refund.

	SPOUSE	▲ YOURSELF
$1.50 to Democratic Party	[ ]	[ ] $1.50 to Democratic Party
$1.50 to Republican Party	[ ]	[ ] $1.50 to Republican Party
$1.50 to Campaign Fund	[ ]	[ ] $1.50 to Campaign Fund

STEP 12
NEXT YEAR,
Would you like to receive a booklet? This option is not available to electronic filers.
▲ 0. [ ] Yes
▲ 1. [ ] No

STEP 13
COW-CALF REFUND Attach IA 132.
Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).
Spouse: $
You: $ ▲

STEP 14
PLEASE SIGN HERE
- Verify your SSN(s)
- Recheck your math
- Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's Signature Date

Daytime Telephone Number

RICHARD K RIKKERS CPA 4/01/08
Preparer's Signature Date

KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
Address

712-722-3375 42-1277139
Daytime Telephone Number Identification Number

CS **This return is due April 30, 2008.** **Mailing Addresses: See lines 70 and 75 above.** P10878 41-001b (8/22/07)

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Iowa Department of Revenue
www.state.ia.us/tax

2007 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the Federal Schedule A to your return.

Name(s) as shown on page 1 of the IA 1040	Social Security Number
ELMER H & NELVA E BRUNSTING	282-32-8905

NOTE: If you have Federal Bonus Depreciation, please see the 2007 Expanded Instructions on our Web site.

Do not include health insurance premiums deducted on IA 1040, line 18.

Medical and Dental Expenses	1.	Medical and dental expenses	1.		
	2.	Multiply the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here.	2.		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.			3. 0
Taxes You Paid	4.	State and Local (Check only one box): a ☐ Other state and local income taxes. Do not include Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2007 OR b ☐ General sales taxes only from line 5b of the Federal Schedule A.	4.		
	5.	Real estate taxes	5.	1,003	
	6.	Personal property taxes, including vehicle registration	6.	55	
	7.	Other taxes. List the type and amount.	7.		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.			8. 1,058
Interest You Paid	9a	Home mortgage interest and points reported on Federal form 1098	9a.		
	9b	Home mortgage interest not reported on Federal form 1098	9b.		
	10.	Points not reported on Federal form 1098	10.		
	11.	Qualified mortgage insurance premiums	11.		
	12.	Investment interest. Attach Federal form 4952 if required.	12.		
	13.	Add lines 9a-12. Enter total here.			13.
Gifts to Charity	14.	Contributions by cash or check. Do not include contributions to Injured Veterans Grant Program (IA 1040 line 24) or School Tuition Organization Tax Credit (IA 1040 line 53)	14.	3,985	
	15.	Other than by cash or check. You must attach Federal form 8283 if more than $500.	15.		
	16.	Carryover from prior year (as adjusted for disallowance of Bonus Depreciation)	16.		
	17.	Add lines 14 through 16. Enter total here.			17. 3,985
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach Federal form 4684.			18.
Job Expenses and Misc. Deductions	19.	Unreimbursed employee expenses. Attach Fed. form 2106 or 2106-EZ if required.	19.		
	20.	Tax preparation fees	20.		
	21.	Other expenses. List type and amount. SEE STATEMENT 1	21.	140	
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here.	22.	140	
	23.	Multiply the amount of Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here.	23.	2,399	
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.			24. 0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.			25.
Total Itemized Deductions	26.	If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 is $156,400 or less ($78,200 or less if married filing separately for Federal tax purposes), add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here			26. 5,043
		If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* is more than $156,400 ($78,200 if married filing separately for Federal tax purposes), you must complete the Iowa Itemized Deductions Worksheet, IA 104, to calculate your total deductions.			
		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.			

Proportion of Deductions Between Spouses		**Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.**	**SPOUSE**	**YOU**
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26.	27b. 17,781	27a. 58,832
	28.	Total Iowa net income, add columns 27a and 27b. Enter the total here.		28. 76,613
	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.		29. 76.791 %
	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, Col. A	**(YOU)**	30. 3,873
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, Col. B. If you are using filing status 4, enter this amount on line 39, Col. A of your spouse's return.	**(SPOUSE)**	31. 1,170

41-004a (9/13/07)
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*If you filed Federal 1040A, see line 21; if Federal 1040EZ, see line 4.

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Iowa Department of Revenue
www.state.ia.us/tax

2007 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040	Social Security Number
ELMER H & NELVA E BRUNSTING	282-32-8905

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME You must complete this part if you received more than $1,500 in interest in 2007. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds (see instructions for IA 1040, line 2, Taxable interest Income), and interest from tax refunds. Do not report interest from Federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES			X	2,471
EDWARD JONES			X	2,929
Total Taxable Interest Income. Add the amounts; enter here and on IA 1040, line 2				5,400

PART II: DIVIDEND INCOME You must complete this part if you received more than $1,500 in gross dividends in 2007. Deduct that portion of any net dividend from mutual funds that is attributable to Federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION			X	3,851
DEERE & CO			X	1,063
EDWARD JONES			X	16,507
Total Taxable Dividend Income. Add the amounts; enter here and on IA 1040, line 3				21,421

41-004b (7/17/07)

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Iowa Department of Revenue
www.state.ia.us/tax

2007 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
ELMER H & NELVA E BRUNSTING

Social Security Number
282-32-8905

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X] ▲

You are a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [X] ▲

Your spouse is a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Attach this form and a copy of your Federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.		
2.	Taxable interest income		
3.	Ordinary dividend income		
4.	Alimony received		
5.	Business income or (loss)		
6.	Capital gain or (loss)		
7.	Other gains or (losses)		
8.	Taxable IRA distributions		
9.	Taxable pensions and annuities		
10.	Rents, royalties, partnerships, estates, etc.		25,335
11.	Farm income or (loss)		
12.	Unemployment compensation		
13.	Taxable Social Security benefits.		
14.	Other income, gambling income, bonus depreciation adjustment		
15.	**GROSS INCOME.** ADD lines 1-14.	▲	25,335
16.	Payments to an IRA, KEOGH or SEP while an Iowa resident		
17.	Deduction for self-employment tax		
18.	Health insurance deduction		
19.	Penalty on early withdrawal of savings		
20.	Alimony paid		
21.	Pension/retirement income exclusion		
22.	Moving expense deduction into Iowa only		
23.	Iowa capital gains deduction		
24.	Other adjustments		
25.	Total adjustments. ADD lines 16-24.	▲	
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15.		25,335
27.	All-source net income from line 26, IA 1040	17,781	58,832
		100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage.	%	43.06 %
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	100.00 %	56.94 %
30.	Iowa tax on total income from line 43, IA 1040	470	2,618
31.	Total credits from line 49, IA 1040	60	60
32.	Tax after credits. Subtract line 31 from line 30.	410	2,558
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	410	1,457

ENTER THIS AMOUNT ON LINE 51 OF IA 1040

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P10881 4126 (7/16/07)

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Iowa Department of Revenue
www.state.ia.us/tax

IA 6251 2007

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 (or IA 1041):	Social Security No.
ELMER H BRUNSTING	282-32-8905

PART I: Adjustments and Preferences, see instructions

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

1.	Medical and dental (line 2, federal form 6251)	
2.	Taxes (line 3, federal form 6251 less any Iowa income tax included on that line)	1,058
3.	Certain interest on a home mortgage not used to build, buy, or improve your home (line 4, federal form 6251)	
4.	Miscellaneous itemized deductions (line 5, federal form 6251)	
5.	Refund of taxes (line 7, federal form 6251 less any Iowa income tax included on that line)	
6.	Investment interest (line 8, federal form 6251 less interest and expense related to private activity bonds issued after 8/7/86)	0
7.	Post - 1986 depreciation (line 17, federal form 6251)	
8.	Adjusted gain or loss (line 16, federal form 6251)	
9.	Incentive stock options (line 13, federal form 6251)	
10.	Passive activities (line 18, federal form 6251)	
11.	Beneficiaries of estates and trusts (line 14, federal form 6251)	
12.	Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.	

a. Circulation expenditures (ln. 20)	a.	h. Patron's adjustment	h.		
b. Depreciation (pre-1987)	b.	i. Pollution control facilities	i.		
c. Installment sales (line 24)	c.	j. Research and experimental (line 23)	j.		
d. Large partnerships (line 15)	d.	k. Section 1202 exclusion (line 12)	k.		
e. Long-term contracts (line 21)	e.	l. Tax shelter farm activities	l.		
f. Loss limitations (line 19)	f.	m. Related adjustments (see instr.) (line 26)	m.	0	
g. Mining costs (line 22)	g.				

12.			
13.	**Total Adjustments and Preferences.** Combine lines 1 through 12	13.	1,058

PART II: Alternative Minimum Taxable Income

14.	Taxable income (from IA 1040, line 42; or IA 1041, line 22)	14.	45,260
15.	Net operating loss deduction. Do not enter as a negative amount	15.	
16.	If federal AGI, plus any IA Bonus Depreciation adjustment is more than $156,400 (more than $78,200 if married filing separately for federal purposes), see instructions for amount to enter on this line	16.	( )
17.	Combine lines 14, 15 and 16	17.	45,260
18.	Add lines 13 and 17	18.	46,318
19.	Alternative tax net operating loss deduction (see instructions)	19.	
20.	Alternative Minimum Taxable Income. Subtract line 19 from line 18	20.	46,318

PART III: Exemption Amount and Alternative Minimum Tax

21.	Enter $35,000 (*$17,500 if filing status 3 or 4; $26,000 if single, head of household or qualifying widow(er))	21.	17,500
22.	Enter $150,000 (*$75,000 if filing status 3 or 4; $112,500 if single, head of household or qualifying widow(er))	22.	75,000
23.	Subtract line 22 from line 20. If the result is zero or less, enter zero	23.	0
24.	Multiply line 23 by 25% (0.25)	24.	
25.	Subtract line 24 from line 21. If result is zero or less, enter zero	25.	17,500
26.	Subtract line 25 from line 20	26.	28,818
27.	Multiply line 26 by 6.7% (0.067)	27.	1,931
28.	Regular tax after credits. See instructions.	28.	2,558
29.	Iowa Minimum Tax. Subtract line 28 from line 27, enter here and on IA 1040, line 45 (or IA 1041, line 25.) See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero	29.	0

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 30 - 33.

30.	Enter Iowa net income plus Iowa adjustments and preferences (see instructions). If less than zero, enter zero.	30.	25,335
31.	Total net income plus total adjustments and preferences (see instructions)	31.	59,890
32.	Divide line 30 by line 31 and enter the result to three (3) decimal places	32.	0.423
33.	Iowa Minimum Tax. Multiply line 29 by line 32. Enter here and on IA 1040, line 45 (or IA 1041, line 25). See instruction for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	33.	0

* Exemption levels of $17,500 and $75,000 on lines 21 and 22, respectively, also apply to an estate or trust.

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P10882 (7/23/07)

Statement 1 - Schedule A, Other Expenses Subject to 2% AGI Limit

Description	Amount
OTHER INVESTMENT EXPENSE	$ 40
SAFE DEPOSIT BOX	100
TOTAL	$ 140

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

US Tax Return (12/31/07) - Form 1040 Page 1
US Tax Return (12/31/07) - Form 1040 Page 2
US Tax Return (12/31/07) - Schedule B
US Tax Return (12/31/07) - Schedule D Page 1
US Tax Return (12/31/07) - Schedule D Page 2
US Tax Return (12/31/07) - Schedule E Page 2
US Tax Return (12/31/07) - Form 6251 Page 1
US Tax Return (12/31/07) - Form 6251 Page 2
US Tax Return (12/31/07) - Form 4835 - SHARE CROP
US Tax Return (12/31/07) - Capital Gain Tax Worksheet

P10884

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Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2007** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning , 2007, ending , 20 — OMB No. 1545-0074

Label (See instructions on page 12.) **Use the IRS label.** Otherwise, please print or type. **Presidential Election Campaign** ▶

Your first name and initial: ELMER H	Last name: BRUNSTING	**Your social security number:** 282-32-8905
If a joint return, spouse's first name and initial: NELVA E	Last name: BRUNSTING	**Spouse's social security number:** 481-30-4685
Home address (number and street). If you have a P.O. box, see page 12.: 13630 PINEROCK LN	Apt. no.	▲ You **must** enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.: HOUSTON TX 77079-5914		Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 12) ▶ ☐ **You** ☐ **Spouse**

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 14)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**
Boxes checked on 6a and 6b: 2
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see page 16)
Dependents on 6c not entered above
Add numbers on lines above ▶: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 15)

If more than four dependents, see page 15.

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	**Taxable** interest. Attach Schedule B if required			8a	19,504
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	2,929		
9a	Ordinary dividends. Attach Schedule B if required			9a	21,421
b	Qualified dividends (see page 19)	9b	16,420		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	4,406
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions 15a		b Taxable amount (see page 21)	15b	4,116
16a	Pensions and annuities 16a		b Taxable amount (see page 22)	16b	20,696
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	25,335
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits 20a 28,762		b Taxable amount (see page 24)	20b	24,448
21	Other income. List type and amount (see page 24)			21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	119,926

Adjusted Gross Income

23	Educator expenses (see page 26)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 26)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see page 27)	32		
33	Student loan interest deduction (see page 30)	33		
34	Tuition and fees deduction. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	119,926

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83. Form **1040** (2007)
DAA

P10885

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Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	119,926
	39a	Check if: [X] You were born before January 2, 1943, [ ] Blind. [X] Spouse was born before January 2, 1943, [ ] Blind. **Total boxes checked** ▶ 39a	2		
Standard Deduction for- • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31. • All others: Single or Married filing separately, $5,350 Married filing jointly or Qualifying widow(er), $10,700 Head of household, $7,850	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	12,800
	41	Subtract line 40 from line 38		41	107,126
	42	If line 38 is $117,300 or less, multiply $3,400 by the total number of exemptions claimed on line 6d. If line 38 is over $117,300, see the worksheet on page 33		42	6,800
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	100,326
	44	**Tax** (see page 33). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] Form(s) 8889		44	15,853
	45	**Alternative minimum tax** (see page 36). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	15,853
	47	Credit for child and dependent care expenses. Attach Form 2441	47		
	48	Credit for the elderly or the disabled. Attach Schedule R	48		
	49	Education credits. Attach Form 8863	49		
	50	Residential energy credits. Attach Form 5695	50		
	51	Foreign tax credit. Attach Form 1116 if required	51	7	
	52	Child tax credit (see page 39). Attach Form 8901 if required	52		
	53	Retirement savings contributions credit. Attach Form 8880	53		
	54	Credits from: a [ ] Form 8396 b [ ] Form 8859 c [ ] Form 8839	54		
	55	Other credits: a [ ] Form 3800 b [ ] Form 8801 c [ ] Form _____	55		
	56	Add lines 47 through 55. These are your **total credits**		56	7
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶		57	15,846
Other Taxes	58	Self-employment tax. Attach Schedule SE		58	
	59	Unreported social security and Medicare tax from: a [ ] Form 4137 b [ ] Form 8919		59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60	
	61	Advance earned income credit payments from Form(s) W-2, box 9		61	
	62	Household employment taxes. Attach Schedule H		62	
	63	Add lines 57 through 62. This is your **total tax** ▶		63	15,846
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64		
	65	2007 estimated tax payments and amount applied from 2006 return	65	14,160	
	66a	**Earned income credit (EIC)**	66a		
	b	Nontaxable combat pay election ▶ 66b			
	67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see page 59)	69		
	70	Payments from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885	70		
	71	Refundable credit for prior year minimum tax from Form 8801, line 27	71		
	72	Add lines 64, 65, 66a, and 67 through 71. These are your **total payments** ▶		72	14,160
Refund Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you **overpaid**		73	
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		74a	
	b	Routing number 111000025 ▶ c Type: [X] Checking [ ] Savings			
	d	Account number 008519001143			
	75	Amount of line 73 you want **applied to your 2008 estimated tax** ▶ 75			
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 63. For details on how to pay, see page 60 ▶		76	1,686
	77	Estimated tax penalty (see page 61) 77			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 61)? [X] **Yes.** Complete the following. [ ] **No**

Designee's name ▶ PREPARER Personal identification number (PIN) ▶ Phone no. ▶

Sign Here Joint return? See page 13. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		RETIRED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		RETIRED	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
RICHARD K RIKKERS CPA	4/01/08	[ ]	P00144154

Firm's name (or yours if self-employed), address, and ZIP code: KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824

EIN 42-1277139
Phone no. 712-722-3375

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		
	BANK OF AMERICA		16,953
	DEPT OF TREASURY H BONDS		80
	EDWARD JONES		2,471
		1	
2	Add the amounts on line 1	2	19,504
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	19,504

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶		
	CHEVRON CORPORATION		3,851
	DEERE & CO		1,063
	EDWARD JONES		16,507
		5	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	6	21,421

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

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SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074
2007
Attachment Sequence No. 12

Name(s) shown on return
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Part I Short-Term Capital Gains and Losses-Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1	REGENT BK DAVIE FLA	1/11/07	7/16/07	19,000	19,000	

2	Enter your short-term totals, if any, from Schedule D-1, line 2	2		
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)	3	19,000	
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4		
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5		
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions	6	( )	
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)	7		0

Part II Long-Term Capital Gains and Losses-Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8	29000 SH HOUSEHOLD	FINANCE CORP VARIOUS	6/15/07	29,000	29,000	

9	Enter your long-term totals, if any, from Schedule D-1, line 9	9		
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	29,000	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11		
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12		
13	Capital gain distributions. See page D-2 of the instructions	13		4,406
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions	14	( )	
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back	15		4,406

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	4,406

If line 16 is:

- A **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- A **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **Zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☒ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶ 19

20 Are lines 18 and 19 **both** zero or blank?

☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

▶ 21 ( )

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

ELMER H & NELVA E BRUNSTING 282-32-8905

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see page E-7)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	25,335
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	25,335
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	36,761
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2007

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	119,926
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over $156,400 (over $78,200 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-10 of the instructions for Schedule A (Form 1040)	6	( )
7	Tax refund from Form 1040, line 10 or line 21	7	( )
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	684
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	0
19	Loss limitations (difference between AMT and regular tax income or loss)	19	0
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	( )
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	( )
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $207,500, see page 7 of the instructions.)	28	120,610

Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 18, see page 7 of the instructions.)

IF your filing status is . . .	**AND line 28 is not over...**	**THEN enter on line 29...**
Single or head of household	$112,500	$44,350
Married filing jointly or qualifying widow(er)	150,000	66,250
Married filing separately	75,000	33,125

If line 28 is **over** the amount shown above for your filing status, see page 7 of the instructions.

29		29	66,250
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	30	54,360
31	• If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • **All others:** If line 30 is $175,000 or less ($87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	31	11,843
32	Alternative minimum tax foreign tax credit (see page 8 of the instructions)	32	7
33	Tentative minimum tax. Subtract line 32 from line 31	33	11,836
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 9 of the instructions)	34	15,846
35	**Alternative minimum tax.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0

For Paperwork Reduction Act Notice, see page 10 of the instructions.

DAA

P10891 Form 6251 (2007)

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 8 of the instructions		36	54,360
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter	37 20,826		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter	38		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter	39 20,826		
40	Enter the **smaller** of line 36 or line 39		40	20,826
41	Subtract line 40 from line 36		41	33,534
42	If line 41 is $175,000 or less ($87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		42	8,719
43	Enter: • $63,700 if married filing jointly or qualifying widow(er), • $31,850 if single or married filing separately, or • $42,650 if head of household.	43 63,700		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44 79,500		
45	Subtract line 44 from line 43. If zero or less, enter -0-	45 0		
46	Enter the **smaller** of line 36 or line 37	46 20,826		
47	Enter the **smaller** of line 45 or line 46	47		
48	Multiply line 47 by 5% (.05)		48	
49	Subtract line 47 from line 46	49 20,826		
50	Multiply line 49 by 15% (.15)		50	3,124
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 46 from line 40	51		
52	Multiply line 51 by 25% (.25)		52	
53	Add lines 42, 48, 50, and 52		53	11,843
54	If line 36 is $175,000 or less ($87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		54	14,134
55	Enter the **smaller** of line 53 or line 54 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet on page 8 of the instructions		55	11,843

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Form **4835**

Department of the Treasury
Internal Revenue Service

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))

(Income not subject to self-employment tax)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See instructions on back.**

OMB No. 1545-0074

2007

Attachment Sequence No. **37**

Name(s) shown on tax return

ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Employer ID number (EIN), if any

A Did you actively participate in the operation of this farm during 2007 (see instructions)? [X] Yes [ ] No

Part I Gross Farm Rental Income—Based on Production. Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops				1	34,588
2a	Cooperative distributions (Form(s) 1099-PATR)	2a	728	2b Taxable amount	2b	728
3a	Agricultural program payments (see instructions)	3a	1,445	3b Taxable amount	3b	1,445
4	Commodity Credit Corporation (CCC) loans (see instructions):					
a	CCC loans reported under election				4a	
b	CCC loans forfeited	4b		4c Taxable amount	4c	
5	Crop insurance proceeds and federal crop disaster payments (see instructions):					
a	Amount received in 2007	5a		5b Taxable amount	5b	
c	If election to defer to 2008 is attached, check here ▶ [ ]			5d Amount deferred from 2006	5d	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				6	
7	**Gross farm rental income.** Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 ▶				7	36,761

Part II Expenses—Farm Rental Property. Do not include personal or living expenses.

8	Car and truck expenses (see Schedule F instructions). Also attach **Form 4562**	8		21	Pension and profit-sharing plans	21	
9	Chemicals	9	1,718	22	Rent or lease:		
10	Conservation expenses (see instructions)	10		a	Vehicles, machinery, and equipment (see instructions)	22a	
11	Custom hire (machine work)	11		b	Other (land, animals, etc.)	22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12		23	Repairs and maintenance	23	
				24	Seeds and plants	24	3,535
				25	Storage and warehousing	25	
13	Employee benefit programs other than on line 21 (see Schedule F instructions)	13		26	Supplies	26	
				27	Taxes	27	2,529
				28	Utilities	28	
14	Feed	14		29	Veterinary, breeding, and medicine	29	
15	Fertilizers and lime	15	3,644				
16	Freight and trucking	16		30	Other expenses (specify):		
17	Gasoline, fuel, and oil	17		a		30a	
18	Insurance (other than health)	18		b		30b	
19	Interest:			c		30c	
a	Mortgage (paid to banks, etc.)	19a		d		30d	
b	Other	19b		e		30e	
20	Labor hired (less employment credits) (see Schedule F instructions)	20		f		30f	
				g		30g	

31	**Total expenses.** Add lines 8 through 30g (see instructions) ▶	31	11,426
32	**Net farm rental income or (loss).** Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you **must** go on to line 33	32	25,335
33	If line 32 is a loss, check the box that describes your investment in this activity (see instructions) ▶	33a	[ ] All investment is at risk.
		33b	[ ] Some investment is not at risk.
	You may have to complete **Form 8582** to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you **must** complete **Form 6198** before going to Form 8582. In either case, enter the **deductible loss** here and on Schedule E, line 40	33c	

For Paperwork Reduction Act Notice, see instructions on back.

DAA

Form **4835** (2007)

P10893

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Form **1040** | **Qualified Dividends and Capital Gain Tax Worksheet** | **2007**

Name: ELMER H & NELVA E BRUNSTING

Taxpayer Identification Number: 282-32-8905

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
- You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
  You do not have to file Schedule D if **both** of the following apply:
  - The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
  - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

1.	Enter the amount from Form 1040, line 43		1. 100,326	
2.	Enter the amount from Form 1040, line 9b	2. 16,420		
3.	Are you filing Schedule D?			
	☒ **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D, but do not enter less than -0-	3. 4,406		
	☐ **No.** Enter the amount from Form 1040, line 13			
4.	Add lines 2 and 3	4. 20,826		
5.	If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0-	5.		
6.	Subtract line 5 from line 4. If zero or less, enter -0-		6. 20,826	
7.	Subtract line 6 from line 1. If zero or less, enter -0-		7. 79,500	
8.	Enter the **smaller** of: ● The amount on line 1, **or** ● $31,850 if single or married filing separately ● $63,700 if married filing jointly or qualifying widow(er), or ● $42,650 if head of household		8. 63,700	
9.	Is the amount on line 7 equal to or more than the amount on line 8?			
	☒ **Yes.** Skip lines 9 through 11; go to line 12 and check the "No" box			
	☐ **No.** Enter the amount from line 7		9.	
10.	Subtract line 9 from line 8		10.	
11.	Multiply line 10 by 5% (.05)			11.
12.	Are the amounts on lines 6 and 10 the same?			
	☐ **Yes.** Skip lines 12 through 15; go to line 16			
	☒ **No.** Enter the **smaller** of line 1 or line 6		12. 20,826	
13.	Enter the amount from line 10 (if line 10 is blank, enter -0-)		13.	
14.	Subtract line 13 from line 12		14. 20,826	
15.	Multiply line 14 by 15% (.15)			15. 3,124
16.	Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies			16. 12,729
17.	Add lines 11, 15, and 16			17. 15,853
18.	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies			18. 17,929
19.	**Tax on all taxable income.** Enter the **smaller** of line 17 or line 18. Also include this amount on Form 1040, line 44			19. 15,853

P10894

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

IA Tax Return (12/31/08) - IA Form 1040 Page 1
IA Tax Return (12/31/08) - IA Form 1040 Page 2
IA Tax Return (12/31/08) - IA Schedule A
IA Tax Return (12/31/08) - IA Schedule B
IA Tax Return (12/31/08) - IA Form 126
IA Tax Return (12/31/08) - IA Form 6251
IA Tax Return (12/31/08) - IA Carryover Summary Report

P10895

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DECEASED

2008 Iowa Individual Income Tax Long Form IA 1040

or fiscal year beginning _____ 2008 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name	Your first name/middle initial
BRUNSTING	ELMER H
Spouse's last name	**Spouse's first name/middle initial**
BRUNSTING	NELVA E

Current mailing address (number and street, apartment, lot or suite number) or PO Box
13630 PINEROCK LN

City, State, ZIP
HOUSTON TX 77079-5914

[X] Check this box if you or your spouse were 65 or older as of 12/31/08.

Your Social Security Number ●	Spouse Social Security Number ●
282-32-8905	481-30-4685

Are your name, your spouse's name, if applicable, and your address the same as on last year's return? [X] YES [ ] NO

Residence on 12/31/08 — County No. ● 00 — School District No. ● 0000

Dependent children for whom an exemption is claimed in Step 3
How many have health care coverage? ____ ●
How many do not have health care coverage? ____ ●

STEP 2 Filing Status: Mark one box only.

1		Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [ ] NO ▲
2		Married filing a joint return. (Two-income families may benefit by using status 3 or 4)
3	X	Married filing separately on this combined return. Spouse use column B.
4		Married filing separate returns. Spouse's name: SSN: ▲ Income: $
5		Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
6		Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

YOU (and spouse if filing jointly)	a.	**Personal Credit:** Enter 1 (Enter 2 if filing joint or head of household)	▲ 1	X $ 40	= $	40
	b.	Enter 1 for each spouse who is **65 or older** and/or 1 for each spouse who is **blind**	▲ 1	X $ 20	= $	20
	c.	**Dependents:** Enter 1 for each dependent	▲	X $ 40	= $	
	d.	Enter first names of dependents here:		e. TOTAL $		60
SPOUSE (If filing status 3)	a.	**Personal Credit:** Enter 1	▲ 1	X $ 40	= $	40
	b.	Enter 1 if **65 or older** and/or 1 if **blind**	▲ 1	X $ 20	= $	20
	c.	**Dependents:** Enter 1 for each dependent	▲	X $ 40	= $	
	d.	Enter first names of dependents here:		e. TOTAL $		60

				B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1.	Wages, salaries, tips, etc.	1.				
	2.	Taxable interest income. If more than $1,500, complete Sch. B	2.	1,655	1,656		
Figure your gross income	3.	Ordinary dividend income. If more than $1,500, complete Sch. B	3.	9,622	9,695		
	4.	Alimony received	4.				
	5.	Business income/(loss) from federal Schedule C or C-EZ	5.				
	6.	Capital gain/(loss) from federal Schedule D if required for federal purposes	6.	-1,500	-1,500		
	7.	Other gains/(losses) from federal form 4797	7.				
	8.	Taxable IRA distributions	8.	1,795	2,431		
	9.	Taxable pensions and annuities	9.		20,716		
	10.	Rents, royalties, partnerships, estates, etc.	10.		30,399		
	11.	Farm income/(loss) from federal Schedule F	11.				
	12.	Unemployment compensation	12.				
	13.	Taxable Social Security benefits	13.	3,206 ▲	7,238		
	14.	Other income, gambling income, bonus depreciation adjustment	14.				
	15.	**GROSS INCOME.** ADD lines 1-14	15.			14,778 ▲	70,635
STEP 5	16.	Payments to an IRA, KEOGH or SEP	16.				
	17.	One-half of self-employment tax	17.				
Figure your adjustments to income	18.	Health insurance deduction	18.	1,157	1,157		
	19.	Penalty on early withdrawal of savings	19.				
	20.	Alimony paid	20.				
	21.	Pension/retirement income exclusion	21.	864 ▲	11,136		
	22.	Moving expense deduction from federal form 3903	22.				
	23.	Iowa capital gains deduction.	23.	▲			
	24.	Other adjustments	24.				
	25.	Total adjustments. ADD lines 16-24	25.			2,021 ▲	12,293
	26.	**NET INCOME.** SUBTRACT line 25 from line 15	26.			12,757 ▲	58,342
STEP 6	27.	Federal income tax refund / overpayment received in 2008	27.	▲			
	28.	Self-employment/household employment taxes	28.	▲			
Figure your federal tax addition and deduction	29.	Addition for federal taxes. ADD lines 27 and 28	29.				
	30.	Total. ADD lines 26 and 29	30.			12,757	58,342
	31.	Federal tax withheld	31.	▲	24		
	32.	Federal estimated tax payments made in 2008	32.	2,959 ▲	12,491		
	33.	Additional federal tax paid in 2008 for 2007 and prior years	33.	392 ▲	1,294		
	34.	Deduction for federal taxes. ADD lines 31, 32, and 33	34.			3,351	13,809
	35.	**BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2	35.			9,406	44,533

Staple W-2s, payment, and voucher here.

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41-001a (9/30/08) L08

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ELMER H & NELVA E BRUNSTING 282-32-8905

2008 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36.	BALANCE. From side 1, line 35.			9,406	44,533
Figure your taxable income	37.	Total itemized deductions from federal Schedule A			Complete lines 37-40 ONLY if you itemize.	
	38.	Taxpayers with bonus depreciation must use Iowa Schedule A Iowa income tax if included in line 5 of federal Schedule A				
	39.	BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A	630	2,892		
	40.	Other deductions.				
	41.	Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [ ] Standard.			630	2,892
	42.	**TAXABLE INCOME.** SUBTRACT line 41 from line 36.			8,776	41,641
STEP 8	43.	Tax from tables or alternate tax	229	2,303		
Figure your tax, credits and checkoff contributions	44.	Iowa lump-sum tax. 25% of federal tax from form 4972.				
	45.	Iowa minimum tax. Attach IA 6251.				
	46.	Total tax. ADD lines 43, 44 and 45.			229	2,303
	47.	Total exemption credit amount(s) from Step 3, side 1	60	60		
	48.	Tuition and textbook credit for dependents K-12.				
	49.	Total credits. ADD lines 47 and 48.			60	60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.			169	2,243
	51.	Credit for nonresident or part-year resident. Attach IA 126 and federal return.			169	1,074
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.			0	1,169
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.				
	54.	BALANCE. SUBTRACT line 53 from line 52.				1,169
	55.	School district surtax/EMS surtax. (take percentage from table, multiply by line 54).			0	0
	56.	Total Tax. ADD lines 54 and 55.				1,169
	57.	Total tax before contributions. ADD Columns A & B on line 56 and enter here.				1,169
	58.	Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 58a: ▲ State Fair 58b: ▲ Firefighters/Veterans 58c: ▲ Child Abuse Prevention 58d: ▲ Enter total.				
	59.	**TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58.				1,169
	60.	Iowa income tax withheld.				
STEP 9	61.	Estimate and voucher payments made for tax year 2008		1,120		
Figure your credits	62.	Out-of-state tax credit. Attach IA 130.				
	63.	Motor fuel tax credit. Attach IA 4136.				
	64.	Check One: [ ] Child and dependent care credit **OR** [ ] Early childhood development credit				
	65.	Iowa earned income credit: **7.0% (.07) of federal credit**				
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.				
	67.	TOTAL. ADD lines 60 - 66.		1,120		
	68.	**TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.				1,120
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.				
	70.	Amount of line 69 to be **REFUNDED**			REFUND	
Figure your refund or amount you owe		**Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120**				
	71.	Amount of line 69 to be **applied to your 2009 estimated tax**				
	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.				49
	73.	Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. [ ] Check if annualized income method is used				
	74.	Penalty and interest. 74a. Penalty. ▲ 74b. Interest ▲ ADD Enter total				
	75.	**TOTAL AMOUNT DUE.** ADD lines 72, 73 and 74, and enter here. PAY THIS AMOUNT				49

Electronically pay by credit card or direct debit. Go to www.state.ia.us/tax.
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE	YOURSELF
$1.50 to Republican Party [ ]	[ ] $1.50 to Republican Party
$1.50 to Democratic Party [ ]	[ ] $1.50 to Democratic Party
$1.50 to Campaign Fund [ ]	[ ] $1.50 to Campaign Fund

STEP 12
NEXT YEAR,
Would you like to receive a booklet? This option is not available to electronic filers.
0. [ ] Yes
▲ 1. [ ] No

STEP 13
COW-CALF REFUND Attach IA 132.
Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).
Spouse: $
You: $ ▲

STEP 14
PLEASE SIGN HERE
- Verify your SSN(s)
- Recheck your math
- Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

RICHARD K RIKKERS CPA 4/02/09
Preparer's Signature Date

FILING AS SURVIVING SPOUSE 4/01/08
Your Signature Date

KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
Address

Spouse's Signature Date

712-722-3375
Daytime Telephone Number

42-1277139
Identification Number

P10897

CS **This return is due April 30, 2009.** **Mailing Addresses: See lines 70 and 75 above.** 41-001b (9/30/08)

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Iowa Department of Revenue
www.state.ia.us/tax

2008 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

Name(s) as shown on page 1 of the IA 1040	Social Security Number
ELMER H & NELVA E BRUNSTING	282-32-8905

NOTE: If you have federal Bonus Depreciation, please see the 2008 Expanded Instructions on our Web site.

Do not include health insurance premiums deducted on IA 1040, line 18.

Medical and Dental Expenses	1.	Medical and dental expenses	1.		
	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here.	2.		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.			3. 0
Taxes You Paid	4.	State and Local (Check only one box): a ☐ Other state and local income taxes. Do not include Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2008 OR b ☐ General sales taxes only from line 5b of the federal Schedule A.	4.		
	5.	Real estate taxes	5.	1,067	
	6.	Personal property taxes, including vehicle registration	6.	55	
	7.	Other taxes. List the type and amount.	7.		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.			8. 1,122
Interest You Paid	9a	Home mortgage interest and points reported on federal form 1098	9a.		
	9b	Home mortgage interest not reported on federal form 1098	9b.		
	10.	Points not reported on federal form 1098	10.		
	11.	Qualified mortgage insurance premiums	11.		
	12.	Investment interest. Attach federal form 4952 if required.	12.		
	13.	Add lines 9a-12. Enter total here.			13.
Gifts to Charity	14.	Contributions by cash or check.	14.	2,400	
	15.	Other than by cash or check. You must attach federal form 8283 if more than $500.	15.		
	16.	Carryover from prior year (as adjusted for disallowance of Bonus Depreciation)	16.		
	17.	Add lines 14 through 16. Enter total here.			17. 2,400
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.			18.
Job Expenses and Misc. Deductions	19.	Unreimbursed employee expenses. Attach fed. form 2106 or 2106-EZ if required.	19.		
	20.	Tax preparation fees	20.		
	21.	Other expenses. List type and amount.	21.		
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here.	22.		
	23.	Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here.	23.		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.			24. 0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.			25.
Total Itemized Deductions	26.	If the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 is $159,950 or less ($79,975 or less if married filing separately for federal tax purposes), add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here. If the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* is more than $159,950 ($79,975 if married filing separately for federal tax purposes), you must complete the Iowa Itemized Deductions Worksheet, IA 104, to calculate your total deductions.			26. 3,522

If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.

				SPOUSE		YOU
Proration of Deductions Between Spouses		**Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.**				
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26.	27b.	12,757	27a.	58,342
	28.	Total Iowa net income, add columns 27a and 27b. Enter the total here.			28.	71,099
	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.			29.	82.1%
	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, Col. A (YOU)			30.	2,892
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, Col. B. If you are using filing status 4, enter this amount on line 39, Col. A of your spouse's return. (SPOUSE)			31.	630

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

41-004a (10/07/08)
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Iowa Department of Revenue
www.state.ia.us/tax

2008 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040 | **Social Security Number**
ELMER H & NELVA E BRUNSTING | 282-32-8905

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME

You must complete this part if you received more than $1,500 in interest in 2008. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES			X	1,535
EDWARD JONES			X	1,776
Total Taxable Interest Income. Add the amounts; enter here and on IA 1040, line 2				3,311

PART II: DIVIDEND INCOME

You must complete this part if you received more than $1,500 in gross dividends in 2008. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
DEERE & CO			X	1,255
EDWARD JONES			X	13,563
METLIFE	X			70
CHEVRON CORPORATION			X	4,429
Total Taxable Dividend Income. Add the amounts; enter here and on IA 1040, line 3				19,317

41-004b (8/14/08)

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Iowa Department of Revenue
www.state.ia.us/tax

2008 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
ELMER H & NELVA E BRUNSTING

Social Security Number
282-32-8905

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X]

You are a part-year resident of Iowa [ ]
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [X]

Your spouse is a part-year resident of Iowa [ ]
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Attach this form and a copy of your federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.	1.	
2.	Taxable interest income	2.	
3.	Ordinary dividend income	3.	
4.	Alimony received	4.	
5.	Business income or (loss)	5.	
6.	Capital gain or (loss)	6.	
7.	Other gains or (losses)	7.	
8.	Taxable IRA distributions	8.	
9.	Taxable pensions and annuities	9.	
10.	Rents, royalties, partnerships, estates, etc.	10.	30,399
11.	Farm income or (loss)	11.	
12.	Unemployment compensation	12.	
13.	Taxable Social Security benefits.	13.	
14.	Other income, gambling income, bonus depreciation adjustment	14.	
15.	**GROSS INCOME.** ADD lines 1-14.	15.	30,399
16.	Payments to an IRA, KEOGH or SEP while an Iowa resident	16.	
17.	Deduction for self-employment tax	17.	
18.	Health insurance deduction	18.	
19.	Penalty on early withdrawal of savings	19.	
20.	Alimony paid	20.	
21.	Pension/retirement income exclusion	21.	
22.	Moving expense deduction into Iowa only	22.	
23.	Iowa capital gains deduction	23.	
24.	Other adjustments	24.	
25.	Total adjustments. ADD lines 16-24.	25.	
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15.	26.	30,399
27.	All-source net income from line 26, IA 1040	27.	12,757 / 58,342
			100.0% / 100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.	28.	% / 52.1%
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	29.	100.0% / 47.9%
30.	Iowa tax on total income from line 43, IA 1040	30.	229 / 2,303
31.	Total credits from line 49, IA 1040	31.	60 / 60
32.	Tax after credits. Subtract line 31 from line 30.	32.	169 / 2,243
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	33.	169 / 1,074

ENTER THIS AMOUNT ON LINE 54 OF IA 1040

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41-126 (9/22/08)

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Iowa Department of Revenue
www.state.ia.us/tax

IA 6251 2008

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 (or IA 1041): ELMER H BRUNSTING

Social Security No. 282-32-8905

PART I: Adjustments and Preferences, see instructions

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

1.	Medical and dental (line 2, federal form 6251)	1.
2.	Taxes (line 3, federal form 6251 less any Iowa income tax included on that line)	2. 1,122
3.	Certain interest on a home mortgage not used to build, buy, or improve your home (line 4, federal form 6251)	3.
4.	Miscellaneous itemized deductions (line 5, federal form 6251)	4.
5.	Refund of taxes (line 7, federal form 6251 less any Iowa income tax included on that line)	5.
6.	Investment interest (line 8, federal form 6251 less interest and expense related to private activity bonds issued after 8/7/86)	6. 0
7.	Post - 1986 depreciation (line 17, federal form 6251)	7.
8.	Adjusted gain or loss (line 16, federal form 6251)	8.
9.	Incentive stock options (line 13, federal form 6251)	9.
10.	Passive activities (line 18, federal form 6251)	10.
11.	Beneficiaries of estates and trusts (line 14, federal form 6251)	11.

12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.

a.	Circulation expenditures (In. 20) a.	h.	Patron's adjustment h.		
b.	Depreciation (pre-1987) b.	i.	Pollution control facilities i.		
c.	Installment sales (line 24) c.	j.	Research and experimental (line 23) j.		
d.	Large partnerships (line 15) d.	k.	Section 1202 exclusion (line 12) k.		
e.	Long-term contracts (line 21) e.	l.	Tax shelter farm activities l.		
f.	Loss limitations (line 19) f.	m.	Related adjustments (see instr.) (line 26) m.	0	
g.	Mining costs (line 22) g.				

12.		12.
13.	**Total Adjustments and Preferences.** Combine lines 1 through 12	13. 1,122

PART II: Alternative Minimum Taxable Income

14.	Taxable income (from IA 1040, line 42; or IA 1041, line 22)	14. 41,641
15.	Net operating loss deduction. Do not enter as a negative amount	15.
16.	If federal AGI, plus any IA Bonus Depreciation adjustment is more than $159,950 (more than $79,975 if married filing separately for federal purposes), see instructions for amount to enter on this line	16. ( )
17.	Combine lines 14, 15 and 16	17. 41,641
18.	Add lines 13 and 17	18. 42,763
19.	Alternative tax net operating loss deduction (see instructions)	19.
20.	Alternative Minimum Taxable Income. Subtract line 19 from line 18	20. 42,763

PART III: Exemption Amount and Alternative Minimum Tax

21.	Enter $35,000 (*$17,500 if filing status 3 or 4; $26,000 if single, head of household or qualifying widow(er))	21. 17,500
22.	Enter $150,000 (*$75,000 if filing status 3 or 4; $112,500 if single, head of household or qualifying widow(er))	22. 75,000
23.	Subtract line 22 from line 20. If the result is zero or less, enter zero	23. 0
24.	Multiply line 23 by 25% (0.25)	24.
25.	Subtract line 24 from line 21. If result is zero or less, enter zero	25. 17,500
26.	Subtract line 25 from line 20	26. 25,263
27.	Multiply line 26 by 6.7% (0.067)	27. 1,693
28.	Regular tax after credits. See instructions.	28. 2,243
29.	Iowa Minimum Tax. Subtract line 28 from line 27, enter here and on IA 1040, line 45 (or IA 1041, line 25.) See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero	29. 0

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 30 - 33.

30.	Enter Iowa net income plus Iowa adjustments and preferences (see instructions). If less than zero, enter zero.	30. 30,399
31.	Total net income plus total adjustments and preferences (see instructions)	31. 59,464
32.	Divide line 30 by line 31 and enter the result to three (3) decimal places	32. 0.511
33.	Iowa Minimum Tax. Multiply line 29 by line 32. Enter here and on IA 1040, line 45 (or IA 1041, line 25). See instruction for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	33. 0

* Exemption levels of $17,500 and $75,000 on lines 21 and 22, respectively, also apply to an estate or trust.

P10901 4h 03a (8/14/08)

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Form **IA 1040** | **Iowa Return Carryover Summary** | **2008**

Name: ELMER H & NELVA E BRUNSTING

Taxpayer Identification Number: 282-32-8905

Activity, Form or Screen	Unit	Description	Carryover to 2009
ST PMT		TAXES PAID (DEDUCTIBLE ON FEDERAL SCHEDULE A)	49
ST PMT		CALCULATED ESTIMATES	
		1ST QUARTER PAYMENT	300
		2ND QUARTER PAYMENT	300
		3RD QUARTER PAYMENT	300
		4TH QUARTER PAYMENT	300
A		ESTIMATES PAID DEDUCTIBLE NEXT YEAR	280

P10902

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

US Tax Return (12/31/08) - Form 1040 Page 1
US Tax Return (12/31/08) - Form 1040 Page 2
US Tax Return (12/31/08) - Schedule B
US Tax Return (12/31/08) - Schedule D Page 1
US Tax Return (12/31/08) - Schedule D Page 2
US Tax Return (12/31/08) - Schedule E Page 2
US Tax Return (12/31/08) - Form 6251 Page 1
US Tax Return (12/31/08) - Form 6251 Page 2
US Tax Return (12/31/08) - Form 4835 - SHARE CROP
US Tax Return (12/31/08) - Capital Gain/Loss Worksheet 3
US Tax Return (12/31/08) - Capital Gain Tax Worksheet

P10903

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Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2008** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 — OMB No. 1545-0074

Label (See instructions on page 14.) **Use the IRS label.** Otherwise, please print or type. **Presidential Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶

Your first name and initial: ELMER H	Last name: BRUNSTING DECEASED 4/01/08	**Your social security number:** 282-32-8905
If a joint return, spouse's first name and initial: NELVA E	Last name: BRUNSTING	**Spouse's social security number:** 481-30-4685
Home address (number and street). If you have a P.O. box, see page 14.: 13630 PINEROCK LN	Apt. no.	▲ You **must** enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.: HOUSTON TX 77079-5914		Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**
Boxes checked on 6a and 6b: 2
No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 18)
Dependents on 6c not entered above
Add numbers on lines above ▶: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 17)

If more than four dependents, see page 17.

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a	**Taxable** interest. Attach Schedule B if required		8a	6,535
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 1,776		
9a	Ordinary dividends. Attach Schedule B if required		9a	19,317
b	Qualified dividends (see page 21)	9b 15,431		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	-3,000
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount (see page 23)	15b	4,226
16a	Pensions and annuities 16a	b Taxable amount (see page 24)	16b	20,716
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	30,399
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a 30,718	b Taxable amount (see page 26)	20b	26,110
21	Other income. List type and amount (see page 28)		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	104,303

Adjusted Gross Income

23	Educator expenses (see page 28)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see page 30)	32	
33	Student loan interest deduction (see page 33)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	104,303

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88. DAA

P10904 Form **1040** (2008)

BRUNSTING003734

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	104,303
	39a	Check if: [X] You were born before January 2, 1944, [ ] Blind. [X] Spouse was born before January 2, 1944, [ ] Blind. Total boxes checked ▶ 39a 2			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b [ ]			
Standard Deduction for— • People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34. • All others: Single or Married filing separately, $5,450 Married filing jointly or Qualifying widow(er), $10,900 Head of household, $8,000	c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39c [X]			
	40	**Itemized deductions** (from Schedule A) **or your standard deduction** (see left margin)		40	14,000
	41	Subtract line 40 from line 38		41	90,303
	42	If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d		42	7,000
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	83,303
	44	Tax (see page 36). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		44	11,971
	45	**Alternative minimum tax** (see page 39). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	11,971
	47	Foreign tax credit. Attach Form 1116 if required	47 31		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Credit for the elderly or the disabled. Attach Schedule R	49		
	50	Education credits. Attach Form 8863	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit (see page 42). Attach Form 8901 if required	52		
	53	Credits from Form: a [ ] 8396 b [ ] 8839 c [ ] 5695	53		
	54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	54		
	55	Add lines 47 through 54. These are your **total credits**		55	31
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ▶		56	11,940
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60	Additional taxes: a [ ] AEIC payments b [ ] Household employment taxes. Attach Schedule H		60	
	61	Add lines 56 through 60. This is your **total tax** ▶		61	11,940
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099	62 24		
	63	2008 estimated tax payments and amount applied from 2007 return	63 15,880		
	64a	**Earned income credit (EIC)**	64a		
	b	Nontaxable combat pay election 64b			
	65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65		
	66	Additional child tax credit. Attach Form 8812	66		
	67	Amount paid with request for extension to file (see page 61)	67		
	68	Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885	68		
	69	First-time homebuyer credit. Attach Form 5405	69		
	70	Recovery rebate credit (see worksheet on pages 62 and 63)	70		
	71	Add lines 62 through 70. These are your **total payments** ▶		71	15,904
Refund Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**		72	3,964
	73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		73a	
	b	▶ Routing number ▶ c Type: [ ] Checking [ ] Savings			
	d	▶ Account number			
	74	Amount of line 72 you want **applied to your 2009 estimated tax** ▶	74 3,964		
Amount You Owe	75	**Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see page 65 ▶		75	
	76	Estimated tax penalty (see page 65)	76		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 66)? [X] **Yes.** Complete the following. [ ] **No**

Designee's name ▶ PREPARER Personal identification number (PIN) ▶ Phone no. ▶

Sign Here Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
FILING AS SURVIVING SPOUSE		RETIRED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		RETIRED	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
RICHARD K RIKKERS CPA	4/02/09	[ ]	P00144154

Firm's name (or yours if self-employed), address, and ZIP code: KROESE & KROESE P.C., 540 NORTH MAIN AVENUE, SIOUX CENTER IA 51250-1824 EIN 42-1277139 Phone no. 712-722-3375

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		
	BANK OF AMERICA		3,611
	DEPT OF TREASURY H BONDS		1,389
	EDWARD JONES		1,535
		1	
2	Add the amounts on line 1	2	6,535
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	6,535

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶		
	CHEVRON CORPORATION		4,429
	DEERE & CO		1,255
	EDWARD JONES		13,563
	METLIFE		70
		5	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	6	19,317

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1	☐	☒
b	If "Yes," enter the name of the foreign country ▶		
8	During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2	☐	☐

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SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2008

Attachment Sequence No. **12**

Name(s) shown on return: ELMER H & NELVA E BRUNSTING

Your social security number: 282-32-8905

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1	FEDERATED MUNI HIGH YLD ADVTG	VARIOUS	4/02/08	1,309	1,518	-209
	FEDERATED STRATEGIC INCOME	VARIOUS	10/22/08	171	220	-49
	FEDERATED KAUFMANN FUND	VARIOUS	10/22/08	387	618	-231
	FEDERATED MARKE OPPTY FD CL	VARIOUS	10/22/08	22,708	26,608	-3,900
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2			
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)		3	24,575		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)				7	-4,389

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8	FEDERATED MUNI HIGH YLD ADVTG	VARIOUS	4/02/08	24,028	27,859	-3,831
	FEDERATED STRATEGIC INCOME	VARIOUS	10/22/08	31,231	40,182	-8,951
	FEDERATED KAUFMANN FUND	VARIOUS	10/22/08	3,755	5,998	-2,243
9	Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)		10	59,014		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions. See page D-2 of the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back				15	-15,025

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-19,414

If line 16 is:

- A **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- A **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **Zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

▶ 21 (3,000)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

ELMER H & NELVA E BRUNSTING 282-32-8905

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-7 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see page E-7)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	30,399
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	30,399
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	41,639
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2008

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	104,303
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over $159,950 (over $79,975 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-10 of the instructions for Schedule A (Form 1040)	6	( )
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	7	( )
8	Tax refund from Form 1040, line 10 or line 21	8	( )
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	475
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	0
20	Loss limitations (difference between AMT and regular tax income or loss)	20	0
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	( )
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative tax net operating loss deduction	28	( )
29	**Alternative minimum taxable income.** Combine lines 1 through 28. (If married filing separately and line 29 is more than $214,900, see page 8 of the instructions.)	29	104,778

Part II Alternative Minimum Tax (AMT)

30 Exemption. (If you were under age 24 at the end of 2008, see page 9 of the instructions.)

IF your filing status is . . .	AND line 29 is not over...	THEN enter on line 30...
Single or head of household	$112,500	$46,200
Married filing jointly or qualifying widow(er)	150,000	69,950
Married filing separately	75,000	34,975

If line 29 is **over** the amount shown above for your filing status, see page 8 of the instructions.

30		30	69,950
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	34,828
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • **All others:** If line 31 is $175,000 or less ($87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	32	7,358
33	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	33	31
34	Tentative minimum tax. Subtract line 33 from line 32	34	7,327
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	35	11,940
36	**AMT.** Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	0

For Paperwork Reduction Act Notice, see page 12 of the instructions.

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Form **6251** (2008)

Part III Tax Computation Using Maximum Capital Gains Rates

37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions		37	34,828
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	38 15,431		
39	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	39		
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	40 15,431		
41	Enter the **smaller** of line 37 or line 40		41	15,431
42	Subtract line 41 from line 37		42	19,397
43	If line 42 is $175,000 or less ($87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result ▶		43	5,043
44	Enter: • $65,100 if married filing jointly or qualifying widow(er), • $32,550 if single or married filing separately, or • $43,650 if head of household. ▶	44 65,100		
45	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	45 67,872		
46	Subtract line 45 from line 44. If zero or less, enter -0-	46 0		
47	Enter the **smaller** of line 37 or line 38	47 15,431		
48	Enter the **smaller** of line 46 or line 47	48		
49	Subtract line 48 from line 47	49 15,431		
50	Multiply line 49 by 15% (.15) ▶		50	2,315
	If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 47 from line 41	51		
52	Multiply line 51 by 25% (.25) ▶		52	
53	Add lines 43, 50, and 52		53	7,358
54	If line 37 is $175,000 or less ($87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		54	9,055
55	Enter the **smaller** of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet on page 9 of the instructions		55	7,358

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Form **4835**

Department of the Treasury
Internal Revenue Service (99)

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))

(Income not subject to self-employment tax)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See instructions on back.**

OMB No. 1545-0074

2008

Attachment Sequence No. **37**

Name(s) shown on tax return

ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Employer ID number (EIN), if any

A Did you actively participate in the operation of this farm during 2008 (see instructions)? [X] Yes [ ] No

Part I Gross Farm Rental Income—Based on Production. Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops					1	39,217
2a	Cooperative distributions (Form(s) 1099-PATR)	2a	977	2b	Taxable amount	2b	977
3a	Agricultural program payments (see instructions)	3a	1,445	3b	Taxable amount	3b	1,445
4	Commodity Credit Corporation (CCC) loans (see instructions):						
a	CCC loans reported under election					4a	
b	CCC loans forfeited	4b		4c	Taxable amount	4c	
5	Crop insurance proceeds and federal crop disaster payments (see instructions):						
a	Amount received in 2008	5a		5b	Taxable amount	5b	
c	If election to defer to 2009 is attached, check here ▶ [ ]			5d	Amount deferred from 2007	5d	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)					6	
7	**Gross farm rental income.** Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 ▶					7	41,639

Part II Expenses—Farm Rental Property. Do not include personal or living expenses.

8	Car and truck expenses (see Schedule F instructions). Also attach **Form 4562**	8		21	Pension and profit-sharing plans	21	
9	Chemicals	9	2,492	22	Rent or lease:		
10	Conservation expenses (see instructions)	10		a	Vehicles, machinery, and equipment (see instructions)	22a	
11	Custom hire (machine work)	11		b	Other (land, animals, etc.)	22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12		23	Repairs and maintenance	23	
13	Employee benefit programs other than on line 21 (see Schedule F instructions)	13		24	Seeds and plants	24	
14	Feed	14		25	Storage and warehousing	25	
15	Fertilizers and lime	15	6,237	26	Supplies	26	
16	Freight and trucking	16		27	Taxes	27	2,511
17	Gasoline, fuel, and oil	17		28	Utilities	28	
18	Insurance (other than health)	18		29	Veterinary, breeding, and medicine	29	
19	Interest:			30	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	19a		a		30a	
b	Other	19b		b		30b	
20	Labor hired (less employment credits) (see Schedule F instructions)	20		c		30c	
				d		30d	
				e		30e	
				f		30f	
				g		30g	

31	**Total expenses.** Add lines 8 through 30g (see instructions) ▶	31	11,240	
32	**Net farm rental income or (loss).** Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you **must** go on to line 33	32	30,399	
33	If line 32 is a loss, check the box that describes your investment in this activity (see instructions) ▶	33a	[ ] All investment is at risk.	
		33b	[ ] Some investment is not at risk.	
	You may have to complete **Form 8582** to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you **must** complete **Form 6198** before going to Form 8582. In either case, enter the **deductible loss** here and on Schedule E, line 40	33c		

For Paperwork Reduction Act Notice, see instructions on back.

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Form **4835** (2008)

P10912

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Form **1040** | **Capital Loss Carryover Worksheet** | **2008**

Name: ELMER H & NELVA E BRUNSTING

Taxpayer Identification Number: 282-32-8905

2008 to 2009 Capital Loss Carryover Worksheet

Use this worksheet to figure your capital loss carryovers from 2008 to 2009 if Schedule D, Line 21, is a loss and **(a)** that loss is a smaller loss than the loss on Schedule D, line 16, or **(b)** Form 1040, line 41, reduced by any amount on Form 8914, line 2, is less than zero. Otherwise, you do not have any carryovers.

1.	Enter the amount from Form 1040, line 41. If a loss, enclose the amount in parentheses	**1.**	90,303
2.	Did you file Form 8914 (to claim an exemption amount for housing a Midwestern displaced individual)?		
	☒ **No.** Enter -0-.		
	☐ **Yes.** Enter the amount from your Form 8914, line 2	**2.**	
3.	Subtract line 2 from line 1. If the result is less than zero, enclose it in parentheses	**3.**	90,303
4.	Enter the loss from Schedule D, line 21, as a positive amount	**4.**	3,000
5.	Combine lines 3 and 4. If zero or less, enter -0-	**5.**	93,303
6.	Enter the **smaller** of line 4 or line 5	**6.**	3,000
	If line 7 of Schedule D is a loss, go to line 7; otherwise, enter -0- on line 7 and go to line 11.		
7.	Enter the loss from Schedule D, line 7, as a positive amount	**7.**	4,389
8.	Enter any gain from Schedule D, line 15. If a loss, enter -0- **8.**		
9.	Add lines 6 and 8	**9.**	3,000
10.	**Short-term capital loss carryover to 2009.** Subtract line 9 from line 7. If zero or less, enter -0-	**10.**	1,389
	If line 15 of Schedule D is a loss, go to line 11; otherwise, skip lines 11 through 15.		
11.	Enter the loss from Schedule D, line 15, as a positive amount	**11.**	15,025
12.	Enter the gain, if any, from Schedule D, line 7. If a loss, enter -0- **12.**		
13.	Subtract line 7 from line 6. If zero or less, enter -0- **13.** 0		
14.	Add lines 12 and 13	**14.**	
15.	**Long-term capital loss carryover to 2009.** Subtract line 14 from line 11. If zero or less, enter -0-	**15.**	15,025

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Form **1040** | **Qualified Dividends and Capital Gain Tax Worksheet** | **2008**

Name: ELMER H & NELVA E BRUNSTING

Taxpayer Identification Number: 282-32-8905

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
- You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
  You do not have to file Schedule D if **both** of the following apply:
  - The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
  - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

1.	Enter the amount from Form 1040, line 43. (However if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheets)	1. 83,303		
2.	Enter the amount from Form 1040, line 9b*	2. 15,431		
3.	Are you filing Schedule D?* ☒ **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	3.		
	☐ **No.** Enter the amount from Form 1040, line 13			
4.	Add lines 2 and 3	4. 15,431		
5.	If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0-	5.		
6.	Subtract line 5 from line 4. If zero or less, enter -0-		6. 15,431	
7.	Subtract line 6 from line 1. If zero or less, enter -0-		7. 67,872	
8.	Enter the **smaller** of: • The amount on line 1, **or** • $32550 if single or married filing separately • $65100 if married filing jointly or qualifying widow(er), or • $43650 if head of household		8. 65,100	
9.	Is the amount on line 7 equal to or more than the amount on line 8? ☒ **Yes.** Skip lines 9 and 10; go to line 11 and check the "No" box ☐ **No.** Enter the amount from line 7		9.	
10.	Subtract line 9 from line 8		10.	
11.	Are the amounts on lines 6 and 10 the same? ☐ **Yes.** Skip lines 11 through 14; go to line 15 ☒ **No.** Enter the **smaller** of line 1 or line 6		11. 15,431	
12.	Enter the amount from line 10 (if line 10 is blank, enter -0-)		12.	
13.	Subtract line 12 from line 11		13. 15,431	
14.	Multiply line 13 by 15% (.15)			14. 2,315
15.	Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies			15. 9,656
16.	Add lines 14 and 15			16. 11,971
17.	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies			17. 13,519
18.	**Tax on all taxable income.** Enter the **smaller** of line 16 or line 17. Also include this amount on Form 1040, line 44. (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet)			18. 11,971

*If you are filing Form 2555 or 2555-EZ, these lines maybe reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

P10914

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

IA Tax Return (12/31/09) - IA Form 1040 Page 1
IA Tax Return (12/31/09) - IA Form 1040 Page 2
IA Tax Return (12/31/09) - IA Schedule B
IA Tax Return (12/31/09) - IA Form 126
IA Tax Return (12/31/09) - IA Carryover Summary Report
IA Tax Return (12/31/09) - IA Federal Tax Adjustments Worksheet

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IA 1040 Iowa Individual Income Tax Long Form 2009

or fiscal year beginning _____ 2009 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name	Your first name/middle initial
BRUNSTING	NELVA E
Spouse's last name	Spouse's first name/middle initial

Current mailing address (number and street, apartment, lot, or suite number) or PO Box
13630 PINEROCK LN

City, State, ZIP
HOUSTON TX 77079-5914

Fill in all information below.

[X] Check this box if you or your spouse were 65 or older as of 12/31/09.

File Copy

Your Social Security Number •	Spouse Social Security Number •
481-30-4685	

Are your name, your spouse's name, if applicable, and your address the same as on last year's return? [X] YES [ ] NO

Residence on 12/31/09: County No. • 00 | School District No. • 0000

Dependent children for whom an exemption is claimed in Step 3
How many have health care coverage? (including Medicaid or hawk-i) ____ •
How many do not have health care coverage? ____ •

STEP 2 Filing Status: Mark one box only.

1	X	Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [X] NO ▲
2		Married filing a joint return. (Two-income families may benefit by using status 3 or 4)
3		Married filing separately on this combined return. Spouse use column B.
4		Married filing separate returns. Spouse's name: SSN: ▲ Income: $
5		Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
6		Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

YOU (and spouse if filing jointly)

a.	**Personal Credit:** Enter 1 (Enter 2 if filing joint or head of household)	▲ 1	X $ 40	= $	40
b.	Enter 1 for each person who is **65 or older** and/or 1 for each person who is **blind**	▲ 1	X $ 20	= $	20
c.	**Dependents:** Enter 1 for each dependent	▲	X $ 40	= $	
d.	Enter first names of dependents here:		e. TOTAL $		60

SPOUSE (If filing status 3)

a.	**Personal Credit:** Enter 1	▲	X $ 40	= $	
b.	Enter 1 if **65 or older** and/or 1 if **blind**	▲	X $ 20	= $	
c.	**Dependents:** Enter 1 for each dependent	▲	X $ 40	= $	
d.	Enter first names of dependents here:		e. TOTAL $		

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1. Wages, salaries, tips, etc.	1.				
	2. Taxable interest income. If more than $1,500, complete Sch. B	2.		3,962		
Figure your gross income	3. Ordinary dividend income. If more than $1,500, complete Sch. B	3.		16,579		
	4. Alimony received	4.				
	5. Business income/(loss) from federal Schedule C or C-EZ	5.				
	6. Capital gain/(loss) from federal Sch. D if required for federal purposes	6.		-3,000		
	7. Other gains/(losses) from federal form 4797	7.				
	8. Taxable IRA distributions	8.				
	9. Taxable pensions and annuities	9.		14,302		
	10. Rents, royalties, partnerships, estates, etc.	10.		27,836		
	11. Farm income/(loss) from federal Schedule F	11.				
	12. Unemployment compensation. See instructions.	12.				
	13. Taxable Social Security benefits	13.	▲	7,366		
	14. Other income, gambling income, bonus depreciation/sec. 179 adjustment	14.				
	15. **GROSS INCOME.** ADD lines 1-14	15.				▲ 67,045
STEP 5	16. Payments to an IRA, Keogh, or SEP	16.				
	17. One-half of self-employment tax	17.				
Figure your adjustments to income	18. Health insurance deduction	18.		2,166		
	19. Penalty on early withdrawal of savings	19.				
	20. Alimony paid	20.				
	21. Pension/retirement income exclusion	21.	▲	6,000		
	22. Moving expense deduction from federal form 3903	22.				
	23. Iowa capital gain deduction.	23.	▲			
	24. Other adjustments	24.				
	25. Total adjustments. ADD lines 16-24	25.				▲ 8,166
	26. **NET INCOME.** SUBTRACT line 25 from line 15	26.				▲ 58,879
STEP 6	27. Federal income tax refund / overpayment received in 2009	27.	▲	3,964		
	28. Self-employment/household employment taxes	28.	▲			
Figure your federal tax addition and deduction	29. Addition for federal taxes. ADD lines 27 and 28	29.				3,964
	30. Total. ADD lines 26 and 29	30.				62,843
	31. Federal tax withheld	31.	▲	25		
	32. Federal estimated tax payments made in 2009	32.	▲	12,910		
	33. Additional federal tax paid in 2009 for 2008 and prior years	33.	▲			
	34. Deduction for federal taxes. ADD lines 31, 32, and 33	34.				12,935
	35. **BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2	35.				49,908

Staple W-2s, payment, and voucher here.

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41-001a (09/11/09) L09

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NELVA E BRUNSTING 481-30-4685

2009 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36.	BALANCE. From side 1, line 35.		36.		49,908
Figure your taxable income	37.	Total itemized deductions from federal Schedule A	37.		Complete lines 37-40 ONLY if you itemize.	
	38.	Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A Iowa income tax if included in line 5 of federal Schedule A	38.			
	39.	BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A	39.			
	40.	Other deductions.	40.			
	41.	Deduction. Check one box. ☐ Itemized. Add lines 39 and 40. ☒ Standard.		41.		1,780
	42.	**TAXABLE INCOME.** SUBTRACT line 41 from line 36.		42.		48,128
STEP 8	43.	Tax from tables or alternate tax	43.	2,798		
Figure your tax, credits and checkoff contributions	44.	Iowa lump-sum tax. 25% of federal tax from form 4972.	44.			
	45.	Iowa minimum tax. Attach IA 6251.	45.			
	46.	Total tax. ADD lines 43, 44, and 45.		46.		2,798
	47.	Total exemption credit amount(s) from Step 3, side 1	47.	60		
	48.	Tuition and textbook credit for dependents K-12.	48.			
	49.	Total credits. ADD lines 47 and 48.		49.		60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.		50.	0	2,738
	51.	Credit for nonresident or part-year resident. Attach IA 126 and federal return.		51.		1,443
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.		52.	0	1,295
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.		53.		
	54.	BALANCE. SUBTRACT line 53 from line 52.		54.		1,295
	55.	School district surtax/EMS surtax. Take percentage from table; multiply by line 54.		55.	0	0
	56.	Total Tax. ADD lines 54 and 55.		56.		1,295
	57.	Total tax before contributions. ADD columns A & B on line 56 and enter here.			57.	1,295
	58.	Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 58a: ▲ State Fair 58b: ▲ Firefighters/Veterans 58c: ▲ Child Abuse Prevention 58d: ▲ Enter total.			58.	
	59.	**TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58.			59.	1,295
	60.	Iowa income tax withheld.	60.			
STEP 9	61.	Estimated and voucher payments made for tax year 2009	61.	1,240		
Figure your credits	62.	Out-of-state tax credit. Attach IA 130.	62.			
	63.	Motor fuel tax credit. Attach IA 4136.	63.			
	64.	Check One: ☐ Child and dependent care credit **OR** ☐ Early childhood development credit	64.			
	65.	Iowa earned income credit: **7.0% (.07) of federal credit**	65.			
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.	66.			
	67.	TOTAL. ADD lines 60 - 66.	67.	1,240		
	68.	**TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.			68.	1,240
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.			69.	
	70.	Amount of line 69 to be **REFUNDED**			REFUND 70.	
Figure your refund or amount you owe		**Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120**				
	71.	Amount of line 69 to be applied to your 2010 estimated tax	71.			
	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.			72.	55
	73.	Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. ☐ Check if annualized income method is used			73.	
	74.	Penalty and interest. 74a. Penalty. ▲ 74b. Interest ▲ ADD Enter total			74.	
	75.	**TOTAL AMOUNT DUE.** ADD lines 72, 73, and 74, and enter here.			PAY THIS AMOUNT 75.	55
		Electronically pay by credit card or direct debit. Go to www.state.ia.us/tax/				
		To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.				

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

	SPOUSE	YOURSELF
$1.50 to Democratic Party	☐	☐
$1.50 to Republican Party	☐	☐
$1.50 to Campaign Fund	☐	☐

STEP 12

NEXT YEAR,
Would you like to receive a booklet? This option is not available to electronic filers.

0. ☐ Yes
1. ☐ No

Mailing Addresses:
See lines 70 and 75 above.

STEP 13

PLEASE SIGN HERE
- Verify your SSN(s)
- Recheck your math
- Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

RICHARD K RIKKERS CPA 03/23/10
Preparer's Signature Date

KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
Address

Your Signature Date

Spouse's Signature Date

712-722-3375 42-1277139
Daytime Telephone Number Identification Number

CS

This return is due April 30, 2010.

P10917

41-001b (10/07/09)

BRUNSTING003747

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Iowa Department of Revenue
www.state.ia.us/tax

2009 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
481-[illegible]

File Copy

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME

You must complete this part if you received more than $1,500 in interest in 2009. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES			X	842
EDWARD JONES			X	2,953
EDWARD JONES		X		167
Total Taxable Interest Income. Add the amounts. Enter here and on IA 1040, line 2.				3,962

PART II: DIVIDEND INCOME

You must complete this part if you received more than $1,500 in gross dividends in 2009. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION			X	4,817
DEERE & CO			X	10
EDWARD JONES		X		5,065
METLIFE	X			70
EXXON MOBILE			X	6,356
EDWARD JONES		X		261
Total Taxable Dividend Income. Add the amounts. Enter here and on IA 1040, line 3.				16,579

41-004b (08/27/09)
P10918

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Iowa Department of Revenue
www.state.ia.us/tax

2009 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
481-30-4635

File Copy

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X] ▲

You are a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [ ] ▲

Your spouse is a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Attach this form and a copy of your federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.		
2.	Taxable interest income		
3.	Ordinary dividend income		
4.	Alimony received		
5.	Business income or (loss)		
6.	Capital gain or (loss)		
7.	Other gains or (losses)		
8.	Taxable IRA distributions		
9.	Taxable pensions and annuities		
10.	Rents, royalties, partnerships, estates, etc.		27,836
11.	Farm income or (loss)		
12.	Unemployment compensation		
13.	Taxable Social Security benefits.		
14.	Other income, gambling income, bonus depreciation/section 179 adjustment		
15.	**GROSS INCOME.** ADD lines 1-14.		27,836
16.	Payments to an IRA, Keogh, or SEP while an Iowa resident		
17.	Deduction for self-employment tax		
18.	Health insurance deduction		
19.	Penalty on early withdrawal of savings		
20.	Alimony paid		
21.	Pension/retirement income exclusion		
22.	Moving expense deduction into Iowa only		
23.	Iowa capital gain deduction		
24.	Other adjustments		
25.	Total adjustments. ADD lines 16-24.		
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15.		27,836
27.	All-source net income from line 26, IA 1040		58,879
		100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.	%	47.3%
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	%	52.7%
30.	Iowa tax on total income from line 43, IA 1040		2,798
31.	Total credits from line 49, IA 1040		60
32.	Tax after credits. Subtract line 31 from line 30.		2,738
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.		1,443

ENTER THIS AMOUNT ON LINE 50 OF IA 1040

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P10919

41-126 (09/08/09)

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Form **IA 1040** | **Iowa Return Carryover Summary** | **2009**

Name: NELVA E BRUNSTING

Taxpayer Identification Number: 481-30-4685

File Copy

Activity, Form or Screen	Unit	Description	Carryover to 2010
ST PMT		TAXES PAID (DEDUCTIBLE ON FEDERAL SCHEDULE A)	55
ST PMT		CALCULATED ESTIMATES	
		1ST QUARTER PAYMENT	330
		2ND QUARTER PAYMENT	330
		3RD QUARTER PAYMENT	330
		4TH QUARTER PAYMENT	330
A		ESTIMATES PAID DEDUCTIBLE NEXT YEAR	310

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Form **IA1040** | **Iowa Federal Tax Adjustment Worksheet** | **2009**

Name: NELVA E BRUNSTING

Taxpayer Identification Number: 481-30-4685

File Copy

Federal Refund - Iowa Form 1040 Line 27

1.	2008 federal refund	1.	3,964
2.	Less 2008 federal earned income credit	2.	
3.	Less 2008 additional child tax credit	3.	
4.	Less 2008 first-time homebuyer credit	4.	
5.	**Prior year federal refund after adjustments**	5.	3,964
6.	2008 deduction for federal taxes (Iowa Form 1040, line 34)	6.	17,160
7.	**Lesser of line 5 or line 6**	7.	3,964

			Spouse	Taxpayer/Joint
8.	Prior year federal refund after adjustments from line 7, allocated, if applicable	8.		3,964
9.	Total of other federal refunds (From years prior to 2008)	9.		
10.	**Federal income tax refund / overpayment received in 2009** (Line 8 plus line 9)	10.		3,964

Self Employment and Household Employment Taxes - Iowa Form 1040 Line 28

			Spouse	Taxpayer/Joint
1.	Self-employment taxes	1.		
2.	Household employment taxes	2.		
3.	**Total Self-employment and Household Employment Taxes**	3.		

Federal Tax Withheld - Iowa Form 1040 Line 31

			Spouse	Taxpayer/Joint
1.	W-2, W-2G, 1099R, 1099M, interest, dividend, K-1	1.		25
2.	Social security, railroad, unemployment, other income, backup withholding, other	2.		
3.	**Total Federal Income Tax Withheld**	3.		25

Federal Estimated Tax Payments Made in 2009 - Iowa Form 1040 Line 32

1.	Overpayment applied from 2008 return	1.	3,964
2.	Estimates paid in 2009	2.	8,946
3.	**Total Federal Estimated tax payments made in 2009**	3.	12,910

			Spouse	Taxpayer/Joint
4.	**Total Federal Estimated Taxes Paid from line 3, allocated, if applicable**	4.		12,910

Additional Federal Taxes Paid in 2009 - Iowa Form 1040 Line 33

1.	2008 federal tax liability	1.	11,940
2.	Excise tax on early withdrawal from qualified plans	2.	
3.	**Subtotal** (Line 1 minus Line 2)	3.	11,940
4.	Less payments made against 2008 federal tax liability	4.	15,904
5.	**2008 unpaid liability before federal refundable credits** (Line 3 minus Line 4)	5.	
6.	**Refundable credits:** Earned income credit	a.	
	Additional child tax credit	b.	
	First-time home buyer credit	c.	
	Recovery rebate credit	d.	Not Applicable
	Other refundable credits	e.	
	Total refundable credits	6.	
7.	Application of refundable credits to 2008 unpaid federal tax liability (Lesser of line 5 or line 6)	7.	
8.	Paid with 2008 federal tax return	8.	
9.	Federal extension and additional payments from 2008 federal return	9.	
10.	Federal Motor Vehicle Fuel Tax Credit from 2009 federal return	10.	
11.	Excess FICA reported on 2009 federal return	11.	
12.	**Total additional federal tax payments made in 2009** (Add lines 7 thru 11)	12.	

			Spouse	Taxpayer/Joint
13.	Total additional federal tax payments from line 12, allocated, if applicable	13.		
14.	Additional federal taxes paid in 2009 for tax years prior to 2008	14.		
15.	**Total additional federal taxes paid in 2009 for 2008 and prior years** (Add lines 13 and 14)	15.		

P10921

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

US Tax Return (12/31/09) - Form 1040 Page 1
US Tax Return (12/31/09) - Form 1040 Page 2
US Tax Return (12/31/09) - Schedule B
US Tax Return (12/31/09) - Schedule D Page 1
US Tax Return (12/31/09) - Schedule D Page 2
US Tax Return (12/31/09) - Schedule E Page 1 - FARMLAND
US Tax Return (12/31/09) - Schedule E Page 2
US Tax Return (12/31/09) - Form 6251 Page 1
US Tax Return (12/31/09) - Form 6251 Page 2
US Tax Return (12/31/09) - Form 4835 - SHARE CROP
US Tax Return (12/31/09) - Schedule L

P10922

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Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2009** (99) IRS Use Only–Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20 — OMB No. 1545-0074

Label (See instructions on page 14.) **Use the IRS label.** Otherwise, please print or type.

Your first name and initial: NELVA E	Last name: BRUNSTING
If a joint return, spouse's first name and initial	Last name
Home address (number and street). If you have a P.O. box, see page 14. 13630 PINEROCK LN	Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. HOUSTON TX 77079-5914	

Your social security number: 481-30-4685

Spouse's social security number: File Copy

▲ You **must** enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund. **You** ☐ **Spouse** ☐

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶ ☐

Filing Status Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**
Boxes checked on 6a and 6b: 1
No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 18)
Dependents on 6c not entered above
Add numbers on lines above ▶: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 17)

If more than four dependents, see page 17 and check here ▶ ☐

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	**Taxable** interest. Attach Schedule B if required			8a	842
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	3,120		
9a	Ordinary dividends. Attach Schedule B if required			9a	16,579
b	Qualified dividends (see page 22)	9b	16,205		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	-3,000
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions 15a		b Taxable amount (see page 24)	15b	
16a	Pensions and annuities 16a		b Taxable amount (see page 25)	16b	14,302
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	27,836
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation in excess of $2,400 per recipient (see page 27)			19	
20a	Social security benefits 20a 25,843		b Taxable amount (see page 27)	20b	21,967
21	Other income. List type and amount (see page 29)			21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	78,526

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 34)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	78,526

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	78,526
	39a	Check if: [X] You were born before January 2, 1945, [ ] Blind. [ ] Spouse was born before January 2, 1945, [ ] Blind. Total boxes checked ▶ 39a 1			
Standard Deduction for— • People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35. • All others: Single or Married filing separately, $5,700 Married filing jointly or Qualifying widow(er), $11,400 Head of household, $8,350	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b [ ]			
	40a	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40a	7,600
	b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ▶ 40b [X]			
	41	Subtract line 40a from line 38		41	70,926
	42	**Exemptions.** If line 38 is $125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply $3,650 by the number on line 6d. Otherwise, see page 37		42	3,650
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	67,276
	44	Tax (see page 37). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		44	11,387
	45	**Alternative minimum tax** (see page 40). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	11,387
	47	Foreign tax credit. Attach Form 1116 if required	47 19		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Education credits from Form 8863, line 29	49		
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit (see page 42)	51		
	52	Credits from Form: a [ ] 8396 b [ ] 8839 c [ ] 5695	52		
	53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53		
	54	Add lines 47 through 53. These are your **total credits**		54	19
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	11,368
Other Taxes	56	Self-employment tax. Attach Schedule SE		56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	
	59	Additional taxes: a [ ] AEIC payments b [ ] Household employment taxes. Attach Schedule H		59	
	60	Add lines 55 through 59. This is your **total tax** ▶		60	11,368
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61 25		
	62	2009 estimated tax payments and amount applied from 2008 return	62 11,920		
	63	Making work pay and government retiree credits. Attach Schedule M	63		
If you have a qualifying child, attach Schedule EIC.	64a	**Earned income credit (EIC)**	64a		
	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Form 8812	65		
	66	Refundable education credit from Form 8863, line 16	66		
	67	First-time homebuyer credit. Attach Form 5405	67		
	68	Amount paid with request for extension to file (see page 72)	68		
	69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69		
	70	Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885	70		
	71	Add lines 61, 62, 63, 64a, & 65 through 70. These are your **total payments** ▶		71	11,945
Refund Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you **overpaid**		72	577
	73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		73a	
	b	Routing number ▶ c Type: [ ] Checking [ ] Savings			
	d	Account number			
	74	Amount of line 72 you want **applied to your 2010 estimated tax** ▶	74 577		
Amount You Owe	75	**Amount you owe.** Subtract line 71 from line 60. For details on how to pay, see page 74 ▶		75	
	76	Estimated tax penalty (see page 74)	76		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 75)? [X] **Yes.** Complete the following. [ ] **No**

Designee's name ▶ RICHARD K RIKKERS CPA Personal identification number (PIN) ▶ 84948 Phone no. ▶ 712-722-3375

Sign Here Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		RETIRED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
RICHARD K RIKKERS CPA	03/23/10	[ ]	P00144154

Firm's name (or yours if self-employed), address, and ZIP code: KROESE & KROESE P.C., 540 NORTH MAIN AVENUE, SIOUX CENTER IA 51250-1824 EIN 42-1277139 Phone no. 712-722-3375

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SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040. ▶ See instructions on back.

OMB No. 1545-0074

2009

Attachment Sequence No. **08**

Name(s) shown on return: NELVA E BRUNSTING

Your social security number: 481-30-4685

File Copy

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶		
	EDWARD JONES	1	842
2	Add the amounts on line 1	2	842
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	842

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶		
	CHEVRON CORPORATION	5	4,817
	DEERE & CO		10
	EDWARD JONES		5,065
	METLIFE		70
	EXXON MOBILE		6,356
	EDWARD JONES		261
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	16,579

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

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SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2009

Attachment Sequence No. **12**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-[illegible]

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Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1						
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2			
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)		3			
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				6	(1,389)
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)				7	-1,389

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8	CAPTIAL INCOME BUILDERS V	VARIOUS	10/26/09	7,533	10,846	-3,313
	CAPITAL INCOME BUILDERS	VARIOUS	10/26/09	7,370	10,972	-3,602
	INCOME FUND OF AMERICA FUND	VARIOUS	10/26/09	38,532	46,659	-8,127
	INCOME FUND OF AMERICA	VARIOUS	05/27/09	10,000	14,028	-4,028
9	Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)			10	63,435	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions. See page D-2 of the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				14	(15,025)
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back				15	-34,095

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	File Copy 35,484

If line 16 is:

- A **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- A **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **Zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

21 (3,000)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

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SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2009

Attachment Sequence No. **13**

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

File Copy

481-30-4685

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

1 List the type and address of each **rental real estate property:**	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: ● 14 days or ● 10% of the total days rented at fair rental value? (See page E-3)		Yes	No
A FARMLAND IOWA		A		X
B FARMLAND IOWA		B		X
C		C		

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3	15,276	14,100		29,376
4 Royalties received	4				
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-4)	6				
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9				
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12				
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16	2,525			
17 Utilities	17				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19	2,525			2,525
20 Depreciation expense or depletion (see page E-5)	20				
21 Total expenses. Add lines 19 and 20	21	2,525			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file **Form 6198**	22	12,751	14,100		
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file **Form 8582.** Real estate professionals **must** complete line 43 on page 2	23	(0)	(0)		
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24 26,851
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25 ( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2					26 26,851

Schedule E (Form 1040) 2009 Attachment Sequence No. 13 Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

NELVA E BRUNSTING 481-30-4685

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

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Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see page E-8)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	985
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	27,836
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	985
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2009

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
NELVA E BRUNSTING

Your social security number
481-30-[illegible] File Copy

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	78,526
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over $166,800 (over $83,400 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-11 of the instructions for Schedule A (Form 1040)	6	( )
7	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule	7	( )
8	Tax refund from Form 1040, line 10 or line 21	8	( )
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Alternative tax net operating loss deduction	12	( )
13	Interest from specified private activity bonds exempt from the regular tax	13	208
14	Qualified small business stock (7% of gain excluded under section 1202)	14	
15	Exercise of incentive stock options (excess of AMT income over regular tax income)	15	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	16	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	17	
18	Disposition of property (difference between AMT and regular tax gain or loss)	18	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	19	
20	Passive activities (difference between AMT and regular tax income or loss)	20	0
21	Loss limitations (difference between AMT and regular tax income or loss)	21	0
22	Circulation costs (difference between regular tax and AMT)	22	
23	Long-term contracts (difference between AMT and regular tax income)	23	
24	Mining costs (difference between regular tax and AMT)	24	
25	Research and experimental costs (difference between regular tax and AMT)	25	
26	Income from certain installment sales before January 1, 1987	26	( )
27	Intangible drilling costs preference	27	
28	Other adjustments, including income-based related adjustments	28	
29	**Alternative minimum taxable income.** Combine lines 1 through 28. (If married filing separately and line 29 is more than $216,900, see page 8 of the instructions.)	29	78,734

Part II Alternative Minimum Tax (AMT)

30 Exemption. (If you were under age 24 at the end of 2009, see page 8 of the instructions.)

IF your filing status is . . .	AND line 29 is not over...	THEN enter on line 30...
Single or head of household	$112,500	$46,700
Married filing jointly or qualifying widow(er)	150,000	70,950
Married filing separately	75,000	35,475

If line 29 is **over** the amount shown above for your filing status, see page 8 of the instructions.

30		30	46,700
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II.	31	32,034
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • **All others:** If line 31 is $175,000 or less ($87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	32	6,547
33	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	33	19
34	Tentative minimum tax. Subtract line 33 from line 32	34	6,528
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	35	11,368
36	**AMT.** Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	0

Part III Tax Computation Using Maximum Capital Gains Rates

37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions		37	32,034
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	16,205		
39	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter			
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	16,205		
41	Enter the **smaller** of line 37 or line 40		41	16,205
42	Subtract line 41 from line 37		42	15,829
43	If line 42 is $175,000 or less ($87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		43	4,116
44	Enter: • $67,900 if married filing jointly or qualifying widow(er), • $33,950 if single or married filing separately, or • $45,500 if head of household.	33,950		
45	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	51,071		
46	Subtract line 45 from line 44. If zero or less, enter -0-	0		
47	Enter the **smaller** of line 37 or line 38	16,205		
48	Enter the **smaller** of line 46 or line 47			
49	Subtract line 48 from line 47	16,205		
50	Multiply line 49 by 15% (.15)		50	2,431
	If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 47 from line 41			
52	Multiply line 51 by 25% (.25)		52	
53	Add lines 43, 50, and 52		53	6,547
54	If line 37 is $175,000 or less ($87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		54	8,329
55	Enter the **smaller** of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet on page 9 of the instructions		55	6,547

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Form **4835**

Department of the Treasury
Internal Revenue Service (99)

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))

(Income not subject to self-employment tax)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See instructions on back.**

OMB No. 1545-0074

2009

Attachment Sequence No. **37**

Name(s) shown on tax return

NELVA E BRUNSTING

Your social security number

481-30-[illegible]

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Employer ID number (EIN), if any

A Did you actively participate in the operation of this farm during 2009 (see instructions)? [X] Yes [ ] No

Part I Gross Farm Rental Income—Based on Production. Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops				1	
2a	Cooperative distributions (Form(s) 1099-PATR)	2a	985	2b Taxable amount	2b	985
3a	Agricultural program payments (see instructions)	3a		3b Taxable amount	3b	
4	Commodity Credit Corporation (CCC) loans (see instructions):					
a	CCC loans reported under election				4a	
b	CCC loans forfeited	4b		4c Taxable amount	4c	
5	Crop insurance proceeds and federal crop disaster payments (see instructions):					
a	Amount received in 2009	5a		5b Taxable amount	5b	
c	If election to defer to 2010 is attached, check here ▶ [ ]			5d Amount deferred from 2008	5d	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				6	
7	**Gross farm rental income.** Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 ▶				7	985

Part II Expenses—Farm Rental Property. Do not include personal or living expenses.

8	Car and truck expenses (see Schedule F instructions). Also attach **Form 4562**	8		21	Pension and profit-sharing plans	21	
9	Chemicals	9		22	Rent or lease:		
10	Conservation expenses (see instructions)	10		a	Vehicles, machinery, and equipment (see instructions)	22a	
11	Custom hire (machine work)	11		b	Other (land, animals, etc.)	22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12		23	Repairs and maintenance	23	
				24	Seeds and plants	24	
				25	Storage and warehousing	25	
13	Employee benefit programs other than on line 21 (see Schedule F instructions)	13		26	Supplies	26	
				27	Taxes	27	
				28	Utilities	28	
14	Feed	14		29	Veterinary, breeding, and medicine	29	
15	Fertilizers and lime	15		30	Other expenses (specify):		
16	Freight and trucking	16		a		30a	
17	Gasoline, fuel, and oil	17		b		30b	
18	Insurance (other than health)	18		c		30c	
19	Interest:			d		30d	
a	Mortgage (paid to banks, etc.)	19a		e		30e	
b	Other	19b		f		30f	
20	Labor hired (less employment credits) (see Schedule F instructions)	20		g		30g	

31	**Total expenses.** Add lines 8 through 30g (see instructions) ▶	31		
32	**Net farm rental income or (loss).** Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you **must** go on to line 33	32	985	
33	If line 32 is a loss, check the box that describes your investment in this activity (see instructions) ▶	33a	[ ]	All investment is at risk.
		33b	[ ]	Some investment is not at risk.
c	You may have to complete **Form 8582** to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you **must** complete **Form 6198** before going to Form 8582. In either case, enter the **deductible loss** here and on Schedule E, line 40	33c		

For Paperwork Reduction Act Notice, see instructions on back.

DAA

Form **4835** (2009)

P10932

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SCHEDULE L
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Standard Deduction for Certain Filers

▶ Attach to Form 1040A or 1040. ▶ See instructions on back.

OMB No. 1545-0074

2009
Attachment Sequence No. **57**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-[illegible]

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CAUTION File this form **only** if you are increasing your standard deduction by certain state or local real estate taxes, new motor vehicle taxes, or a net disaster loss. It may be better for you to itemize your deductions instead. See the Instructions for Schedule A (Form 1040).

1	Enter the amount shown below for your filing status. • Single or married filing separately—$5,700 • Married filing jointly or Qualifying widow(er)—$11,400 • Head of household—$8,350	1	5,700	
2	Can you (or your spouse if filing jointly) be claimed as a dependent on someone else's return? [X] **No.** Enter the amount from line 1 on line 4, skip line 3, and go to line 5. [ ] **Yes.** Go to line 3.			
3	Is your earned income more than $650 (see instructions)? [ ] **Yes.** Add $300 to your earned income. Enter the total [ ] **No.** Enter $950	3		
4	Enter the **smaller** of line 1 or line 3			4 5,700
5	Multiply the number on Form 1040, line 39a, or Form 1040A, line 23a, by $1,100 ($1,400 if single or head of household). If blank, enter -0-			5 1,400
6	Form 1040 filers only, enter any net disaster loss from Form 4684, line 18			6
7	Enter the state and local real estate taxes you paid. **Do not** include foreign real estate taxes (see instructions)	7	1,067	
8	Enter $500 ($1,000 if married filing jointly)	8	500	
9	Enter the smaller of line 7 or line 8			9 500
10	Did you (or your spouse if filing jointly) pay any state or local sales or excise taxes in 2009 for the purchase of a new motor vehicle **after** February 16, 2009 (see instructions)? [X] **No.** Skip lines 10 through 19, enter -0- on line 20, and go to line 21. [ ] **Yes.** If Form 1040, line 38, or Form 1040A, line 22, is less than $135,000 ($260,000 if married filing jointly), enter the amount of these taxes paid. Otherwise, skip lines 10 through 19, enter -0- on line 20, and go to line 21	10		
11	Enter the purchase price (**before taxes**) of the new motor vehicle(s) (see instructions)	11		
12	Is the amount on line 11 more than $49,500? [ ] **No.** Enter the amount from line 10. [ ] **Yes.** Figure the **portion** of the tax from line 10 that is attributable to the first $49,500 of the purchase price of each new motor vehicle and enter it here (see instructions)	12		
13	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	13		
14	Form 1040 filers only, enter the total of any— • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	14		
15	Add lines 13 and 14	15		
16	Enter $125,000 ($250,000 if married filing jointly)	16		
17	Is the amount on line 15 more than the amount on line 16? [ ] **No.** Skip lines 17 through 19, enter the amount from line 12 on line 20, and go to line 21. [ ] **Yes.** Subtract line 16 from line 15	17		
18	Divide the amount on line 17 by $10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	18		
19	Multiply line 12 by line 18	19		
20	Subtract line 19 from line 12			20
21	Add lines 4, 5, 6, 9, and 20. Enter the total here and on Form 1040, line 40a, or Form 1040A, line 24a. Also check the box on Form 1040, line 40b, or Form 1040A, line 24b			21 7,600

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

IA Tax Return (12/31/10) - IA Form 1040 Page 1
IA Tax Return (12/31/10) - IA Form 1040 Page 2
IA Tax Return (12/31/10) - IA Schedule A
IA Tax Return (12/31/10) - IA Schedule B
IA Tax Return (12/31/10) - IA Form 126
IA Tax Return (12/31/10) - IA Form 6251
IA Tax Return (12/31/10) - IA Carryover Summary Report
IA Tax Return (12/31/10) - IA Federal Tax Adjustment Worksheet

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2010 IA 1040 Iowa Individual Income Tax Long Form

or fiscal year beginning ___ / ___ 2010 and ending ___ / ___

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name: BRUNSTING
Your first name/middle initial: NELVA E
Spouse's last name:
Spouse's first name/middle initial:

Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 13630 PINEROCK LN
City, State, ZIP: HOUSTON TX 77079-5914

Fill in all information below.

[X] Check this box if you or your spouse were 65 or older as of 12/31/10.

File Copy

Your Social Security Number • 481-30-4685
Spouse Social Security Number •

Residence on 12/31/10
County No. • 00
School District No. • 0000

You must answer these questions:
Dependent children for whom an exemption is claimed in Step 3
How many have health care coverage? (including Medicaid or hawk-i) ___ •
How many do not have health care coverage? ___ •

STEP 2 Filing Status: Mark one box only.

1	X	Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [X] NO ▲
2		Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3		Married filing separately on this combined return. Spouse use column B.
4		Married filing separate returns. Spouse's name: SSN: ▲ Income: $
5		Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
6		Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

YOU (and spouse if filing jointly)	a.	**Personal Credit:** Enter 1. (Enter 2 if filing joint or head of household.)	▲ 1	X $ 40	= $	40
	b.	Enter 1 for each person who is **65 or older** and/or 1 for each person who is **blind.**	▲ 1	X $ 20	= $	20
	c.	**Dependents:** Enter 1 for each dependent.	▲	X $ 40	= $	
	d.	Enter first names of dependents here:		e. TOTAL $		60
SPOUSE (If filing status 3)	a.	**Personal Credit:** Enter 1.	▲	X $ 40	= $	
	b.	Enter 1 if **65 or older** and/or 1 if **blind.**	▲	X $ 20	= $	
	c.	**Dependents:** Enter 1 for each dependent.	▲	X $ 40	= $	
	d.	Enter first names of dependents here:		e. TOTAL $		

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1.	Wages, salaries, tips, etc.	1.			
Gross Income	2.	Taxable interest income. If more than $1,500, complete Sch. B.	2.	7,162		
	3.	Ordinary dividend income. If more than $1,500, complete Sch. B.	3.	21,685		
	4.	Alimony received	4.			
	5.	Business income/(loss) from federal Schedule C or C-EZ	5.			
	6.	Capital gain/(loss) from federal Sch. D if required for federal purposes	6.	-3,000		
	7.	Other gains/(losses) from federal form 4797	7.			
	8.	Taxable IRA distributions	8.	3,218		
	9.	Taxable pensions and annuities	9.	10,788		
	10.	Rents, royalties, partnerships, estates, etc.	10.	23,013		
	11.	Farm income/(loss) from federal Schedule F	11.			
	12.	Unemployment compensation. See instructions.	12.			
	13.	Taxable Social Security benefits	13.	5,067		
	14.	Other income, gambling income, bonus depreciation/sec. 179 adjustment	14.			
	15.	**GROSS INCOME.** ADD lines 1-14.		15.		▲ 67,933
STEP 5	16.	Payments to an IRA, Keogh, or SEP	16.			
Adjustments to Income	17.	One-half of self-employment tax	17.			
	18.	Health insurance deduction	18.	1,158		
	19.	Penalty on early withdrawal of savings	19.			
	20.	Alimony paid	20.			
	21.	Pension/retirement income exclusion	21.	6,000		
	22.	Moving expense deduction from federal form 3903	22.			
	23.	Iowa capital gain deduction.	23.			
	24.	Other adjustments	24.			
	25.	Total adjustments. ADD lines 16-24.		25.		▲ 7,158
	26.	**NET INCOME.** SUBTRACT line 25 from line 15.		26.		▲ 60,775
STEP 6	27.	Federal income tax refund / overpayment received in 2010	27.	577		
Federal Tax Addition and Deduction	28.	Self-employment/household employment taxes	28.			
	29.	Addition for federal taxes. ADD lines 27 and 28.		29.		577
	30.	Total. ADD lines 26 and 29.		30.		61,352
	31.	Federal tax withheld	31.			
	32.	Federal estimated tax payments made in 2010	32.	11,500		
	33.	Additional federal tax paid in 2010 for 2009 and prior years	33.			
	34.	Deduction for federal taxes. ADD lines 31, 32, and 33.		34.		P10935,500
	35.	**BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2.		35.		49,852

Staple W-2s, payment, and voucher here.

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NELVA E BRUNSTING 481-30-4685

2010 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36.	BALANCE. From side 1, line 35				49,852
Taxable Income	37.	Total itemized deductions from federal Schedule A. Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A.				
	38.	Iowa income tax if included in line 5 of federal Schedule A				
	39.	BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A.		5,738		
	40.	Other deductions				
	41.	Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [ ] Standard				5,738
	42.	**TAXABLE INCOME.** SUBTRACT line 41 from line 36.				44,114
STEP 8	43.	Tax from tables or alternate tax		2,466		
	44.	Iowa lump-sum tax. 25% of federal tax from form 4972				
Tax, Credits and Checkoff Contributions	45.	Iowa minimum tax. Attach IA 6251.				
	46.	Total tax. ADD lines 43, 44, and 45.				2,466
	47.	Total exemption credit amount(s) from Step 3, side 1		60		
	48.	Tuition and textbook credit for dependents K-12				
	49.	Total credits. ADD lines 47 and 48.				60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.			0	2,406
	51.	Credit for nonresident or part-year resident. Attach IA 126 and federal return.				1,499
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.			0	907
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.				
	54.	BALANCE. SUBTRACT line 53 from line 52.				907
	55.	School district surtax/EMS surtax. Take percentage from table; multiply by line 54.			0	0
	56.	Total Tax. ADD lines 54 and 55.				907
	57.	Total tax before contributions. ADD columns A & B on line 56 and enter here.				907
	58.	Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife / State Fair / Firefighters/Veterans / Child Abuse Prevention. Enter total.				
		58a: ▲ 58b: ▲ 58c: ▲ 58d: ▲				58.
	59.	**TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58.				907
	60.	Iowa income tax withheld				
STEP 9	61.	Estimated and voucher payments made for tax year 2010		1,320		
	62.	Out-of-state tax credit. Attach IA 130.				
Credits	63.	Motor fuel tax credit. Attach IA 4136.				
	64.	Check One: [ ] Child and dependent care credit **OR** [ ] Early childhood development credit				
	65.	Iowa earned income tax credit. See Instructions.				
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.				
	67.	TOTAL. ADD lines 60 - 66.		1,320		
	68.	**TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.				1,320
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.				413
Refund or Amount You Owe	70.	Amount of line 69 to be **REFUNDED** REFUND. **Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120**				0
	71.	Amount of line 69 to be **applied to your 2011 estimated tax**		413		
	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.				
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 2210F [ ] Check if annualized income method is used.				
	74.	Penalty and interest. 74a. Penalty ▲ 74b. Interest ▲ ADD Enter total				
	75.	**TOTAL AMOUNT DUE.** ADD lines 72, 73, and 74, and enter here. PAY THIS AMOUNT. **Electronically pay by credit card or direct debit. Go to www.state.ia.us/tax/ To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.**				

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE	YOURSELF
$1.50 to Republican Party [ ]	[ ] $1.50 to Republican Party
$1.50 to Democratic Party [ ]	[ ] $1.50 to Democratic Party
$1.50 to Campaign Fund [ ]	[ ] $1.50 to Campaign Fund

STEP 12

NEXT YEAR,
Would you like to receive a booklet? This option is not available to electronic filers.

0. [ ] Yes
▲ 1. [ ] No

Mailing Addresses:
See lines 70 and 75 above.

STEP 13

PLEASE SIGN HERE
- Verify your SSN(s)
- Recheck your math
- Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

RICHARD K RIKKERS CPA 04/14/11
Preparer's Signature Date

KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
Address

712-722-3375
Daytime Telephone Number

Your Signature Date

Spouse's Signature Date

Daytime Telephone Number

4[illegible]39
Identification Number

P10936

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This return is due May 2, 2011.

41-001b (07/19/10)

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Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

File Copy

Name(s) as shown on page 1 of the IA 1040	Social Security Number
NELVA E BRUNSTING	481-30-4685

NOTE: If you have federal bonus depreciation/section 179, please see the 2010 Expanded Instructions on our Web site.

Medical and Dental Expenses		**Do not include health insurance premiums deducted on IA 1040, line 18.**			
	1.	Medical and dental expenses	1. 2,133		
	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here.	2. 6,801		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		3.	0
Taxes You Paid	4.	Other state and local income taxes. DO NOT INCLUDE IOWA STATE INCOME TAX. Include School District Surtax and EMS Surtax paid in 2010.	4.		
	5.	Real estate taxes	5. 1,298		
	6.	Personal property taxes, including annual vehicle registration DO NOT INCLUDE new motor vehicle taxes deducted on federal Schedule A, line 7.	6. 55		
	7.	Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT	7. 90		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	1,443
Interest You Paid	9a	Home mortgage interest and points reported on federal form 1098	9a.		
	9b	Home mortgage interest not reported on federal form 1098	9b.		
	10.	Points not reported on federal form 1098	10.		
	11.	Qualified mortgage insurance premiums	11.		
	12.	Investment interest. Attach federal form 4952 if required.	12.		
	13.	Add lines 9a-12. Enter total here.		13.	
Gifts to Charity	14.	Contributions by cash or check.	14. 4,295		
	15.	Other than by cash or check. You must attach federal form 8283 if more than $500.	15.		
	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation	16.		
	17.	Add lines 14 through 16. Enter total here.		17.	4,295
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.		18.	
Job Expenses and Misc. Deductions	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required.	19.		
	20.	Tax preparation fees	20.		
	21.	Other expenses. List type and amount.	21.		
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here.	22.		
	23.	Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here.	23.		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		24.	0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.		25.	
Total Itemized Deductions	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		26.	5,738
		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.			
Proration of Deductions Between Spouses		**Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.**	**SPOUSE**		**YOU**
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26.	27b.	27a.	
	28.	Total Iowa net income, add columns 27a and 27b. Enter the total here.		28.	
	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.		29.	%
	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A	**(YOU)**	30.	
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using filing status 4, enter this amount on line 39, column A of your spouse's return.	**(SPOUSE)**	31.	

41-004a (09/22/10)
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*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

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Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING

Social Security Number 481-30-4685

File Copy

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME You must complete this part if you received more than $1,500 in interest in 2010. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES	X			692
EDWARD JONES	X			827
EDWARD JONES	X			2,769
EDWARD JONES	X			413
EDWARD JONES	X			391
TAX EXEMPT INTEREST INCOME	X			2,070
Total Taxable Interest Income. Add the amounts. Enter here and on IA 1040, line 2.				7,162

PART II: DIVIDEND INCOME You must complete this part if you received more than $1,500 in gross dividends in 2010. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION	X			4,002
EDWARD JONES	X			1,340
METLIFE	X			70
EXXON MOBILE	X			6,830
EDWARD JONES	X			14
EDWARD JONES	X			2,179
DEERE & COMPANY	X			11
FROM BENEFICIARY'S SCHEDULE K-1	X			7,239
Total Taxable Dividend Income. Add the amounts. Enter here and on IA 1040, line 3.				21,685

41-004b (05/24/10)

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Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
481-30-4685

File Copy

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X] ▲

You are a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [ ] ▲

Your spouse is a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Attach this form and a copy of your federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.	1.	
2.	Taxable interest income	2.	
3.	Ordinary dividend income	3.	
4.	Alimony received	4.	
5.	Business income or (loss)	5.	
6.	Capital gain or (loss)	6.	
7.	Other gains or (losses)	7.	
8.	Taxable IRA distributions	8.	
9.	Taxable pensions and annuities	9.	
10.	Rents, royalties, partnerships, estates, etc.	10.	22,924
11.	Farm income or (loss)	11.	
12.	Unemployment compensation	12.	
13.	Taxable Social Security benefits.	13.	
14.	Other income, gambling income, bonus depreciation/section 179 adjustment	14.	
15.	**GROSS INCOME.** ADD lines 1-14.	15.	▲ 22,924
16.	Payments to an IRA, Keogh, or SEP while an Iowa resident	16.	
17.	Deduction for self-employment tax	17.	
18.	Health insurance deduction	18.	
19.	Penalty on early withdrawal of savings	19.	
20.	Alimony paid	20.	
21.	Pension/retirement income exclusion	21.	
22.	Moving expense deduction into Iowa only	22.	
23.	Iowa capital gain deduction	23.	
24.	Other adjustments	24.	
25.	Total adjustments. ADD lines 16-24.	25.	▲
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15.	26.	22,924
27.	All-source net income from line 26, IA 1040	27.	60,775
		100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.	28. %	37.7%
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	29. %	62.3%
30.	Iowa tax on total income from line 43, IA 1040	30.	2,466
31.	Total credits from line 49, IA 1040	31.	60
32.	Tax after credits. Subtract line 31 from line 30.	32.	2,406
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	33.	1,499

ENTER THIS AMOUNT ON LINE 44, IA 1040

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41-126 (05/24/10)

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Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 6251

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 or IA 1041:

NELVA E BRUNSTING

SSN or FEIN

File Copy

481-30-4685

PART I: Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

1. Medical and dental from line 2, federal form 6251	1.	
2. Taxes from line 3, federal form 6251, less any Iowa income tax included on that line	2.	1,443
3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form 6251	3.	
4. Miscellaneous itemized deductions from line 5, federal form 6251	4.	
5. Refund of taxes from line 7, federal form 6251, less any Iowa income tax included on that line	5.	
6. Investment interest from line 8, federal form 6251, less interest and expense related to private activity bonds issued after 08/07/86	6.	0
7. Post - 1986 depreciation from line 18, federal form 6251	7.	
8. Adjusted gain or loss from line 17, federal form 6251	8.	
9. Incentive stock options from line 14, federal form 6251	9.	
10. Passive activities from line 19, federal form 6251	10.	179
11. Beneficiaries of estates and trusts from line 15, federal form 6251	11.	

12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.

a. Circulation expenditures (line 21)	a.		h. Patron's adjustment	h.	
b. Depreciation (pre-1987)	b.		i. Pollution control facilities	i.	
c. Installment sales (line 25)	c.		j. Research and experimental (line 24)	j.	
d. Large partnerships (line 16)	d.		k. Section 1202 exclusion (line 13)	k.	
e. Long-term contracts (line 22)	e.		l. Tax shelter farm activities	l.	
f. Loss limitations (line 20)	f.		m. Related adjustments (see instr.) (line 27)	m.	0
g. Mining costs (line 23)	g.				

12.	12.	
13. **Total Adjustments and Preferences.** Combine lines 1 through 12.	13.	1,622

PART II: Alternative Minimum Taxable Income

14. Taxable income from IA 1040, line 42; or IA 1041, line 22	14.	44,114
15. Net operating loss deduction. Do not enter as a negative amount.	15.	
16. Combine lines 14 and 15.	16.	44,114
17. Add lines 13 and 16.	17.	45,736
18. Alternative tax net operating loss deduction. See instructions.	18.	
19. Alternative Minimum Taxable Income. Subtract line 18 from line 17.	19.	45,736

PART III: Exemption Amount and Alternative Minimum Tax

20. Enter $35,000 (*$17,500 if filing status 3 or 4; $26,000 if single, head of household or qualifying widow(er))	20.	26,000
21. Enter $150,000 (*$75,000 if filing status 3 or 4; $112,500 if single, head of household or qualifying widow(er))	21.	112,500
22. Subtract line 21 from line 19. If the result is zero or less, enter zero.	22.	0
23. Multiply line 22 by 25% (0.25).	23.	
24. Subtract line 23 from line 20. If the result is zero or less, enter zero.	24.	26,000
25. Subtract line 24 from line 19.	25.	19,736
26. Multiply line 25 by 6.7% (0.067).	26.	1,322
27. Regular tax after credits. See instructions.	27.	2,406
28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	28.	0

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.

29. Enter Iowa net income plus Iowa adjustments and preferences. See instructions. If less than zero, enter zero.	29.	22,924
30. Total net income plus total adjustments and preferences. See instructions.	30.	62,397
31. Divide line 29 by line 30 and enter the result to three (3) decimal places.	31.	0.367
32. Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	32.	0

*Exemption levels of $17,500 and $75,000 on lines 20 and 21, respectively, also apply to an estate or trust.

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P10940
41-131a (09/23/10)

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Form IA 1040	Iowa Return Carryover Summary	2010

Name: NELVA E BRUNSTING

Taxpayer Identification Number: 481-30-4685

File Copy

Activity, Form or Screen	Unit	Description	Carryover to 2011
ST PMT		OVERPAYMENT APPLIED TO NEXT YEAR'S ESTIMATES	413
ST PMT		CALCULATED ESTIMATES	
		2ND QUARTER PAYMENT	47
		3RD QUARTER PAYMENT	230
		4TH QUARTER PAYMENT	230
A		ESTIMATES PAID DEDUCTIBLE NEXT YEAR	330

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Form **IA1040** | **Iowa Federal Tax Adjustment Worksheet** | **2010**

Name: NELVA E BRUNSTING

Taxpayer Identification Number: 481-30-4685

File Copy

Federal Refund - Iowa Form 1040 Line 27

1.	2009 federal refund	1.	577
2.	Less 2009 federal earned income credit (less federal advance earned income payment)	2.	
3.	Less 2009 additional child tax credit	3.	
4.	Less 2009 first-time homebuyer credit	4.	
5.	Less 2009 refundable education credit	5.	
6.	Less 2009 making work pay credit	6.	
7.	**Prior year federal refund after adjustments**	7.	577
8.	2009 deduction for federal taxes (Iowa Form 1040, line 34)	8.	12,935
9.	**Lesser of line 7 or line 8**	9.	577

			Spouse	Taxpayer/Joint
10.	Prior year federal refund after adjustments from line 9, allocated, if applicable	10.		577
11.	Total of other federal refunds (From years prior to 2009)	11.		
12.	**Federal income tax refund / overpayment received in 2010** (Line 10 plus line 11)	12.		577

Self Employment and Household Employment Taxes - Iowa Form 1040 Line 28

			Spouse	Taxpayer/Joint
1.	Self-employment taxes	1.		
2.	Household employment taxes	2.		
3.	**Total Self-employment and Household Employment Taxes**	3.		

Federal Tax Withheld - Iowa Form 1040 Line 31

			Spouse	Taxpayer/Joint
1.	W-2, W-2G, 1099R, 1099M, interest, dividend, K-1	1.		
2.	Social security, railroad, unemployment, other income, backup withholding, other	2.		
3.	**Total Federal Income Tax Withheld**	3.		

Federal Estimated Tax Payments Made in 2010 - Iowa Form 1040 Line 32

1.	Overpayment applied from 2009 return	1.	577
2.	Estimates paid in 2010	2.	10,923
3.	**Total Federal Estimated tax payments made in 2010**	3.	11,500

			Spouse	Taxpayer/Joint
4.	**Total Federal Estimated Taxes Paid from line 3, allocated, if applicable**	4.		11,500

Additional Federal Taxes Paid in 2010 - Iowa Form 1040 Line 33

1.	2009 federal tax liability	1.	11,368
2.	Excise tax on early withdrawal from qualified plans, repayment of first-time homebuyer credit, advance EIC payment	2.	
3.	**Subtotal** (Line 1 minus Line 2)	3.	11,368
4.	Less payments made against 2009 federal tax liability	4.	11,945
5.	**2009 unpaid liability before federal refundable credits** (Line 3 minus Line 4)	5.	
6.	**Refundable credits:**		

Earned income credit **a.** _____ Making work pay credit **d.** _____

Refundable education credit **b.** _____ Additional child tax credit **e.** _____

First-time home buyer credit **c.** _____ Other refundable credits **f.** _____

Total refundable credits 6. _____

7.	Application of refundable credits to 2009 unpaid federal tax liability (Lesser of line 5 or line 6)	7.	
8.	Paid with 2009 federal tax return (No penalties)	8.	
9.	Federal extension and additional payments from 2009 federal return	9.	
10.	Federal Motor Vehicle Fuel Tax Credit from 2010 federal return	10.	
11.	Excess FICA reported on 2010 federal return	11.	
12.	**Total additional federal tax payments made in 2010** (Add lines 7 thru 11)	12.	

			Spouse	Taxpayer/Joint
13.	Total additional federal tax payments from line 12, allocated, if applicable	13.		
14.	Additional federal taxes paid in 2010 for tax years prior to 2009	14.		
15.	**Total additional federal taxes paid in 2010 for 2009 and prior years** (Add lines 13 and 14)	15.		**P10942**

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

US Tax Return (12/31/10) - Form 1040 Page 1
US Tax Return (12/31/10) - Form 1040 Page 2
US Tax Return (12/31/10) - Schedule B
US Tax Return (12/31/10) - Schedule D Page 1
US Tax Return (12/31/10) - Schedule D Page 2
US Tax Return (12/31/10) - Schedule D-1 Page 1 - Unit #1
US Tax Return (12/31/10) - Schedule E Page 1 - FARMLAND
US Tax Return (12/31/10) - Schedule E Page 2
US Tax Return (12/31/10) - Form 6251 Page 1
US Tax Return (12/31/10) - Form 6251 Page 2

P10943

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Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only–Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20 OMB No. 1545-0074

Name, Address, and SSN See separate instructions. PRINT CLEARLY

Your first name and initial	Last name	Your social security number
NELVA E	BRUNSTING	481-30-4685
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		File Copy

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
13630 PINEROCK LN

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.
HOUSTON TX 77079-5914

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ You ☐ Spouse

Filing Status Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**
Boxes checked on 6a and 6b: 1
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 15)

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 20. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	**Taxable** interest. Attach Schedule B if required			8a	15,837
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	5,643		
9a	Ordinary dividends. Attach Schedule B if required			9a	21,685
b	Qualified dividends	9b	17,035		
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	-3,000
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions 15a 3,218 b Taxable amount			15b	3,218
16a	Pensions and annuities 16a b Taxable amount			16b	10,788
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	23,013
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits 20a 22,518 b Taxable amount			20b	19,140
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	90,681

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	90,681

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. DAA

P10944 Form **1040** (2010)

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Form 1040 (2010) NELVA E BRUNSTING 481-30-4685 Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	90,681
	39a	Check if: [X] You were born before January 2, 1946, [ ] Blind. [ ] Spouse was born before January 2, 1946, [ ] Blind. **Total boxes checked** ▶ 39a 1			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or your standard deduction** (see instructions)		40	7,100
	41	Subtract line 40 from line 38		41	83,581
	42	**Exemptions.** Multiply $3,650 by the number on line 6d		42	3,650
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	79,931
	44	Tax (see instr.). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		44	14,455
	45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	14,455
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Education credits from Form 8863, line 23	49		
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit (see instructions)	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53		
	54	Add lines 47 through 53. These are your **total credits**		54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	14,455
Other Taxes	56	Self-employment tax. Attach Schedule SE		56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	
	59	a [ ] Form(s) W-2, box 9 b [ ] Schedule H c [ ] Form 5405, line 16		59	
	60	Add lines 55 through 59. This is your **total tax** ▶		60	14,455
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61		
	62	2010 estimated tax payments and amount applied from 2009 return	62	11,360	
	63	Making work pay credit. Attach Schedule M	63		
If you have a qualifying child, attach Schedule EIC.	64a	**Earned income credit (EIC)**	64a		
	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Form 8812	65		
	66	American opportunity credit from Form 8863, line 14	66		
	67	First-time homebuyer credit from Form 5405, line 10	67		
	68	Amount paid with request for extension to file	68		
	69	Excess social security and tier 1 RRTA tax withheld	69		
	70	Credit for federal tax on fuels. Attach Form 4136	70		
	71	Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885	71		
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** ▶		72	11,360
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid**		73	
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		74a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: [ ] Checking [ ] Savings			
	d	Account number			
	75	Amount of line 73 you want **applied to your 2011 estimated tax** ▶	75		
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions ▶		76	3,095
	77	Estimated tax penalty (see instructions)	77		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No**

Designee's name ▶ RICHARD K RIKKERS CPA

Personal identification number (PIN) ▶ 84948

Phone no. ▶ 712-722-3375

Sign Here

Joint return? See page 12. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		RETIRED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/14/11		P00144154

Firm's name ▶ KROESE & KROESE P.C. Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 Phone no. 712-722-3375

Form **1040** (2010)

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SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040. ▶ See instructions on back.

OMB No. 1545-0074

2010

Attachment Sequence No. **08**

Name(s) shown on return: NELVA E BRUNSTING

Your social security number: 481-30-4685

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Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	
	EDWARD JONES	692
	EDWARD JONES	827
	BANK OF AMERICA	4,596
	BANK OF AMERICA	9,722
2	Add the amounts on line 1	15,837
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	15,837

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶	
	CHEVRON CORPORATION	4,002
	EDWARD JONES	1,340
	METLIFE	70
	EXXON MOBILE	6,830
	EDWARD JONES	14
	EDWARD JONES	2,179
	DEERE & COMPANY	11
	ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100	7,239
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	21,685

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions on back for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

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SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2010

Attachment Sequence No. **12**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-4685

File Copy

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1	EATON VANCE TAX MANAGED	10/28/09	03/09/10	773	718	55
	FRANKLIN FED TAX FREE INCM ADV	VARIOUS	03/09/10	409	409	
	HARTFORD DIVIDEND & GROWTH	VARIOUS	03/09/10	114	105	9
	PERKINS MID CAP VALUE FD CL	10/28/09	03/09/10	92	83	9
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2	4,503		487
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)		3	5,891		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)				7	560

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8	DEERE & CO	VARIOUS	10/13/10	11,099	8,618	2,481
	DEERE & CO	VARIOUS	12/30/10	9,869	6,952	2,917
	GA POWER CO	VARIOUS	11/17/10	10,055	10,055	
9	Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)		10	31,023		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions. See page D-2 of the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** on page D-7 of the instructions				14	(32,484)
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on the back				15	-27,086

Part III Summary

16	Combine lines 7 and 15 and enter the result • If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.	16	File Copy 626
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	
20	Are lines 18 and 19 **both** zero or blank? ☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below. ☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000)
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). ☐ **No.** Complete the rest of Form 1040 or Form 1040NR.		

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SCHEDULE D-1 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

▶ See instructions for Schedule D (Form 1040).

▶ Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2010

Attachment Sequence No. **12A**

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30-4685

File Copy

Part I **Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 MUTUAL GLOBAL DISCOVERY FD	VARIOUS	03/09/10	596	568	28
NEUBERGER&BRM MIDCAP GRW INSTL	10/28/09	03/09/10	212	184	28
NEUBERGER&BRM MIDCAP GRW INSTL	10/28/09	03/09/10	2,253	1,953	300
PIONEER CULLEN VALUE FUND CL	10/28/09	03/09/10	105	98	7
T ROW PRICE BLUE CHIP FROWTH	10/28/09	03/09/10	1,337	1,213	124
2 **Totals.** Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 2 ▶ 2			4,503		487

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule D-1 (Form 1040) 2010

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SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. **13**

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30-4685

File Copy

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

	1 List the type and address of each **rental real estate property:**	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-4)		Yes	No
A	FARMLAND IOWA		A		X
B			B		
C			C		

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3				
4 Royalties received	4				
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-5)	6				
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9				
10 Legal and other professional fees	10	1,000			
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12				
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16				
17 Utilities	17				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19	1,000			1,000
20 Depreciation expense or depletion (see page E-5)	20				
21 Total expenses. Add lines 19 and 20	21	1,000			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file **Form 6198**	22	-1,000			
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file **Form 8582.** Real estate professionals **must** complete line 43 on page 2	23	(1,000)	( )	( )	
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses	24				0
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25				(1,000)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				(1,000)

For Paperwork Reduction Act Notice, see your tax return instructions. DAA

P10950

Schedule E (Form 1040) 2010

BRUNSTING003780

Name(s) shown on return. Do not enter name and social security number if shown on other side.

NELVA E BRUNSTING

Your social security number

481-30-4685

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

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Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See page E-2.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	ELMER H BRUNSTING DECEDENTS TR DTD	27-6453100
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A	0	24,013		
B				
34a Totals		24,013		
b Totals				

35	Add columns (d) and (f) of line 34a	35	24,013
36	Add columns (c) and (e) of line 34b	36	(0)
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	24,013

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q,** line 2c (see page E-8)	(d) Taxable income (net loss) from **Schedules Q,** line 1b	(e) Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	23,013
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2010

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
NELVA E BRUNSTING

Your social security number
481-30-[illegible]

File Copy

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 6. (If less than zero, enter as a negative amount.)	1	90,681
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	6	( )
7	Tax refund from Form 1040, line 10 or line 21	7	( )
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	( )
12	Interest from specified private activity bonds exempt from the regular tax	12	215
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	179
20	Loss limitations (difference between AMT and regular tax income or loss)	20	0
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	( )
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $219,900, see page 8 of the instructions.)	28	91,075

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2010, see page 8 of the instructions.)

IF your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .
Single or head of household	$112,500	$47,450
Married filing jointly or qualifying widow(er)	150,000	72,450
Married filing separately	75,000	36,225

If line 28 is **over** the amount shown above for your filing status, see page 8 of the instructions.

29		29	47,450
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II.	30	43,625
31	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. • **All others:** If line 30 is $175,000 or less ($87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	31	9,468
32	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	9,468
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	34	14,455
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **6251** (2010)

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Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions		36	43,625
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	37 17,035		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	38		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	39 17,035		
40	Enter the **smaller** of line 36 or line 39		40	17,035
41	Subtract line 40 from line 36		41	26,590
42	If line 41 is $175,000 or less ($87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result ▶		42	6,913
43	Enter: • $68,000 if married filing jointly or qualifying widow(er), • $34,000 if single or married filing separately, or • $45,550 if head of household. ▶	43 34,000		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44 62,896		
45	Subtract line 44 from line 43. If zero or less, enter -0-	45 0		
46	Enter the **smaller** of line 36 or line 37	46 17,035		
47	Enter the **smaller** of line 45 or line 46	47		
48	Subtract line 47 from line 46	48 17,035		
49	Multiply line 48 by 15% (.15) ▶		49	2,555
	If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.			
50	Subtract line 46 from line 40	50		
51	Multiply line 50 by 25% (.25) ▶		51	
52	Add lines 42, 49, and 51		52	9,468
53	If line 36 is $175,000 or less ($87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		53	11,343
54	Enter the **smaller** of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet on page 9 of the instructions		54	9,468

File Copy

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

IA Tax Return (12/31/11) - IA Form 1040 Page 1
IA Tax Return (12/31/11) - IA Form 1040 Page 2
IA Tax Return (12/31/11) - IA Schedule A
IA Tax Return (12/31/11) - IA Schedule B
IA Tax Return (12/31/11) - IA Form 126
IA Tax Return (12/31/11) - IA Form 6251
IA Tax Return (12/31/11) - IA Federal Tax Adjustment Worksheet
IA Tax Return (12/31/11) - IA Low Income Exemption Worksheet

P10954

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DECEASED

2011 IA 1040 Iowa Individual Income Tax Form

or fiscal year beginning ___ / ___ 2011 and ending ___ / ___ / ___

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number (SSN).

Your last name	Your first name/middle initial
BRUNSTING	NELVA E
Spouse's last name	Spouse's first name/middle initial

File Copy

Current mailing address (number and street, apartment, lot, or suite number) or PO Box

203 BLOOMINGDALE CIR

City, State, ZIP

VICTORIA TX 77904

Spouse SSN • | Your SSN • 481-30-4685

• [X] Check this box if you or your spouse were 65 or older as of 12/31/11.

Residence on 12/31/11: County Number • 00 | School District Number • 0000

Dependent children for whom an exemption is claimed in Step 3
How many have health care coverage? (including Medicaid or hawk-i) •
How many do not have health care coverage? •

STEP 2 Filing Status: Mark one box only.

1	[X]	Single: Were you claimed as a dependent on another person's Iowa return? [ ] YES [X] NO ▲
2	[ ]	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3	[ ]	Married filing separately on this combined return. Spouse use column B.
4	[ ]	Married filing separate returns. Spouse's name: SSN: ▲ Income: $
5	[ ]	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.
6	[ ]	Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions

		B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a.	**Personal Credit:** Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	▲ ___ X $ 40 = $ ___	▲ 1 X $ 40 = $ 40
b.	Enter 1 for each person who is **65 or older** and/or 1 for each person who is **blind**	▲ ___ X $ 20 = $ ___	▲ 1 X $ 20 = $ 20
c.	**Dependents:** Enter 1 for each dependent	▲ ___ X $ 40 = $ ___	▲ ___ X $ 40 = $ ___
d.	Enter first names of dependents here:	e. TOTAL $	$ 60

Enclose W-2s and payment with your return - DO NOT STAPLE them here.

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4 Gross Income	1.	Wages, salaries, tips, etc.	1.			
	2.	Taxable interest income. If more than $1,500, complete Sch. B.	2.	850		
	3.	Ordinary dividend income. If more than $1,500, complete Sch. B.	3.	13,239		
	4.	Alimony received	4.			
	5.	Business income/(loss) from federal Schedule C or C-EZ	5.			
	6.	Capital gain/(loss) from federal Sch. D if required for federal purposes	6.	9,756		
	7.	Other gains/(losses) from federal form 4797	7.			
	8.	Taxable IRA distributions	8.	58,792		
	9.	Taxable pensions and annuities	9.	9,920		
	10.	Rents, royalties, partnerships, estates, etc.	10.	41,938		
	11.	Farm income/(loss) from federal Schedule F	11.			
	12.	Unemployment compensation. See instructions.	12.			
	13.	Taxable Social Security benefits	13.	3,406		
	14.	Other income, gambling income, bonus depreciation/sec. 179 adjustment	14.			
	15.	**GROSS INCOME.** ADD lines 1-14.			15.	▲ 137,901
STEP 5 Adjustments to Income	16.	Payments to an IRA, Keogh, or SEP	16.			
	17.	Deductible part of self-employment tax	17.			
	18.	Health insurance deduction	18.	1,062		
	19.	Penalty on early withdrawal of savings	19.			
	20.	Alimony paid	20.			
	21.	Pension/retirement income exclusion	21.	6,000		
	22.	Moving expense deduction from federal form 3903	22.			
	23.	Iowa capital gain deduction certain asset sales ONLY (see instructions)	23.			
	24.	Other adjustments	24.			
	25.	Total adjustments. ADD lines 16-24.			25.	▲ 7,062
	26.	**NET INCOME.** SUBTRACT line 25 from line 15.			26.	▲ 130,839
STEP 6 Federal Tax Addition and Deduction	27.	Federal income tax refund / overpayment received in 2011	27.	2,967		
	28.	Self-employment/household employment taxes	28.			
	29.	Addition for federal taxes. ADD lines 27 and 28.			29.	2,967
	30.	Total. ADD lines 26 and 29.			30.	133,806
	31.	Federal tax withheld	31.			
	32.	Federal estimated tax payments made in 2011	32.	12,180		
	33.	Additional federal tax paid in 2011 for 2010 and prior years	33.			
	34.	Deduction for federal taxes. ADD lines 31, 32, and 33.			34.	12,180
	35.	**BALANCE.** SUBTRACT line 34 from line 30. Enter here and on line 36, side 2.			35.	▲ 121,626

NOTE: Use only blue or black ink, no pencils or red ink.

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P10955 41-001a (09/21/11)

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NELVA E BRUNSTING 481-30-4685

2011 IA 1040, page 2

			B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7 Taxable Income	36.	BALANCE. From side 1, line 35		36.		121,626
	37.	Total itemized deductions from federal Schedule A	37.	109,824	Complete lines 37-40 ONLY if you itemize.	
	38.	Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A. Iowa income tax if included in line 5 of federal Schedule A	38.			
	39.	BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A.	39.	109,824		
	40.	Other deductions	40.			
	41.	Deduction. Check one box. ▲ [X] Itemized. Add lines 39 and 40. [ ] Standard		41.		109,824
	42.	**TAXABLE INCOME.** SUBTRACT line 41 from line 36.		42.		11,802
STEP 8 Tax, Credits and Checkoff Contributions	43.	Tax from tables or alternate tax	43.	359		
	44.	Iowa lump-sum tax. 25% of federal tax from form 4972	44.			
	45.	Iowa minimum tax. Attach IA 6251.	45.			
	46.	Total tax. ADD lines 43, 44, and 45.		46.		359
	47.	Total exemption credit amount(s) from Step 3, side 1	47.	60		
	48.	Tuition and textbook credit for dependents K-12	48.			
	49.	Total credits. ADD lines 47 and 48.		49.		60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.		50.	0	299
	51.	Credit for nonresident or part-year resident. Attach IA 126 and federal return		51.		299
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.		52.	0	0
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.		53.		
	54.	BALANCE. SUBTRACT line 53 from line 52.		54.		
	55.	School district surtax/EMS surtax. Take percentage from table; multiply by line 54.		55.	0	0
	56.	Total Tax. ADD lines 54 and 55.		56.		
	57.	Total tax before contributions. ADD columns A & B on line 56 and enter here.			57.	0
	58.	Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 58a: ▲ State Fair 58b: ▲ Firefighters/Veterans 58c: ▲ Child Abuse Prevention 58d: ▲ Enter total.			58.	
	59.	**TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58.			59.	0
STEP 9 Credits	60.	Iowa income tax withheld	60.			
	61.	Estimated and voucher payments made for tax year 2011	61.	690		
	62.	Out-of-state tax credit. Attach IA 130.	62.			
	63.	Motor fuel tax credit. Attach IA 4136.	63.			
	64.	Check One: [ ] Child and dependent care credit **OR** ▲ [ ] Early childhood development credit	64.			
	65.	Iowa earned income tax credit. See Instructions.	65.			
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.	66.			
	67.	TOTAL. ADD lines 60 - 66.	67.	690		
	68.	**TOTAL CREDITS.** ADD columns A and B on line 67 and enter here.			68.	690
STEP 10 Refund or Amount You Owe	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.			69.	690
	70.	Amount of line 69 to be **REFUNDED**			REFUND 70.	690
		For a faster refund file electronically. Go to www.iowa.gov/tax for details or mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120				
	71.	Amount of line 69 to be **applied to your 2012 estimated tax**	71.			
	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.			72.	
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 2210F ▲ [ ] Check if annualized income method is used.			73.	
	74.	Penalty and interest. 74a. Penalty ▲ 74b. Interest ▲ ADD Enter total			74.	
	75.	**TOTAL AMOUNT DUE.** ADD lines 72, 73, and 74, and enter here. **You can pay online at www.iowa.gov/tax or pay by mail to Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make Check payable to Treasurer, State of Iowa.**			PAY THIS AMOUNT 75.	

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

▲ SPOUSE:		▲ YOURSELF:	
$1.50 to Democratic Party	[ ]	$1.50 to Democratic Party	[ ]
$1.50 to Republican Party	[ ]	$1.50 to Republican Party	[ ]
$1.50 to Campaign Fund	[ ]	$1.50 to Campaign Fund	[ ]

STEP 12 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

PLEASE SIGN HERE

Your Signature — ▲ [X] Check if Deceased — 11/11/11 Date — Date of Death

RICHARD K RIKKERS CPA — Preparer's Signature — 04/05/12 Date

SIGN HERE

Spouse's Signature — ▲ [ ] Check if Deceased — Date — Date of Death

42-1277139 — Preparer's SSN, FEIN, or PTIN

Daytime Telephone Number

712-722-3375 Daytime Telephone Number

This return is due April 30, 2012. Please sign, enclose W-2s, and verify SSNs.

MAILING ADDRESSES: See lines 70 and 75 above.

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P10956 41-001b (09/21/11)

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, enclose a copy of this schedule or a copy of the federal Schedule A with your return.

File Copy

Name(s) as shown on page 1 of the IA 1040	Social Security Number
NELVA E BRUNSTING	481-30-4685

NOTE: If you have federal bonus depreciation/section 179, please see the 2011 Expanded Instructions on our Web site.

Medical and Dental Expenses		**Do not include health insurance premiums deducted on IA 1040, line 18.**			
	1.	Medical and dental expenses	1. 117,831		
	2.	Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here	2. 11,411		
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		3.	106,420
Taxes You Paid	4.	State and Local (Check only one box):			
		a ☐ Other state and local income taxes. Do not include Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2011 OR	4. 1,137		
		b ☒ General sales taxes only from line 5b of the Federal Schedule A.			
	5.	Real estate taxes	5. 2,027		
	6.	Personal property taxes, including annual vehicle registration	6. 57		
	7.	Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT	7. 123		
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	3,344
Interest You Paid	9a	Home mortgage interest and points reported on federal form 1098	9a.		
	9b	Home mortgage interest not reported on federal form 1098	9b.		
	10.	Points not reported on federal form 1098	10.		
	11.	Qualified mortgage insurance premiums	11.		
	12.	Investment interest. Attach federal form 4952 if required.	12.		
	13.	Add lines 9a-12. Enter total here.		13.	
Gifts to Charity	14.	Contributions by cash or check.	14. 60		
	15.	Other than by cash or check. You must attach federal form 8283 if more than $500.	15.		
	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation	16.		
	17.	Add lines 14 through 16. Enter total here.		17.	60
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.		18.	
Job Expenses and Misc. Deductions	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required.	19.		
	20.	Tax preparation fees	20.		
	21.	Other expenses. List type and amount.	21.		
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here.	22.		
	23.	Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here	23.		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		24.	0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.		25.	
Total Itemized Deductions	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		26.	109,824
		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.			
Proration of Deductions Between Spouses		**Complete lines 27 through 31 ONLY if you are using filing status 3 or 4.**	**SPOUSE**		**YOU**
	27.	Enter the Iowa net income of both spouses from IA 1040, line 26. 27b.	27b.	27a.	
	28.	Total Iowa net income, add columns 27a and 27b. Enter the total here.		28.	
	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.		29.	%
	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A (YOU)		30.	
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using filing status 4, enter this amount on line 39, column A of your spouse's return. (SPOUSE)		31.	

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

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Iowa Department of Revenue
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2011 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
481-30-4685

File Copy

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: INTEREST INCOME

You must complete this part if you received more than $1,500 in interest in 2011. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES	X			463
EDWARD JONES	X			387
Total Taxable Interest Income. Add the amounts. Enter here and on IA 1040, line 2.				850

PART II: DIVIDEND INCOME

You must complete this part if you received more than $1,500 in gross dividends in 2011. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

Name of Payer	Check one for each payer: Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION	X			609
METLIFE	X			70
EXXON MOBILE	X			1,756
EDWARD JONES	X			2,697
DEERE & COMPANY	X			15
FROM BENEFICIARY'S SCHEDULE K-1	X			8,092
Total Taxable Dividend Income. Add the amounts. Enter here and on IA 1040, line 3.				13,239

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 126

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
481-36-4635 File Copy

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa [X] ▲

You are a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa [ ] ▲

Your spouse is a part-year resident of Iowa [ ] ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

- Enclose this form and a copy of your federal return with your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

		IOWA-SOURCE INCOME	
		B. SPOUSE Filing Status 3 Only	**A.** YOU OR JOINT
1.	Wages, salaries, tips, etc.	1.	
2.	Taxable interest income	2.	
3.	Ordinary dividend income	3.	
4.	Alimony received	4.	
5.	Business income or (loss)	5.	
6.	Capital gain or (loss)	6.	
7.	Other gains or (losses)	7.	
8.	Taxable IRA distributions	8.	
9.	Taxable pensions and annuities	9.	
10.	Rents, royalties, partnerships, estates, etc.	10.	
11.	Farm income or (loss)	11.	
12.	Unemployment compensation	12.	
13.	Taxable Social Security benefits.	13.	
14.	Other income, gambling income, bonus depreciation/section 179 adjustment	14.	
15.	**GROSS INCOME.** ADD lines 1-14.	15.	▲
16.	Payments to an IRA, Keogh, or SEP while an Iowa resident	16.	
17.	Deduction for self-employment tax	17.	
18.	Health insurance deduction	18.	
19.	Penalty on early withdrawal of savings	19.	
20.	Alimony paid	20.	
21.	Pension/retirement income exclusion	21.	
22.	Moving expense deduction into Iowa only	22.	
23.	Iowa capital gain deduction	23.	
24.	Other adjustments	24.	
25.	Total adjustments. ADD lines 16-24.	25.	▲
26.	**IOWA NET INCOME.** SUBTRACT line 25 from line 15. LOW INCOME EXEMPTION	26.	
27.	All-source net income from line 26, IA 1040	27.	
		100.0%	100.0%
28.	Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.	28. %	%
29.	Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.	29. %	100.0 %
30.	Iowa tax on total income from line 43, IA 1040	30.	359
31.	Total credits from line 49, IA 1040	31.	60
32.	Tax after credits. Subtract line 31 from line 30.	32.	299
33.	Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.	33.	299

ENTER THIS AMOUNT ON LINE 51, IA 1040

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 6251

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 or IA 1041: NELVA E BRUNSTING

SSN or FEIN: 481-30-4685

File Copy

PART I: Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

1.	Medical and dental from line 2, federal form 6251	3,804
2.	Taxes from line 3, federal form 6251, less any Iowa income tax included on that line	3,344
3.	Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form 6251	
4.	Miscellaneous itemized deductions from line 5, federal form 6251	
5.	Refund of taxes from line 7, federal form 6251, less any Iowa income tax included on that line	
6.	Investment interest from line 8, federal form 6251, less interest and expense related to private activity bonds issued after 08/07/86	0
7.	Post - 1986 depreciation from line 18, federal form 6251	
8.	Adjusted gain or loss from line 17, federal form 6251	
9.	Incentive stock options from line 14, federal form 6251	
10.	Passive activities from line 19, federal form 6251	
11.	Beneficiaries of estates and trusts from line 15, federal form 6251	
12.	Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.	

a.	Circulation expenditures (line 21) a.	h.	Patron's adjustment h.		
b.	Depreciation (pre-1987) b.	i.	Pollution control facilities i.		
c.	Installment sales (line 25) c.	j.	Research and experimental (line 24) j.		
d.	Large partnerships (line 16) d.	k.	Section 1202 exclusion (line 13) k.		
e.	Long-term contracts (line 22) e.	l.	Tax shelter farm activities l.		
f.	Loss limitations (line 20) f.	m.	Related adjustments (see instr.) (line 27) m.	0	
g.	Mining costs (line 23) g.			12.	

13.	**Total Adjustments and Preferences.** Combine lines 1 through 12.	7,148

PART II: Alternative Minimum Taxable Income

14.	Taxable income from IA 1040, line 42; or IA 1041, line 22	11,802
15.	Net operating loss deduction. Do not enter as a negative amount.	
16.	Combine lines 14 and 15.	11,802
17.	Add lines 13 and 16.	18,950
18.	Alternative tax net operating loss deduction. See instructions.	
19.	Alternative Minimum Taxable Income. Subtract line 18 from line 17.	18,950

PART III: Exemption Amount and Alternative Minimum Tax

20.	Enter $35,000 (*$17,500 if filing status 3 or 4; $26,000 if single, head of household or qualifying widow(er))	26,000
21.	Enter $150,000 (*$75,000 if filing status 3 or 4; $112,500 if single, head of household or qualifying widow(er))	112,500
22.	Subtract line 21 from line 19. If the result is zero or less, enter zero.	0
23.	Multiply line 22 by 25% (0.25).	
24.	Subtract line 23 from line 20. If the result is zero or less, enter zero.	26,000
25.	Subtract line 24 from line 19. If the result is zero or less, enter zero.	
26.	Multiply line 25 by 6.7% (0.067).	0
27.	Regular tax after credits. See instructions.	299
28.	Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	0

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.

29.	Enter Iowa net income plus Iowa adjustments and preferences. See instructions. If less than zero, enter zero.	0
30.	Total net income plus total adjustments and preferences. See instructions.	137,987
31.	Divide line 29 by line 30 and enter the result to three (3) decimal places.	
32.	Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	0

*Exemption levels of $17,500 and $75,000 on lines 20 and 21, respectively, also apply to an estate or trust.

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Form **IA1040** | **Iowa Federal Tax Adjustment Worksheet** | **2011**

Name: NELVA E BRUNSTING

Taxpayer Identification Number: 481-30-4685

File Copy

Federal Refund - Iowa Form 1040 Line 27

1.	2010 federal refund	1.	2,967
2.	Less 2010 federal earned income credit (less federal advance earned income payment)	2.	
3.	Less 2010 additional child tax credit	3.	
4.	Less 2010 first-time homebuyer credit	4.	
5.	Less 2010 refundable education credit	5.	
6.	Less 2010 making work pay credit	6.	
7.	Less 2010 adoption credit	7.	
8.	**Prior year federal refund after adjustments**	8.	2,967
9.	2010 deduction for federal taxes (Iowa Form 1040, line 34)	9.	11,500
10.	**Lesser of line 8 or line 9**	10.	2,967

			Spouse	Taxpayer/Joint
11.	Prior year federal refund after adjustments from line 10, allocated, if applicable	11.		2,967
12.	Total of other federal refunds (From years prior to 2010)	12.		
13.	**Federal income tax refund / overpayment received in 2011** (Line 11 plus line 12)	13.		2,967

Self Employment and Household Employment Taxes - Iowa Form 1040 Line 28

			Spouse	Taxpayer/Joint
1.	Self-employment taxes	1.		
2.	Household employment taxes	2.		
3.	**Total Self-employment and Household Employment Taxes**	3.		

Federal Tax Withheld - Iowa Form 1040 Line 31

			Spouse	Taxpayer/Joint
1.	W-2, W-2G, 1099R, 1099M, interest, dividend, K-1, Schedule D	1.		
2.	Social security, railroad, unemployment, other income, backup withholding, other	2.		
3.	**Total Federal Income Tax Withheld**	3.		

Federal Estimated Tax Payments Made in 2011 - Iowa Form 1040 Line 32

1.	Overpayment applied from 2010 return	1.	
2.	Estimates paid in 2011	2.	12,180
3.	**Total Federal Estimated tax payments made in 2011**	3.	12,180

			Spouse	Taxpayer/Joint
4.	**Total Federal Estimated Taxes Paid from line 3, allocated, if applicable**	4.		12,180

Additional Federal Taxes Paid in 2011 - Iowa Form 1040 Line 33

1.	2010 federal tax liability	1.	8,393
2.	Excise tax on early withdrawal from qualified plans, repayment of first-time homebuyer credit, advance EIC payment	2.	
3.	**Subtotal** (Line 1 minus Line 2)	3.	8,393
4.	Less payments made against 2010 federal tax liability	4.	11,360
5.	**2010 unpaid liability before federal refundable credits** (Line 3 minus Line 4)	5.	
6.	**Refundable credits:**		

Earned income credit **a.** _____ Making work pay credit **e.** _____

Refundable education credit **b.** _____ Additional child tax credit **f.** _____

First-time home buyer credit **c.** _____ Other refundable credits **g.** _____

Adoption credit **d.** _____

Total refundable credits 6. _____

7.	Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6)	7.	
8.	Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2))	8.	
9.	Federal extension and additional payments from 2010 federal return	9.	
10.	Federal Motor Vehicle Fuel Tax Credit from 2011 federal return	10.	
11.	Excess FICA reported on 2011 federal return	11.	
12.	**Total additional federal tax payments made in 2011** (Add lines 7 thru 11)	12.	

			Spouse	Taxpayer/Joint
13.	Total additional federal tax payments from line 12, allocated, if applicable	13.		
14.	Additional federal taxes paid in 2011 for tax years prior to 2010	14.		
15.	**Total additional federal taxes paid in 2011 for 2010 and prior years** (Add lines 13 and 14)	15.		**P10961**

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Form **IA1040** | **Iowa Low Income Exemption Worksheet** | **2011**

Name: NELVA E BRUNSTING

Taxpayer Identification Number: 481-30-4678 File Copy

Filing status 1

Dependent of another .....

Age 65 or older on 12/31/11 X

		Spouse	Taxpayer or Joint
1. Add:			
(a) Net income from line 26, Form IA1040	(a)		
(b) Pension exclusion from line 21, Form IA1040	(b)		
(c) Social Security Phase-out (Social Security Worksheet, Line 12)	(c)		
(d) Lump-sum distribution separately taxed on federal Form 4972	(d)		
(e) Net operating loss carryover	(e)		

Total (1a through 1e) **1.** 0

2. Amount from table below (Based on residency, filing status, and age) **2.** 1,000

Resident Limitations

Filing Status	Dependent of Another	Age 65 or Older On 12/31/11	Income Less Than
Single	Yes	N/A	$ 5,000
			Income Less Than Or Equal To
Single	No	No	$ 9,000
Single	No	Yes	$ 24,000
Not Single	No	No	$ 13,500
Not Single	No	Yes	$ 32,000

Nonresident and Part-year Limitations

Filing Status	Iowa Source Income Less Than
Any	$ 1,000

P10962

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

US Tax Return (12/31/11) - Form 1040 Page 1
US Tax Return (12/31/11) - Form 1040 Page 2
US Tax Return (12/31/11) - Schedule A
US Tax Return (12/31/11) - Schedule B
US Tax Return (12/31/11) - Schedule D Page 1
US Tax Return (12/31/11) - Schedule D Page 2
US Tax Return (12/31/11) - Form 8949 Page 1
US Tax Return (12/31/11) - Form 8949 Page 2
US Tax Return (12/31/11) - Schedule E Page 2
US Tax Return (12/31/11) - Form 6251 Page 1
US Tax Return (12/31/11) - Form 1310

P10963

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Form 1040 U.S. Individual Income Tax Return 2011

Department of the Treasury—Internal Revenue Service (99) | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
NELVA E	BRUNSTING DECEASED 11/11/11	481-30-4685
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		File Copy
Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
203 BLOOMINGDALE CIR		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		Presidential Election Campaign
VICTORIA TX 77904		Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name / Foreign province/county / Foreign postal code		

Filing Status Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qual. for child tax credit (see instr.)

If more than four dependents, see instructions and check here ▶ [ ]

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	**Taxable** interest. Attach Schedule B if required			8a	463
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	387		
9a	Ordinary dividends. Attach Schedule B if required			9a	13,239
b	Qualified dividends	9b	8,208		
10	Taxable refunds, credits, or offsets of state and local income taxes			10	488
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			13	9,756
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	58,792	b Taxable amount 15b	58,792
16a	Pensions and annuities	16a		b Taxable amount 16b	9,920
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	41,938
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	20,642	b Taxable amount 20b	17,546
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	152,142

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	152,142

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	152,142
	39a	Check if: [X] **You** were born before January 2, 1947, [ ] Blind. [ ] **Spouse** was born before January 2, 1947, [ ] Blind. **Total boxes checked** ▶ 39a 1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $5,800 Married filing jointly or Qualifying widow(er), $11,600 Head of household, $8,500	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	110,886
	41	Subtract line 40 from line 38	41	41,256
	42	**Exemptions.** Multiply $3,700 by the number on line 6d	42	3,700
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	37,556
	44	Tax (see instr.). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ] 962 elec.	44	4,432
	45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45 ▶	46	4,432
	47	Foreign tax credit. Attach Form 1116 if required 47		
	48	Credit for child and dependent care expenses. Attach Form 2441 48		
	49	Education credits from Form 8863, line 23 49		
	50	Retirement savings contributions credit. Attach Form 8880 50		
	51	Child tax credit (see instructions) 51		
	52	Residential energy credits. Attach Form 5695 52		
	53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] 53		
	54	Add lines 47 through 53. These are your **total credits**	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	4,432
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your **total tax** ▶	61	4,432
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099 62		
	63	2011 estimated tax payments and amount applied from 2010 return 63 9,340		
	64a	**Earned income credit (EIC)** 64a		
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Form 8812 65		
	66	American opportunity credit from Form 8863, line 14 66		
	67	First-time homebuyer credit from Form 5405, line 10 67		
	68	Amount paid with request for extension to file 68		
	69	Excess social security and tier 1 RRTA tax withheld 69		
	70	Credit for federal tax on fuels. Attach Form 4136 70		
	71	Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885 71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** ▶	72	9,340
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**	73	4,908
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]	74a	4,908
Direct deposit? See instructions.	b	Routing number 113000023 ▶ c Type: [X] Checking [ ] Savings		
	d	Account number 586027563523		
	75	Amount of line 73 you want **applied to your 2012 estimated tax** ▶ 75		
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
	77	Estimated tax penalty (see instructions) 77		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No**

Designee's name ▶ RICHARD K RIKKERS CPA Personal identification number (PIN) ▶ 84948 Phone no. ▶ 712-722-3375

Sign Here Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		DECEASED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/05/12		P00144154

Firm's name ▶ KROESE & KROESE P.C. Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 Phone no. 712-722-3375

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SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2011

Attachment Sequence No. **07**

Name(s) shown on Form 1040: NELVA E BRUNSTING

Your social security number: 481-30-4685

File Copy

Medical and Dental Expenses	**Caution.** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)		1	118,893	
	2 Enter amount from Form 1040, line 38	2 152,142			
	3 Multiply line 2 by 7.5% (.075)		3	11,411	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4 107,482
Taxes You Paid	5 State and local **(check only one box):**				
	a ☐ Income taxes, **or**		5	1,137	
	b ☒ General sales taxes				
	6 Real estate taxes (see instructions)		6	2,027	
	7 Personal property taxes		7	57	
	8 Other taxes. List type and amount ▶ FOREIGN TAXES - 1041-GT		8	123	
	9 Add lines 5 through 8				9 3,344
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098		10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11		
Note. Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules		12		
	13 Mortgage insurance premiums (see instructions)		13		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
	15 Add lines 10 through 14				15
Gifts to Charity	16 Gifts by cash or check. If you made any gift of $250 or more, see instructions		16	60	
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500		17		
	18 Carryover from prior year		18		
	19 Add lines 16 through 18				19 60
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21		
	22 Tax preparation fees		22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23		
	24 Add lines 21 through 23		24		
	25 Enter amount from Form 1040, line 38	25			
	26 Multiply line 25 by 2% (.02)		26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶				28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				29 110,886
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

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SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040. ▶ See instructions on back.

OMB No. 1545-0074
2011
Attachment Sequence No. **08**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-4685

File Copy

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶		
	EDWARD JONES	1	463
2	Add the amounts on line 1	2	463
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	463

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶		
	CHEVRON CORPORATION	5	609
	METLIFE		70
	EXXON MOBILE		1,756
	EDWARD JONES		2,697
	DEERE & COMPANY		15
	ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100		8,092
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	13,239

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶		
8	During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

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SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011

Attachment Sequence No. **12**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-[illegible]

File Copy

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I		( )		
2 Short-term totals from all Forms 8949 with box B checked in Part I		( )		
3 Short-term totals from all Forms 8949 with box C checked in Part I	35,607	(25,680)	0	9,927

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	9,927

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with **box A** checked in **Part II**		( )		
9 Long-term totals from all Forms 8949 with **box B** checked in **Part II**		( )		
10 Long-term totals from all Forms 8949 with **box C** checked in **Part II**	137,539	(114,185)	0	23,354

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions	13	1
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	(23,526)
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (h). Then go to Part III on the back	15	-171

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule D (Form 1040) 2011**

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Part III Summary

16 Combine lines 7 and 15 and enter the result ..... 16 File Copy 756

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☒ **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ..... ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions ..... ▶ 19

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

..... 21 ( )

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

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Form **8949**

Department of the Treasury
Internal Revenue Service (99)

Sales and Other Dispositions of Capital Assets

▶ See Instructions for Schedule D (Form 1040).
▶ For more information about Form 8949, see www.irs.gov/form8949
▶ Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011

Attachment Sequence No. **12A**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-30-[illegible]

File Copy

Part I **Short-Term Capital Gains and Losses—Assets Held One Year or Less**

Note: You **must** check **one** of the boxes below. Complete a separate Form 8949, page 1, for **each** box that is checked.

***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

☐ **(A)** Short-term transactions reported on Form 1099-B with basis reported to the IRS

☐ **(B)** Short-term transactions reported on Form 1099-B but basis not reported to the IRS

☒ **(C)** Short-term transactions for which you cannot check box A or B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
1 INVSCO BLD AMER BDS INCM		11/22/10	11/10/11	10,509	9,880	
DEERE & CO		05/20/10	02/03/11	25,098	15,800	

Form 8949 (2011) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side. | Your social security number

NELVA E BRUNSTING | 481-30-4685

Part II **Long-Term Capital Gains and Losses—Assets Held More Than One Year**

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Note: You **must** check **one** of the boxes below. Complete a separate Form 8949, page 2, for **each** box that is checked.

***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

☐ **(A)** Long-term transactions reported on Form 1099-B with basis reported to the IRS

☐ **(B)** Long-term transactions reported on Form 1099-B but basis not reported to the IRS

☒ **(C)** Long-term transactions for which you cannot check box A or B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
3 VK BLD AMER	BONDS INCM	04/23/10	10/07/11	14,493	13,919	
DEERE & CO		05/20/10	06/07/11	50,391	35,794	
DEERE & CO		05/20/10	10/21/11	30,006	24,418	
DEERE & CO		05/20/10	11/09/11	14,110	11,204	
GMAC SMARTNOTES		03/20/03	04/11/11	8,725	9,000	
IN FIN AUTH	REV PARKVIEW	08/14/09	04/15/11	14,819	14,850	
TOYOTA MOTOR	CR CORP	07/13/07	04/11/11	4,995	5,000	

4 **Totals.** Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, **line 8** (if **box A** above is checked), **line 9** (if **box B** above is checked), or **line 10** (if **box C** above is checked) ▶ | 4 | 137,539 | 114,185 | 0

P10971

Name(s) shown on return. Do not enter name and social security number if shown on other side. | Your social security number

NELVA E BRUNSTING | 481-30-4685

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

File Copy

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	ELMER H BRUNSTING DECEDENTS TR DTD	27-6453100
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	0	41,938		
B				
34a Totals		41,938		
b Totals				

35	Add columns (d) and (f) of line 34a	35	41,938
36	Add columns (c) and (e) of line 34b	36	(0)
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	41,938

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	41,938
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2011

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
NELVA E BRUNSTING

Your social security number
481-30-[illegible]

File Copy

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	41,256
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	3,804
3	Taxes from Schedule A (Form 1040), line 9	3	3,344
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	(488)
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	( )
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	0
20	Loss limitations (difference between AMT and regular tax income or loss)	20	0
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	( )
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $223,900, see instructions.)	28	47,916

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2011, see instructions.)

IF your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .
Single or head of household	$112,500	$48,450
Married filing jointly or qualifying widow(er)	150,000	74,450
Married filing separately	75,000	37,225

If line 28 is **over** the amount shown above for your filing status, see instructions. → 29: 48,450

30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. • **All others:** If line 30 is $175,000 or less ($87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	31	
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	0
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	4,432
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **6251** (2011)

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Form **1310**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Statement of Person Claiming Refund Due a Deceased Taxpayer

▶ See instructions below and on back.

OMB No. 1545-0074

Attachment Sequence No. **87**

Tax year decedent was due a refund:
Calendar year 2011, or other tax year beginning , 20 , and ending

File Copy

	Name of decedent	Date of death	Decedent's social security no.
	NELVA E BRUNSTING	11/11/11	481-30-4685
Please print or type	Name of person claiming refund		**Your social security number**
	ANITA BRUNSTING		457-25-1860
	Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
	203 BLOOMINGDALE CIRCLE		
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.		
	VICTORIA TX 77904		

Part I **Check the box that applies to you.** Check only one box. **Be sure to complete Part III below.**

A ☐ Surviving spouse requesting reissuance of a refund check. (see instructions).

B ☐ Court-appointed or certified personal representative (defined below). Attach a court certificate showing your appointment, unless previously filed (see instructions).

C ☒ Person, **other** than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

Part II **Complete this part only if you checked the box on line C above.**

		Yes	No
1	Did the decedent leave a will?	X	
2a	Has a court appointed a personal representative for the estate of the decedent?		X
b	If you answered **"No"** to 2a, will one be appointed?		X
	If you answered **"Yes"** to 2a or 2b, the personal representative must file for the refund.		
3	As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	X	
	If you answered **"No"** to 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund.		

Part III **Signature and verification. All filers must complete this part.**

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund ▶ **Date** ▶

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

IA Tax Return (12/31/10) - IA Form IA-1041, Page 1
IA Tax Return (12/31/10) - IA Form IA-1041, Page 2
IA Tax Return (12/31/10) - IA K-1 Equivalent - NELVA BRUNSTING
IA Tax Return (12/31/10) - IA Required Statements

P10975

9706

Iowa Department of Revenue
www.state.ia.us/tax

2010 IA 1041

For Calendar Year 2010 or fiscal year beginning _____ , and ending _____

Iowa Fiduciary Return

Name of Estate or Trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Dept. of Revenue No.

Check one: ☐ Estate ☐ Simple Trust ☒ Complex Trust ☐ Bankruptcy Estate

Name, Address, and Title of Fiduciary
ANITA BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904
TRUSTEE

Federal Identification No.
27-6453100

Iowa County in which estate is pending

Name of Attorney, Address (Number and Street), City, State, and Zip Code
CANDACE KUNZ-FREED
14800 ST MARYS LANE, SUITE 230
HOUSTON TX 77079

Attorney's Phone Number 800-229-3002

Probate No.

If trust, check one: ☒ Testamentary ☐ Inter Vivos

File Copy

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Have prior returns been filed for this estate or trust? ☐ Yes ☒ No **Is Income Tax Certificate of Acquittance requested?** ☐ Yes ☒ No

Is this an amended IA 1041? ☐ Yes ☒ No **Is an Iowa 706 being filed?** ☐ Yes ☒ No

Staple payment and voucher here.

INCOME

1. Dividends. Enter full amount.	1.		
2. Interest	2.		
3. Income from partnerships and other fiduciaries. Attach supporting schedule.	3.		
4. Net rents and royalties	4.	24,013	
5. Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.	5.		
6. Net gain (loss) from capital assets	6.		
7. Ordinary gains (losses). Attach federal form 4797.	7.		
8. Other income. State nature of income.	8.		
9. Total income. Add lines 1 through 8.		9.	24,013

DEDUCTIONS

10. Interest. Enter on Schedule D, page 2.	10.		
11. Taxes. Enter on Schedule D, page 2.	11.	89	
12. Fiduciary fees. Enter on Schedule D, page 2.	12.		
13. Charitable deduction from income in compliance with Will or Trust instrument.	13.		
14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.	14.		
15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2.	15.		
16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.	16.		
17. Total. Add lines 10 through 16.		17.	89
18. Balance. Subtract line 17 from line 9		18.	23,924
19. Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1.	19.	23,924	
20. Federal estate tax attributable to income in respect of a decedent (fiduciary's share)	20.		
21. Total. Add lines 19 and 20.		21.	23,924
22. Taxable income of fiduciary. Subtract line 21 from line 18. **Must be zero on final return**		22.	0

RESIDENT COMPUTED TAX

Residents complete lines 23-32. Nonresidents complete Schedule C and enter on line 32.

23. Compute tax from rate Schedule E, page 2.	23.	0	
24. Iowa lump sum tax. Attach federal Schedule 4972.	24.		
25. Iowa minimum tax. Attach IA 6251.	25.		
26. Tax before credits. Add lines 23 through 25.		26.	0
27. Personal exemption credit. This is a nonrefundable credit.	27.	40.00	
28. Out-of-state tax credit. Attach copy of out-of-state return and Schedule IA 130.	28.		
29. Motor fuel tax credit. Attach Schedule IA 4136.	29.		
30. Other credits. Attach IA 148 Tax Credits Schedule.	30.		
31. Total credits. Add lines 27 through 30.		31.	

TAX DUE

32. Tax liability. Residents subtract line 31 from 26. Nonresidents enter amount from line 19, Schedule C.	32.	0
33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher	33.	
34. Refund. If line 33 is larger than line 32, enter the difference.	34.	
35. Amount due. If line 33 is less than line 32, enter the difference.	35.	0

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

SIGN HERE

DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers attached hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary — Date

Signature of preparer other than fiduciary	Preparer's ID No.	Address	Date
RICHARD K RIKKERS CPA	42-1277139	540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824	08/29/11

CS

P10976

63-001a (07/21/10)

9706

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 **Fiduciary Schedules A, B, C, D, and E**

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? ☐ Yes ☐ No
6. Did will of decedent create trust? ☐ Yes ☐ No
7. Did decedent file IOWA return(s) up to the date of death? ☐ Yes ☐ No If no, attach earnings statement or explanatory affidavit.
8. Enter decedent's name, address, and SSN: _____
9. Name and Social Security No. of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Had federal audit been made on prior returns of decedent or the estate or trust? ☐ Yes ☒ No Is an audit now in the process? ☐ Yes X No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? ☐ Yes ☒ No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? ☐ Yes ☒ No
15. Does the estate/trust elect to recognize the gain or loss on a distribution of property under section IRC 643(d)(e)? ☐ Yes ☒ No

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Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.

	Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of each beneficiary	SEE SCHEDULE K-1 EQUIVALENT(S)			
2. Social Security Number				
3. Address				
4. Iowa resident (Yes/No)				
5. Net short-term capital gain				
6. Net long-term capital gain (100%)				
7. Depreciation and depletion				
8. Ordinary income subject to Iowa income tax				23,924
9. Income not subject to Iowa income tax				
10. Excess deductions REGARDING IOWA NONRESIDENT INCOME				
11. Iowa income tax withheld, if any				
12. Withholding agent's identification number				

Schedule C - Computation of Nonresident's Tax

1. Federal taxable income from federal 1041 (include ESBT income)	1.	50,422
2. Interest and dividends from federal securities	2.	
3. Balance. Subtract line 2 from line 1.	3.	50,422
4. Deduction taken for Iowa state income tax	4.	
5. Interest and dividends from foreign, state, and municipal securities	5.	2,070
6. Exemption credit from federal 1041	6.	100
7. Adjusted taxable income. Add lines 3 through 6.	7.	52,592
8. Compute tax on the amount shown on line 7 using Schedule E.	8.	3,137
9. Personal exemption credit	9.	$40.00
10. Tax before being prorated	10.	3,097
11. Nonresident percentage. Divide amount on line 22, page 1, by amount on line 7, Schedule C. This may not be greater than 100.0%.	11.	0.00 %
12. Multiply line 10 by percentage on line 11.	12.	
13. Iowa lump-sum tax: Attach federal Schedule 4972.	13.	
14. Iowa minimum tax: Attach IA 6251.	14.	
15. Balance. Add lines 12, 13, and 14.	15.	
16. Motor fuel tax credit. Attach IA 4136.	16.	
17. Other credits	17.	
18. Total credits. Add lines 16 and 17.	18.	
19. Total tax liability. Subtract line 18 from line 15. Enter on line 32, page 1.	19.	

Schedule D - Explanation of Expenses

Line No.	Explanation	Amount
11	TAX EXPENSE- STMT 1	89

Schedule E - Tax Rates

Taxable Income Over	But Not Over			Tax Rate		Of Excess Over
$0	$1,428	$0.00	+	(0.36%	x	$0)
$1,428	$2,856	$5.14	+	(0.72%	x	$1,428)
$2,856	$5,712	$15.42	+	(2.43%	x	$2,856)
$5,712	$12,852	$84.82	+	(4.50%	x	$5,712)
$12,852	$21,420	$406.12	+	(6.12%	x	$12,852)
$21,420	$28,560	$930.48	+	(6.48%	x	$21,420)
$28,560	$42,840	$1,393.15	+	(6.80%	x	$28,560)
$42,840	$64,260	$2,364.19	+	(7.92%	x	$42,840)
$64,260	over	$4,060.65	+	(8.98%	x	$64,260)

63-001b (03/23/11)

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Iowa Schedule K-1 Equivalent

Form **IA 1041**

For calendar year 2010, or tax year beginning , and ending

2010

Name of trust
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

☐ Amended K-1

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Beneficiary's identifying number ▶ 481-30-4685

Estate's or trust's EIN ▶ 27-6453100

Beneficiary's name, address, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914
Resident state: TEXAS

Fiduciary's name, address, and ZIP code

ANITA BRUNSTING
TRUSTEE
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Enter the following items on the state income tax return of the above named individual.

1	**Beneficiary's Share of Federal Taxable Income** 1	31,252	This data presented for information only
	Income		
2	Interest 2		Schedule B, Part I, line 1 or IA 126, line 2
3	Ordinary dividends 3		Schedule B, Part II, line 3 or IA 126, line 3
4 a	Net short-term capital gains 4 a		Form IA 1040, line 6 or IA 126, line 6
b	Net long-term capital gains b		Form IA 1040, line 6 or IA 126, line 6
5	Business / Nonpassive		
a	Income 5 a		▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation b		
c	Depletion c		
d	Amortization d		
6	Rental and Passive		
a	Income 6 a	23,924	▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation b		
c	Depletion c		
d	Amortization d		
7	**Distributions in the Final Year of Estate / Trust**		
a	Excess deductions on termination 7 a		Schedule A, line 21
b	Short-term capital loss carryover b		Form IA 1040, line 6 or IA 126, line 6
c	Long-term capital loss carryover c		Form IA 1040, line 6 or IA 126, line 6
d	Net operating loss (NOL) carryover d		Form IA 1040, line 24 or IA 126, line 24
8	**Tax Preference Items**		
a	Accelerated depreciation 8 a		Form IA 6251
b	Depletion b		Form IA 6251
c	Amortization c		Form IA 6251
d	Exclusion items d	179	Form IA 8801
9	**Other Items**		
a	Tax-exempt interest 9 a		This data presented for information only
b	Estate tax deduction b		This data presented for information only
c	Withholding c		This data presented for information only

Additional Information:

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Iowa Statements

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes

Description	Amount
PAGE 1 - TAX EXPENSE	$ 0
FEDERAL TAXES PAID	123
ALLOCATED TO NON-IOWA INCOME	-34
TOTAL IOWA TAX EXPENSE	$ 89

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

US Tax Return (12/31/10) - Form 1041, Page 1
US Tax Return (12/31/10) - Form 1041, Page 2
US Tax Return (12/31/10) - Schedule I, Page 1
US Tax Return (12/31/10) - Schedule I, Page 2
US Tax Return (12/31/10) - Schedule D, Page 1
US Tax Return (12/31/10) - Schedule D, Page 2
US Tax Return (12/31/10) - Schedule D-1, Page 2
US Tax Return (12/31/10) - Schedule D-1, Page 2
US Tax Return (12/31/10) - Schedule E, Page 1 - FARMLAND
US Tax Return (12/31/10) - Schedule K-1, Page 1 - NELVA BRUNSTING
US Tax Return (12/31/10) - Required Statements

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9706

Department of the Treasury—Internal Revenue Service

Form 1041 U.S. Income Tax Return for Estates and Trusts

2010 | OMB No. 1545-0092

For calendar year 2010 or fiscal year beginning , and ending

A Type of entity (see instr.):

- ☐ Decedent's estate
- ☐ Simple trust
- ☒ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

Name of estate or trust (If a grantor type trust, see page 15 of the instructions.)
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Name and title of fiduciary
ANITA BRUNSTING
TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see page 15 of the instructions.)
203 BLOOMINGDALE CIRCLE

City or town, state, and ZIP code
VICTORIA TX 77904

C Employer identification number
27-6453100

D Date entity created
04/01/[illegible]

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E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 16 of the instr.):

- ☐ Described in section 4947(a)(1)
- ☐ Not a private foundation
- ☐ Described in section 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☒ Initial return ☐ Final return ☐ Amended return ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ▶ ☐

Income	1	Interest income	1	
	2a	Total ordinary dividends	2a	7,239
	b	Qualified dividends allocable to: (1) Beneficiaries 2,857 (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	50,522
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	24,013
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9	81,774
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☐	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b ▶	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9 — 17: 81,774		
	18	Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	31,252
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	100
	21	Add lines 18 through 20 ▶	21	31,352
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 23 of the instructions	22	50,422
	23	**Total tax** (from Schedule G, line 7)	23	7,218
	24	**Payments:** a 2010 estimated tax payments and amount applied from 2009 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with Form 7004 (see page 24 of the instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☒	24e	123
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	123
	26	Estimated tax penalty (see page 24 of the instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	7,095
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	
	29	Amount of line 28 to be: a **Credited to 2011 estimated tax** ▶ ; b **Refunded** ▶	29	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. ▶

Signature of fiduciary or officer representing fiduciary — Date — EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	08/29/11		P00144154

Firm's name ▶ KROESE & KROESE P.C. — Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 — Phone no. 712-722-3375

DAA **For Paperwork Reduction Act Notice, see the separate instructions.**

Form 1041 (2010)

P10981

BRUNSTING003811

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 25)	1	
2	Tax-exempt income allocable to charitable contributions (see page 25 of the instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 25 of the instructions)	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

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Schedule B Income Distribution Deduction

1	Adjusted total income (see page 25 of the instructions)	1	81,774
2	Adjusted tax-exempt interest	2	2,070
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 26 of the instructions)	3	0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see page 26 of the instructions)	5	0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-50,522
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	33,322
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law 8 33,322		
9	Income required to be distributed currently	9	33,322
10	Other amounts paid, credited, or otherwise required to be distributed	10	0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 26 of the instructions	11	33,322
12	Enter the amount of tax-exempt income included on line 11	12	2,070
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	31,252
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	31,252
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	31,252

Schedule G Tax Computation (see page 27 of the instructions)

1	**Tax:** a Tax on taxable income (see page 27 of the instructions)	1a	7,218		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0		
	d **Total.** Add lines 1a through 1c ▶			1d	7,218
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-			4	7,218
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 4 through 6. Enter here and on page 1, line 23 ▶			7	7,218

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 2,070 SEE STMT 1	X	
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 29 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 29 of the instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see page 29 for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see page 29) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 29) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See page 29 of the instructions		X

9706

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

OMB No. 1545-0092

2010

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number
File Copy
27-6453100

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)		1	81,774
2	Interest		2	
3	Taxes		3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)		4	
5	Refund of taxes		5	( )
6	Depletion (difference between regular tax and AMT)		6	
7	Net operating loss deduction. Enter as a positive amount		7	
8	Interest from specified private activity bonds exempt from the regular tax		8	179
9	Qualified small business stock (see page 2 of the instructions)		9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)		10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		12	
13	Disposition of property (difference between AMT and regular tax gain or loss)		13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		14	
15	Passive activities (difference between AMT and regular tax income or loss)		15	
16	Loss limitations (difference between AMT and regular tax income or loss)		16	
17	Circulation costs (difference between regular tax and AMT)		17	
18	Long-term contracts (difference between AMT and regular tax income)		18	
19	Mining costs (difference between regular tax and AMT)		19	
20	Research and experimental costs (difference between regular tax and AMT)		20	
21	Income from certain installment sales before January 1, 1987		21	( )
22	Intangible drilling costs preference		22	
23	Other adjustments, including income-based related adjustments		23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24		25	81,953
	Note: Complete Part II below before going to line 26.			
26	Income distribution deduction from Part II, line 44	26 31,431		
27	Estate tax deduction (from Form 1041, line 19)	27		
28	Add lines 26 and 27		28	31,431
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25		29	50,522

If line 29 is:

- $22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $22,500, but less than $165,000, go to line 45.
- $165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see page 6 of the instructions)		30	81,953
31	Adjusted tax-exempt interest (other than amounts included on line 8)		31	1,891
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-		32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)		33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see page 6 of the instructions)		34	
35	Capital gains computed on a minimum tax basis included on line 25		35	(50,522)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount		36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		37	33,322
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		38	33,322
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		39	
40	Total distributions. Add lines 38 and 39		40	33,322
41	Tax-exempt income included on line 40 (other than amounts included on line 8)		41	1,891
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40		42	31,431

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-		43	31,431
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26		44	31,431

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Part III Alternative Minimum Tax

45	Exemption amount			45	22,500
46	Enter the amount from line 29	46	50,522		
47	Phase-out of exemption amount	47	75,000		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0		
49	Multiply line 48 by 25% (.25)			49	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	22,500
51	Subtract line 50 from line 46			51	28,022
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $175,000 or less, multiply line 51 by 26% (.26). • Over $175,000, multiply line 51 by 28% (.28) and subtract $3,500 from the result			52	3,858
53	Alternative minimum foreign tax credit (see page 7 of the instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	3,858
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	7,218
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see page 8 of the instructions before completing this part.

57	Enter the amount from line 51			57	28,022
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary)	58	50,522		
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59			
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	50,522		
61	Enter the **smaller** of line 57 or line 60			61	28,022
62	Subtract line 61 from line 57			62	
63	If line 62 is $175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,500 from the result			63	
64	Maximum amount subject to the 0% rate	64	2,300		
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet on page 27 of the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0-	65			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	2,300		
67	Enter the **smaller** of line 57 or line 58	67	28,022		
68	Enter the **smaller** of line 66 or line 67	68	2,300		
69	Subtract line 68 from line 67	69	25,722		
70	Multiply line 69 by 15% (.15)			70	3,858
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.				
71	Subtract line 67 from line 61	71			
72	Multiply line 71 by 25% (.25)			72	
73	Add lines 63, 70, and 72			73	3,858
74	If line 57 is $175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,500 from the result			74	7,286
75	Enter the **smaller** of line 73 or line 74 here and on line 52			75	3,858

9706

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2010

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number
File Copy
27-6453100

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a INVESCO VK INTERNATIONAL GRT FUNDY	INHERIT	06/08/10	2,933	2,234	699
BRANDYWINE BLUE FUND	INHERIT	VARIOUS	2,945	2,220	725
CHEVRON CORP	INHERIT	06/03/10	69,378	62,556	6,822
CITIGROUP INC	INHERIT	06/03/10	10,217	6,682	3,535
COLUMBIA MID CAP VALUE FUND	INHERIT	VARIOUS	2,992	1,827	1,165

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	37,391
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions SEE STATEMENT 2	9	185
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	50,522

Part III Summary of Parts I and II Caution: Read the instructions **before** completing this part.		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13			
14 Net long-term gain or (loss):				
a Total for year	14a		50,522	50,522
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15		50,522	50,522

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Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of: — 16 ( )

a The loss on line 15, column (3) **or** b $3,000

Note: If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	50,422	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18	50,522			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20	50,522			
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	0			
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	50,522	
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	0	
24	Enter the **smaller** of the amount on line 17 or $2,300			24	2,300	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 through 26; go to line 27 and check the "No" box. ☒ **No.** Enter the amount from line 23			25		
26	Subtract line 25 from line 24			26	2,300	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 through 30; go to line 31. ☒ **No.** Enter the **smaller** of line 17 or line 22			27	50,422	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	2,300	
29	Subtract line 28 from line 27			29	48,122	
30	Multiply line 29 by 15% (.15)					30 7,218
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31
32	Add lines 30 and 31					32 7,218
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33 16,623
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34 7,218

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

Part II Long-Term Capital Gains and Losses–Assets Held More Than One Year

File Copy

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a DWS SMALL CAP VALUE FUND INSTL	INHERIT	VARIOUS	1,890	1,118	772
DALLAS TX AREA RAPID TRAN	INHERIT	06/07/10	10,057	9,875	182
DC REV MEDLANTIC/HELIX SER B	INHERIT	06/07/10	19,800	19,010	790
DODGE & COX INTL STOCK FUND	INHERIT	VARIOUS	10,773	6,473	4,300
DODGE & COX INCOME FUND	INHERIT	VARIOUS	4,592	4,016	576
E I DU PONT DE NEMOURS & CO	INHERIT	06/03/10	7,274	4,527	2,747
EATON VANCE TAX MANAGED VAL	INHERIT	06/08/10	4,640	3,754	886
EXXON MOBIL CORP	INHERIT	06/03/10	16,476	18,289	-1,813
FIDELITY NEW INSIGHTS FD INSTL	INHERIT	VARIOUS	4,590	3,128	1,462
FIDELITY INTER MUNI INCM FD	INHERIT	VARIOUS	6,229	5,986	243
FRANKLIN FED TAX FREE INCM ADV	INHERIT	06/08/10	4,572	4,234	338
FRANKLIN HIGH YLD TAX FREE ADV	INHERIT	06/08/10	2,288	1,972	316
HARTFORD DIVIDEND & GROWTH	INHERIT	06/08/10	3,136	2,450	686
HAYS TX CONS INDPT SCH DIST GO	INHERIT	06/07/10	31,500	29,742	1,758
ING GLOBAL REAL ESTATE FUND	INHERIT	VARIOUS	2,946	1,763	1,183
IN MUN PWR AGY PWR SUPPLY SYS	INHERIT	06/07/10	30,930	30,263	667
INVESTMENT CO OF AMERICA CL F1	INHERIT	VARIOUS	6,007	4,420	1,587
PERKINS MID CAP VALUE FD	INHERIT	06/08/10	1,594	998	596
JOHN HANCOCK INTL CORE FD	INHERIT	06/08/10	1,941	1,671	270
JOHNSON & JOHNSON	INHERIT	06/03/10	8,985	7,881	1,104
JPMORGAN CORE BOND FUND SELECT	INHERIT	VARIOUS	3,952	3,702	250
JPMORGAN HIGH YIELD FD SELECT	INHERIT	VARIOUS	1,343	998	345
MFS RESEARCH INTL FD CL I	INHERIT	VARIOUS	7,566	5,156	2,410
MONROE CNTY NY ARPT AUTH RFDG	INHERIT	06/07/10	9,357	8,990	367
MUNDER MID CAP CORE GROWTH	INHERIT	06/08/10	2,126	1,519	607

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 22,629

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

Part II Long-Term Capital Gains and Losses–Assets Held More Than One Year

File Copy

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a MUTUAL GLOBAL DISCOVERY FD Z	INHERIT	06/08/10	2,641	2,251	390
NEW WORLD FUND CL F1	INHERIT	VARIOUS	1,976	1,214	762
OPPENHEIMER INTL BOND FUND Y	INHERIT	VARIOUS	1,923	1,684	239
OPPNHMR CMD STRAT TTL TRN CL Y	INHERIT	VARIOUS	3,735	2,946	789
PIONEER FUND CL Y	INHERIT	VARIOUS	7,550	5,200	2,350
PIONEER CULLEN VALUE FUND CL Y	INHERIT	06/08/10	3,602	2,904	698
PROCTER & GAMBLE CO	INHERIT	06/03/10	18,600	14,216	4,384
T ROWE PRICE BLUE CHIP GROWTH	INHERIT	06/08/10	3,154	2,336	818
T ROWE PRICE EQUITY INCOME FD	INHERIT	VARIOUS	5,883	3,907	1,976
T PRICE SUMMIT MUNI INTERM FD	INHERIT	06/08/10	5,088	4,831	257
T ROWE PRICE NEW INCOME FUND	INHERIT	VARIOUS	3,884	3,498	386
TAX EXEMPT BOND FD AMER CL F1	INHERIT	06/08/10	5,103	4,697	406
THORNBURG LTD TERM MUNI FUND	INHERIT	06/08/10	3,954	3,779	175
THORNBURG INVT TR VALUE FD I	INHERIT	VARIOUS	3,403	2,192	1,211
UNIV TX PERM UNIV FD RFDG	INHERIT	06/07/10	5,503	5,582	-79

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 14,762

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SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. **13**

Name(s) shown on return

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Your social security number

File Copy

27-6453100

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

	1 List the type and address of each **rental real estate property:**	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days **or** • 10% of the total days rented at fair rental value? (See page E-4)		Yes	No
A	FARMLAND IOWA		A		X
B			B		
C			C		

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3	26,685			26,685
4 Royalties received	4				
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-5)	6				
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9				
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12				
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16	2,672			
17 Utilities	17				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19	2,672			2,672
20 Depreciation expense or depletion (see page E-5)	20				
21 Total expenses. Add lines 19 and 20	21	2,672			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file **Form 6198**	22	24,013			
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file **Form 8582.** Real estate professionals **must** complete line 43 on page 2	23	(0)	( )	( )	
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses	24				24,013
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25				( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				24,013

For Paperwork Reduction Act Notice, see your tax return instructions. DAA

P10989

Schedule E (Form 1040) 2010

BRUNSTING003819

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Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2010

For calendar year 2010,
or tax year beginning _____,
and ending _____

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

27-6453100

B Estate's or trust's name

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

D ☐ Check if Form 1041-T was filed and enter the date it was filed

_____

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

481-30-4685

G Beneficiary's name, address, city, state, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends: 7,239		File Copy
2b	Qualified dividends: 2,857		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12 A	Alternative minimum tax adjustment: 179
4c	Unrecaptured section 1250 gain	J	179
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income: 24,013	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14 A	Other information: 2,070
		B	90
10	Estate tax deduction	E	7,239
		H *	STMT

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

9706 ELMER H BRUNSTING DECEDENTS TR DTD
27-6453100
FYE: 12/31/2010

Federal Statements

Statement 1 - Form 1041, Page 2, Question 1 - Tax Exempt Income

Payer	Municipal Bond	Private Activity Bond
EDWARD JONES	$ 1,891	$ 179
	$ 1,891	179
TOTAL TAX-EXEMPT INCOME		2,070

Statement 2 - Schedule D, Part II, Line 9 - Capital Gain Distributions

Description	Amount
EDWARD JONES	$ 185
TOTAL	$ 185

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

IA Tax Return (12/31/11) - IA Form IA 1041, Page 1
IA Tax Return (12/31/11) - IA Form IA 1041, Page 2
IA Tax Return (12/31/11) - IA Schedule C
IA Tax Return (12/31/11) - IA K-1 Equivalent - NELVA BRUNSTING
IA Tax Return (12/31/11) - IA Required Statements

P10992

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 1041

For Calendar Year 2011 or fiscal year beginning _____ , and ending _____

Iowa Fiduciary Return

Name of Estate or Trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96	Federal Employer ID Number: 27-6453100	Check one: ☐ Estate ☐ Simple Trust ☒ Complex Trust ☐ Bankruptcy Estate
Name, Address, and Title of Fiduciary: ANITA BRUNSTING, 2003 BLOOMINGDALE CIR, VICTORIA TX 77904, TRUSTEE	Decedent's Social Security Number	If trust, check one: ☒ Testamentary ☐ Inter Vivos
Name of Attorney, Mailing Address (city, state, ZIP): CANDACE KUNZ-FREED, 14800 ST MARYS LANE, SUITE 230, HOUSTON TX 77079	Iowa County in which estate is pending	
Attorney's Phone Number: 800-229-3002	Probate No.	

File Copy

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Have prior returns been filed for this estate or trust? ☒ Yes ☐ No **Is Income Tax Certificate of Acquittance requested?** ☐ Yes ☒ No

Is this an amended IA 1041? ☐ Yes ☒ No **Is an Iowa 706 being filed?** ☐ Yes ☒ No

Staple payment and voucher here.

INCOME	1. Dividends. Enter full amount.	1.	8,092	
	2. Interest	2.		
	3. Income from partnerships and other fiduciaries. Attach supporting schedule.	3.		
	4. Net rents and royalties	4.	41,938	
	5. Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.	5.		
	6. Net gain (loss) from capital assets	6.	3,508	
	7. Ordinary gains (losses). Attach federal form 4797.	7.		
	8. Other income. State nature of income.	8.		
	9. Total income. Add lines 1 through 8.			9. 53,538 ▲
DEDUCTIONS	10. Interest. Enter on Schedule D, page 2.	10.		
	11. Taxes. Enter on Schedule D, page 2.	11.	8,875	
	12. Fiduciary fees. Enter on Schedule D, page 2.	12.		
	13. Charitable deduction from income in compliance with Will or Trust instrument.	13.		
	14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.	14.		
	15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2.	15.		
	16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.	16.		
	17. Total. Add lines 10 through 16.			17. 8,875 ▲
	18. Balance. Subtract line 17 from line 9			18. 44,663 ▲
	19. Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1.	19.	41,155	
	20. Federal estate tax attributable to income in respect of a decedent (fiduciary's share)	20.		
	21. Total. Add lines 19 and 20.			21. 41,155
	22. Taxable income of fiduciary. Subtract line 21 from line 18. **Must be zero on final return**			22. 3,508 ▲
COMPUTED TAX	Complete lines 23-32. Nonresidents, also complete Schedule C and enter on line 28.			
	23. Compute tax from rate Schedule E, page 2.	23.	31	
	24. Iowa lump sum tax. Attach federal Schedule 4972.	24.		
	25. Iowa minimum tax. Attach IA 6251.	25.		
	26. Tax before credits. Add lines 23 through 25.			26. 31
	27. Personal exemption credit. This is a nonrefundable credit.	27.	40.00	
	28. Out-of-state tax credit or nonresident credit. Attach copy of out-of-state return and Schedule IA 130 or IA 1041 Schedule C.	28.		
	29. Motor fuel tax credit. Attach Schedule IA 4136.	29.		
	30. Other credits. Attach IA 148 Tax Credits Schedule.	30.		
	31. Total credits. Add lines 27 through 30.			31. 40
TAX DUE	32. Tax liability. Subtract line 31 from 26.			32. 0
	33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher			33.
	34. Refund. If line 33 is larger than line 32, enter the difference.			34. ▲
	35. Amount due. If line 33 is less than line 32, enter the difference.			35. 0 ▲

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

SIGN HERE

DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers attached hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary — Date

Signature of preparer other than fiduciary	Preparer's ID No.	Address		Date
RICHARD K RIKKERS CPA	42-1277139	540 NORTH MAIN AVENUE	SIOUX CENTER, IA 51250-1824	05/12

P10993

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63-001a (11/16/11)

BRUNSTING003823

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ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 **Fiduciary Schedules A, B, D, and E**

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? ☐ Yes ☐ No
6. Did will of decedent create trust? ☐ Yes ☐ No
7. Did decedent file IOWA return(s) up to the date of death? ☐ Yes ☐ No If no, attach earnings statement or explanatory affidavit
8. Enter decedent's name and address: _____
9. Name and Social Security No. of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Had federal audit been made on prior returns of decedent or the estate or trust? ☐ Yes ☒ No Is an audit now in the process? ☐ Yes ☒ No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? ☐ Yes ☒ No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? ☐ Yes ☒ No
15. Does the estate/trust elect to recognize the gain or loss on a distribution of property under section IRC 643(d)(e)? ☐ Yes ☒ No

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Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.

	Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of each beneficiary	SEE SCHEDULE K-1 EQUIVALENT(S)			
2. Social Security Number				
3. Address				
4. Iowa resident (Yes/No)				
5. Net short-term capital gain				
6. Net long-term capital gain (100%)				
7. Depreciation and depletion				
8. Ordinary income subject to Iowa income tax				41,155
9. Income not subject to Iowa income tax				
10. Excess deductions				
REGARDING IOWA NONRESIDENT INCOME				
11. Iowa income tax withheld, if any				
12. Withholding agent's identification number				

Schedule D - Explanation of Expenses

Line No.	Explanation	Amount
11	TAX EXPENSE- STMT 1	8,875

Schedule E - Tax Rates

Taxable Income Over	But Not Over			Tax Rate		Of Excess Over
$0	$1,439	$0.00	+	(0.36%	x	$0)
$1,439	$2,878	$5.18	+	(0.72%	x	$1,439)
$2,878	$5,756	$15.54	+	(2.43%	x	$2,878)
$5,756	$12,951	$85.48	+	(4.50%	x	$5,756)
$12,951	$21,585	$409.26	+	(6.12%	x	$12,951)
$21,585	$28,780	$937.66	+	(6.48%	x	$21,585)
$28,780	$43,170	$1,403.90	+	(6.80%	x	$28,780)
$43,170	$64,755	$2,382.42	+	(7.92%	x	$43,170)
$64,755	over	$4,091.95	+	(8.98%	x	$64,755)

63-001b (09/21/11)

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Iowa Department of Revenue
www.iowa.gov/tax

2011 IA 1041 Schedule C
Computation of Nonresident's Tax Credit

Name of Estate or Trust	Federal Identification No. File Copy
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96	27-6453100

		Column B All Source (from IA 1041)	Column A Iowa Source
1. Ordinary dividend income	1.	8,092	
2. Taxable interest income	2.		
3. Income from partnerships and other fiduciaries	3.		
4. Net rents and royalties	4.	41,938	41,938
5. Net business and farm income (loss)	5.		
6. Net gain (loss) from capital assets	6.	3,508	
7. Ordinary gains (losses) from federal form 4797	7.		
8. Other income	8.		
9. Total income	9.	53,538	41,938
10. Distribution to beneficiaries	10.	41,155	34,498
11. Undistributed Net income (subtract line 10 from line 9)	11.	12,383	7,440
12. Iowa income percentage: divide column A of line 11 by column B of line 11 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	12.		60.1
13. Nonresidential credit percentage (subtract line 12 from 100.0%)	13.		39.9
14. Iowa tax on total income from line 23, IA 1041	14.		31
15. Personal exemption credit from line 27, IA 1041	15.		$ 40.00
16. Tax after credits (subtract line 15 from line 14)	16.		
17. Nonresident tax credit (multiply line 16 by line 13 and enter on line 28, IA 1041)	17.		

Income should be reported using the criteria in the instructions to Form IA 126.

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P10995
63-003 (11/03/11)

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Iowa Schedule K-1 Equivalent

Form **IA 1041**

For calendar year 2011, or tax year beginning , and ending

2011

Amended K-1

Name of trust
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

File Copy

Beneficiary's identifying number ▶ 481-30-4685

Estate's or trust's EIN ▶ 27-6453100

Beneficiary's name, address, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914
Resident state: TEXAS

Fiduciary's name, address, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

Enter the following items on the state income tax return of the above named individual.

1	**Beneficiary's Share of Federal Taxable Income**	**1**	50,030	This data presented for information only
	Income			
2	Interest	**2**		Schedule B, Part I or IA 126, line 2
3	Ordinary dividends	**3**		Schedule B, Part II or IA 126, line 3
4 a	Net short-term capital gains	**4 a**		Form IA 1040, line 6 or IA 126, line 6
b	Net long-term capital gains	**b**		Form IA 1040, line 6 or IA 126, line 6
5	Business / Nonpassive			
a	Income	**5 a**		▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation	**b**		
c	Depletion	**c**		
d	Amortization	**d**		
6	Rental and Passive			
a	Income	**6 a**	34,498	▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10
b	Depreciation	**b**		
c	Depletion	**c**		
d	Amortization	**d**		
7	**Distributions in the Final Year of Estate / Trust**			
a	Excess deductions on termination	**7 a**		Schedule A, line 21
b	Short-term capital loss carryover	**b**		Form IA 1040, line 6 or IA 126, line 6
c	Long-term capital loss carryover	**c**		Form IA 1040, line 6 or IA 126, line 6
d	Net operating loss (NOL) carryover	**d**		Form IA 1040, line 14 or IA 126, line 14
8	**Tax Preference Items**			
a	Accelerated depreciation	**8 a**		Form IA 6251
b	Depletion	**b**		Form IA 6251
c	Amortization	**c**		Form IA 6251
d	Exclusion items	**d**		Form IA 8801
9	**Other Items**			
a	Tax-exempt interest	**9 a**		This data presented for information only
b	Estate tax deduction	**b**		This data presented for information only
c	Withholding	**c**		This data presented for information only

Additional Information:

P10996

Iowa Statements

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes

Description	Amount
PAGE 1 - TAX EXPENSE	$ 0
FEDERAL TAXES PAID	8,875
TOTAL IOWA TAX EXPENSE	$ 8,875

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

US Tax Return (12/31/11) - Form 1041, Page 1
US Tax Return (12/31/11) - Form 1041, Page 2
US Tax Return (12/31/11) - Schedule I, Page 1
US Tax Return (12/31/11) - Schedule I, Page 2
US Tax Return (12/31/11) - Schedule D, Page 1
US Tax Return (12/31/11) - Schedule D, Page 2
US Tax Return (12/31/11) - Schedule E, Page 1 - IOWA
US Tax Return (12/31/11) - Schedule K-1, Page 1 - NELVA BRUNSTING
US Tax Return (12/31/11) - Required Statements

P10998

9706

Department of the Treasury—Internal Revenue Service

Form 1041 U.S. Income Tax Return for Estates and Trusts

2011 | OMB No. 1545-0092

A Check all that apply:

- ☐ Decedent's estate
- ☐ Simple trust
- ☒ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2011 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instructions.)
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Name and title of fiduciary
ANITA BRUNSTING
TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see the instructions.)
2003 BLOOMINGDALE CIR

City or town, state, and ZIP code
VICTORIA TX 77904

C Employer identification number
27-6453100

D Date entity created
04/01/[illegible]

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E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ▶ ☐

Income	1	Interest income	1	
	2a	Total ordinary dividends	2a	8,092
	b	Qualified dividends allocable to: (1) Beneficiaries 4,241 (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	3,508
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	41,938
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9	53,538
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☐	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b ▶	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9 — 17: 53,538		
	18	Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	50,030
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	100
	21	Add lines 18 through 20 ▶	21	50,130
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	3,408
	23	**Total tax** (from Schedule G, line 7)	23	207
	24	**Payments:** a 2011 estimated tax payments and amount applied from 2010 return	24a	7,120
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	7,120
	d	Tax paid with Form 7004 (see instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	7,120
	26	Estimated tax penalty (see instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	6,913
	29	Amount of line 28 to be: a **Credited to 2012 estimated tax** ▶ ; b **Refunded** ▶	29	6,913

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/05/12		P00144154

Firm's name ▶ KROESE & KROESE P.C. — Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 — Phone no 712-722-3375

DAA **For Paperwork Reduction Act Notice, see the separate instructions.**

Form 1041 (2011)

P10999

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1	
2	Tax-exempt income allocable to charitable contributions (see instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	File Copy
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions)	1	53,538
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)	3	0
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5	0
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,508
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	50,030
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law — 8: 50,030		
9	Income required to be distributed currently	9	50,030
10	Other amounts paid, credited, or otherwise required to be distributed	10	0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	50,030
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	50,030
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	50,030
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	50,030

Schedule G Tax Computation (see instructions)

1	**Tax:** a Tax on taxable income (see instructions)	1a	207		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0		
	d **Total.** Add lines 1a through 1c ▶			1d	207
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-			4	207
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 4 through 6. Enter here and on page 1, line 23 ▶			7	207

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2011, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X

9706

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ **Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).**

OMB No. 1545-0092

2011

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number
27-6453100

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Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)		1	53,538
2	Interest		2	
3	Taxes		3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)		4	
5	Refund of taxes		5	( )
6	Depletion (difference between regular tax and AMT)		6	
7	Net operating loss deduction. Enter as a positive amount		7	
8	Interest from specified private activity bonds exempt from the regular tax		8	
9	Qualified small business stock (see instructions)		9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)		10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		12	
13	Disposition of property (difference between AMT and regular tax gain or loss)		13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		14	
15	Passive activities (difference between AMT and regular tax income or loss)		15	
16	Loss limitations (difference between AMT and regular tax income or loss)		16	
17	Circulation costs (difference between regular tax and AMT)		17	
18	Long-term contracts (difference between AMT and regular tax income)		18	
19	Mining costs (difference between regular tax and AMT)		19	
20	Research and experimental costs (difference between regular tax and AMT)		20	
21	Income from certain installment sales before January 1, 1987		21	( )
22	Intangible drilling costs preference		22	
23	Other adjustments, including income-based related adjustments		23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24		25	53,538
	Note: Complete Part II below before going to line 26.			
26	Income distribution deduction from Part II, line 44	26 50,030		
27	Estate tax deduction (from Form 1041, line 19)	27		
28	Add lines 26 and 27		28	50,030
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25		29	3,508

If line 29 is:

- $22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $22,500, but less than $165,000, go to line 45.
- $165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)		30	53,538
31	Adjusted tax-exempt interest (other than amounts included on line 8)		31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-		32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)		33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)		34	
35	Capital gains computed on a minimum tax basis included on line 25		35	(3,508)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount		36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		37	50,030
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		38	50,030
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		39	
40	Total distributions. Add lines 38 and 39		40	50,030
41	Tax-exempt income included on line 40 (other than amounts included on line 8)		41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40		42	50,030

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-		43	50,030
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26		44	50,030

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Part III Alternative Minimum Tax

45	Exemption amount		45	22,500
46	Enter the amount from line 29	46		
47	Phase-out of exemption amount	47	75,000	
48	Subtract line 47 from line 46. If zero or less, enter -0-	48		
49	Multiply line 48 by 25% (.25)		49	
50	Subtract line 49 from line 45. If zero or less, enter -0-		50	
51	Subtract line 50 from line 46		51	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $175,000 or less, multiply line 51 by 26% (.26). • Over $175,000, multiply line 51 by 28% (.28) and subtract $3,500 from the result		52	
53	Alternative minimum foreign tax credit (see instructions)		53	
54	Tentative minimum tax. Subtract line 53 from line 52		54	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)		55	
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c		56	

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see the instructions before completing this part.

57	Enter the amount from line 51		57	
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary)	58		
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59		
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60		
61	Enter the **smaller** of line 57 or line 60		61	
62	Subtract line 61 from line 57		62	
63	If line 62 is $175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,500 from the result ▶		63	
64	Maximum amount subject to the 0% rate	64	2,300	
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0-	65		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66		
67	Enter the **smaller** of line 57 or line 58	67		
68	Enter the **smaller** of line 66 or line 67	68		
69	Subtract line 68 from line 67	69		
70	Multiply line 69 by 15% (.15) ▶		70	
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.			
71	Subtract line 67 from line 61	71		
72	Multiply line 71 by 25% (.25) ▶		72	
73	Add lines 63, 70, and 72		73	
74	If line 57 is $175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,500 from the result		74	
75	Enter the **smaller** of line 73 or line 74 here and on line 52		75	

9706

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2011

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number
27-6453100

File Copy

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a SEE ATTACHED EDWARD	JONES VARIOUS	VARIOUS	2,516	2,142	374

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	374

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a SEE ATTACHED EDWARD	JONES VARIOUS	VARIOUS	42,662	39,786	2,876

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions SEE STATEMENT 1	9	258
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	3,134

Part III Summary of Parts I and II Caution: Read the instructions **before** completing this part.		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13		374	374
14 **Net long-term gain or (loss):**				
a Total for year	14a		3,134	3,134
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15		3,508	3,508

File Copy

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 15, column (3) **or** b $3,000 — 16 ( )

Note: If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	3,408	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18	3,134			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20	3,134			
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	0			
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	3,134	
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	274	
24	Enter the **smaller** of the amount on line 17 or $2,300			24	2,300	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☒ **No.** Enter the amount from line 23			25	274	
26	Subtract line 25 from line 24			26	2,026	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30; go to line 31. ☒ **No.** Enter the **smaller** of line 17 or line 22			27	3,134	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	2,026	
29	Subtract line 28 from line 27			29	1,108	
30	Multiply line 29 by 15% (.15)					30 166
31	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31 41
32	Add lines 30 and 31					32 207
33	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33 622
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34 207

9706

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ **Attach to Form 1040, 1040NR, or Form 1041.** ▶ **See separate instructions.**

OMB No. 1545-0074

2011

Attachment Sequence No. **13**

Name(s) shown on return

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Your social security number

File Copy

27-6453100

A	Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)	☐ Yes	☐ No
B	If "Yes," did you or will you file all required Forms 1099?	☐ Yes	☐ No

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property–street, city, state, zip	Type–from list below	2 For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	IOWA	1		A			
B				B			
C				C			

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		**Properties** A	B	C
3a Merchant card and third party payments. For 2011, enter -0-	**3a**	0		
3b Payments not reported to you on line 3a	**3b**	44,923		
4 Total not including amounts on line 3a that are not income (see instructions)	**4**	44,923		
Expenses:				
5 Advertising	**5**			
6 Auto and travel (see instructions)	**6**			
7 Cleaning and maintenance	**7**			
8 Commissions	**8**			
9 Insurance	**9**			
10 Legal and other professional fees	**10**			
11 Management fees	**11**			
12 Mortgage interest paid to banks, etc. (see instructions)	**12**			
13 Other interest	**13**			
14 Repairs	**14**			
15 Supplies	**15**			
16 Taxes	**16**	2,985		
17 Utilities	**17**			
18 Depreciation expense or depletion	**18**			
19 Other (list) ▶	**19**			
20 Total expenses. Add lines 5 through 19	**20**	2,985		
21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file **Form 6198**	**21**	41,938		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	(0)	( )	( )

23a Total of all amounts reported on line 3a for all rental properties	**23a**		
b Total of all amounts reported on line 3a for all royalty properties	**23b**		
c Total of all amounts reported on line 4 for all rental properties	**23c**	44,923	
d Total of all amounts reported on line 4 for all royalty properties	**23d**		
e Total of all amounts reported on line 12 for all properties	**23e**		
f Total of all amounts reported on line 18 for all properties	**23f**		
g Total of all amounts reported on line 20 for all properties	**23g**	2,985	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	**24**	41,938
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	**25**	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	**26**	41,938

For Paperwork Reduction Act Notice, see your tax return instructions.

DAA

Schedule E (Form 1040) 2011

P11005

9706

661111

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning _____
and ending _____

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

27-6453100

B Estate's or trust's name

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

C Fiduciary's name, address, city, state, and ZIP code

ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D ☐ Check if Form 1041-T was filed and enter the date it was filed

_____

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

481-30-4685

G Beneficiary's name, address, city, state, and ZIP code

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends: 8,092		File Copy
2b	Qualified dividends: 4,241		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income: 41,938	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
10	Estate tax deduction	14	Other information
		B *	123
		E *	8,092 STMT
		H *	STMT

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Federal Statements

Statement 1 - Schedule D, Part II, Line 9 - Capital Gain Distributions

Description	Amount
EDWARD JONES	$ 258
TOTAL	$ 258

From: Carl Brunsting <cbarch@sbcglobal.net>
To: Amy Tschirhart <at.home3@yahoo.com>
Sent: Thursday, July 30, 2009 9:24 AM
Subject: Re: grand niece or nephew
Yeah, pretty neat. We get to see the sonogram picture of the lima bean-size kid tomorrow.
----- Original Message -----
From: Amy Tschirhart
To: Carl Brunsting
Sent: Thursday, July 30, 2009 9:02 AM
Subject: Re: grand niece or nephew
Awesome news!!!!

--- On **Wed, 7/29/09, Carl Brunsting** < ***cbarch@sbcglobal.net*** > wrote:

From: Carl Brunsting <cbarch@sbcglobal.net>
Subject: grand niece or nephew
To: "Candy" <occurtis@sbcglobal.net>, "Carole" <cbrunsting@sbcglobal.net>, "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>
Date: Wednesday, July 29, 2009, 1:56 PM

Hey you guys! Marta is pregnant and due March 18th. She just saw her doctor yesterday and it was confirmed. No word yet of course whether it's a boy or girl - and I don't know if Marta and Ryan want to know. They are very excited, maybe as excited as Nonnie Drina.

Carl

From: Anita Brunsting <akbrunsting@suddenlink.net>
To: 'Amy Tschirhart' <at.home3@yahoo.com>; Carole Brunsting <cbrunsting@sbcglobal.net>
Sent: Sunday, January 30, 2011 9:54 PM
Subject: getting mom's paperwork in order

Just wanted to let you know that I went through all the paperwork I got from mom's house and have set up files and got it all straightened out – when the trusts split, Edward Jones had to assign 2 new acct numbers to each trust, so I started new files w/ those acct #'s. I'm keeping everything in the 2 file boxes I got from mom's just so everything stays together – just put the new files in front.

I'm still waiting on some tax forms from Edward Jones (they said it would be Feb), then I can send everything to Rick (Tex) to do mom's taxes. Carole, can you keep an eye out for anything else tax related that might come to mom's? My address is on the Edward Jones stuff, so those forms will come to me.

I'm going to have Doug Williams sell about $25,000 from mom's side – I still need to reimburse Carole for when she paid the caretakers, and the life insurance policy premium is due soon and that's about $7500 – so the rest should hopefully get mom through until her next farm rent check comes in.

Also, Carole and I had talked about cutting back some of Tino's and Robert's hours (but still have some one sleep overnite). So we may be able to get it down to maybe $6000–75000/month for mom's care.

I already told Carole this, but I went over my minutes last month (about 100) and got charged about $60 extra, and I only have 150 minutes left for the next 20 days. I guess w/ mom and carl I've been spending more time on the phone than I realized, so I wont' be calling much for the next few weeks – I'll have to pay an extra $40/month to bump up the minutes on my plan to what my avg usage has been for the last 6 months, and I"m not sure that I want to do that., but it may be cheaper, because i've used up the thousands of rollover minutes that I had. I hate AT&T.

Have a Happy Week!

Anita

From: Carl Brunsting <cbarch@sbcglobal.net>
To: Amy <at.home3@yahoo.com>
Sent: Monday, May 10, 2010 10:02 AM
Subject: Mt Rushmore!

Amy

Mother is looking forward to the trip to Mt Rushmore, it's great you asked her along. I hope you all get to see the bison like we did when she took you, me and Anita. Looking on-line now, I guess we saw them at Custer State Park, near Mt Rushmore. You probably have that all scoped out, but I couldn't help thinking about it - I loved seeing the bison. Crazy Horse monument is right there too.
If Dr. Mauk's office ever calls Mother back to schedule her biopsy, it sounds like she'll schedule it around the trip.
Hope it's cooler in NB than here. We've got the AC on already.

Carl

From: Carl Brunsting <cbarch@sbcglobal.net>
To: Candy <occurtis@sbcglobal.net>; Carole <cbrunsting@sbcglobal.net>; Amy <at.home3@yahoo.com>; Anita <akbrunsting@suddenlink.net>
Sent: Monday, May 17, 2010 5:22 PM
Subject: Mother

I went to Dr. Mauk's office with Mother this afternoon. She has a tumor on her liver. He characterized it as a bump and a lesion, and said the didn't see any other cancer in the liver, pancreas or anywhere else. He said though, that when something shows up in the liver, their best guess is that there is something somewhere else. While he talked about the possibility of surgery to get rid of it, or a procedure where they go in with a needle and vaporize it, he said he didn't know if Mother was up for surgery, given the poor state of her lungs. He told her to drink Ensure or something like it every day, 1 to 3 cans, to keep her weight up. She should probably get back into the pulmanary therapy too.

He recommended Dr Jorge Quesada (I'm pretty sure), and gave her the name another oncologist, called Dr. White to get his concurrence, and said she could see someone else if she wanted to. Apparently they are both in or have offices in Memorial City, but I see on-line that Quesada's main office is at the Medical Center. Mother is going to call for an appointment and try to see Quesada ASAP, and then go back to Dr Pohill about her lungs, to see what he recommends that isn't in conflict with whatever her cancer treatment is going to be (she saw Pohill last week but he wouldn't prescribe anything because he was worried it might interfer with possible cancer treatment).
Mother just said 'oh piffle', when she learned that it was cancer.

Carl

From: Carl Brunsting <cbarch@sbcglobal.net>
To: Amy Tschirhart <at.home3@yahoo.com>
Cc: Drina <drinabrunsting@sbcglobal.net>
Sent: Friday, May 21, 2010 8:34 AM
Subject: Re: Gary Gattis
Thanks very much Amy. No, the funeral is in Groves tomorrow.
Carl

----- Original Message -----
From: Amy Tschirhart
To: Carl Brunsting
Sent: Thursday, May 20, 2010 9:09 PM
Subject: Re: Gary Gattis

I'm so sorry. If they are going to have the funeral in Houston, please let me know what day it is. I would like to try to be there.

Amy--- On **Thu, 5/20/10, Carl Brunsting** < ***cbarch@sbcglobal.net*** > wrote:

From: Carl Brunsting <cbarch@sbcglobal.net>
Subject: Gary Gattis
To: "mom" <elmernelva@sbcglobal.net>, "Candy" <occurtis@sbcglobal.net>, "Carole" <cbrunsting@sbcglobal.net>, "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>
Date: Thursday, May 20, 2010, 7:38 AM

Just to let you all know, Drina's brother Gary died yesterday at St. Lukes Hospital, he was 61. He came here to see a cardiologist two weeks ago, got immediately checked in for a triple bi-pass, and had a massive stroke sometime after surgery, and that left him in a coma. His family camped out at the hospital the whole time looking for signs of recovery, but had to make the decision Tuesday to take him off life support.

Carl

From: Amy Tschirhart <at.home3@yahoo.com>
To: Drina Brunsting <drinabrunsting@sbcglobal.net>
Sent: Monday, July 12, 2010 12:14 AM
Subject: Re: a favor

Hi Drina,

Brian Yuen's email address is bryan_yuen@hotmail.com. Do you want to contact him about the payment and his address?

Thanks for the update on Carl. I'm glad he was more awake.

Love, Amy--- On **Sun, 7/11/10, Drina Brunsting** ***<drinabrunsting@sbcglobal.net>*** wrote:

From: Drina Brunsting <drinabrunsting@sbcglobal.net>
Subject: a favor
To: "Amy Tschirhart" <at.home3@yahoo.com>
Date: Sunday, July 11, 2010, 7:19 PM

Hi;

Carl was more awake today and tracked and followed with his eyes. Still does not respond to commands and still on a vent.

Could you possibly try to look for a Brian in his emails (really has a Chinese name) who does work for him at times. I am sure he does not know about Carl and I think Carl owes him a couple hundred dollars. He has worked on Zittrer and Carl was waiting for payment from them but I would like for Brian to know what has happened. I also need Brian's address to mail a check to him.

Thanks.

From: Drina Brunsting <drinabrunsting@sbcglobal.net>
To: Amy Tschirhart <at.home3@yahoo.com>
Sent: Sunday, July 18, 2010 7:00 PM
Subject: Aetna stuff

Amy;
Since you are accessing his emails could you attempt to retrieve his Aetna info so I can check on it?? He had written his user ID and PW on the front of his card but it has been rubbed off mostly and I can't read it. If there is a security question you don't know just ask me. I am home now but have my phone on charge. No rush, maybe sometime next week if you can. You can call me on my cell while I am up at the hospital.

Carl is getting his trach done tomorrow.

Thanks,
d

From: Amy Tschirhart <at.home3@yahoo.com>
To: drinabrunsting@sbcglobal.net
Sent: Sunday, August 15, 2010 5:28 PM
Subject: Hi

Hi Drina,

I was able to get two coats of paint on the walls and ceiling. I also prepped most of the trim so it is ready to paint. The old base boards were sanded smooth and we filled most of the nail holes in the window trim and bathroom door trim.

I go back to full-time work tomorrow so I won't have another break for quite a while. If you want someone else to paint the trim, I would recommend using a sash brush about 2 to 2-1/2 inches wide. The bristles on these brushes are angled, not cut straight across, so they work beautifully on trim. Use that blue painters tape to mask off the wall so the oil-based paint doesn't get on it.

I tried putting the handle on one window and it is really easy. You snap the cover down over the bottom, then just put the handle on the silver post that sticks out. There is one screw at the base of each handle that you tighten to make it hold on to the post.

Love,
Amy

From: Nelva Brunsting <elmernelva@sbcglobal.net>
To: Amy Tschirhart <at.home3@yahoo.com>
Sent: Sunday, November 21, 2010 11:00 PM
Subject: Re:

Before I forget---do you still want the Smithsonian?????? We'll talk more about the money when you are here.:

From: Amy Tschirhart <at.home3@yahoo.com>
Subject: Re:
To: "Nelva Brunsting" <elmernelva@sbcglobal.net>
Date: Sunday, November 21, 2010, 8:15 PM

Hi Mom,
Thank you for the $13,000. I was going to talk to you about it when I saw you at Thanksgiving, but Anita told me she talked to you today. Thank you also for the $500. I'm making ends meet, but the extra travel to Houston each month has added expenses I didn't plan for and the $500 will help to make that up.

I'll see you Wednesday evening and I'll be there for Thanksgiving. I mailed a Thanksgiving card to Tino today to thank him for all the work he does. We really appreciate him. I mailed it to your address, so if you get a yellow envelope addressed to him, please give it to him.

Love,
Amy--- On **Sun, 11/21/10, Nelva Brunsting** ***<elmernelva@sbcglobal.net>*** wrote:

From: Nelva Brunsting <elmernelva@sbcglobal.net>
Subject:
To: "Amy Tschirhart" <at.home3@yahoo.com>
Date: Sunday, November 21, 2010, 3:51 PM

Amy: Am gifting you $13,000 thru Ed. Jones.Will call them tomorrow. Meanwhile, I'm sending you $500 if you'll need something right away. Will we see you Thanksgiving? I probaably asked you already but my memory is short these days.

From: Nelva Brunsting <elmernelva@sbcglobal.net>
To: Amy Tschirhart <at.home3@yahoo.com>
Sent: Sunday, November 21, 2010 5:51 PM
Subject:

Amy: Am gifting you $13,000 thru Ed. Jones. Will call them tomorrow. Meanwhile, I'm sending you $500 if you'll need something right away. Will we see you Thanksgiving? I probaably asked you already but my memory is short these days.

From: Anita Brunsting <akbrunsting@suddenlink.net>
To: 'Amy Tschirhart' <at.home3@yahoo.com>; Carole Brunsting <cbrunsting@sbcglobal.net>
Sent: Sunday, January 30, 2011 9:54 PM
Subject: getting mom's paperwork in order

Just wanted to let you know that I went through all the paperwork I got from mom's house and have set up files and got it all straightened out - when the trusts split, Edward Jones had to assign 2 new acct numbers to each trust, so I started new files w/ those acct #'s. I'm keeping everything in the 2 file boxes I got from mom's just so everything stays together - just put the new files in front.

I'm still waiting on some tax forms from Edward Jones (they said it would be Feb), then I can send everything to Rick (Tex) to do mom's taxes. Carole, can you keep an eye out for anything else tax related that might come to mom's? My address is on the Edward Jones stuff, so those forms will come to me.

I'm going to have Doug Williams sell about $25,000 from mom's side - I still need to reimburse Carole for when she paid the caretakers, and the life insurance policy premium is due soon and that's about $7500 - so the rest should hopefully get mom through until her next farm rent check comes in.

Also, Carole and I had talked about cutting back some of Tino's and Robert's hours (but still have some one sleep overnite). So we may be able to get it down to maybe $6000-75000/month for mom's care.

I already told Carole this, but I went over my minutes last month (about 100) and got charged about $60 extra, and I only have 150 minutes left for the next 20 days. I guess w/ mom and carl I've been spending more time on the phone than I realized, so I wont' be calling much for the next few weeks - I'll have to pay an extra $40/month to bump up the minutes on my plan to what my avg usage has been for the last 6 months, and I"m not sure that I want to do that., but it may be cheaper, because i've used up the thousands of rollover minutes that I had. I hate AT&T.

Have a Happy Week!

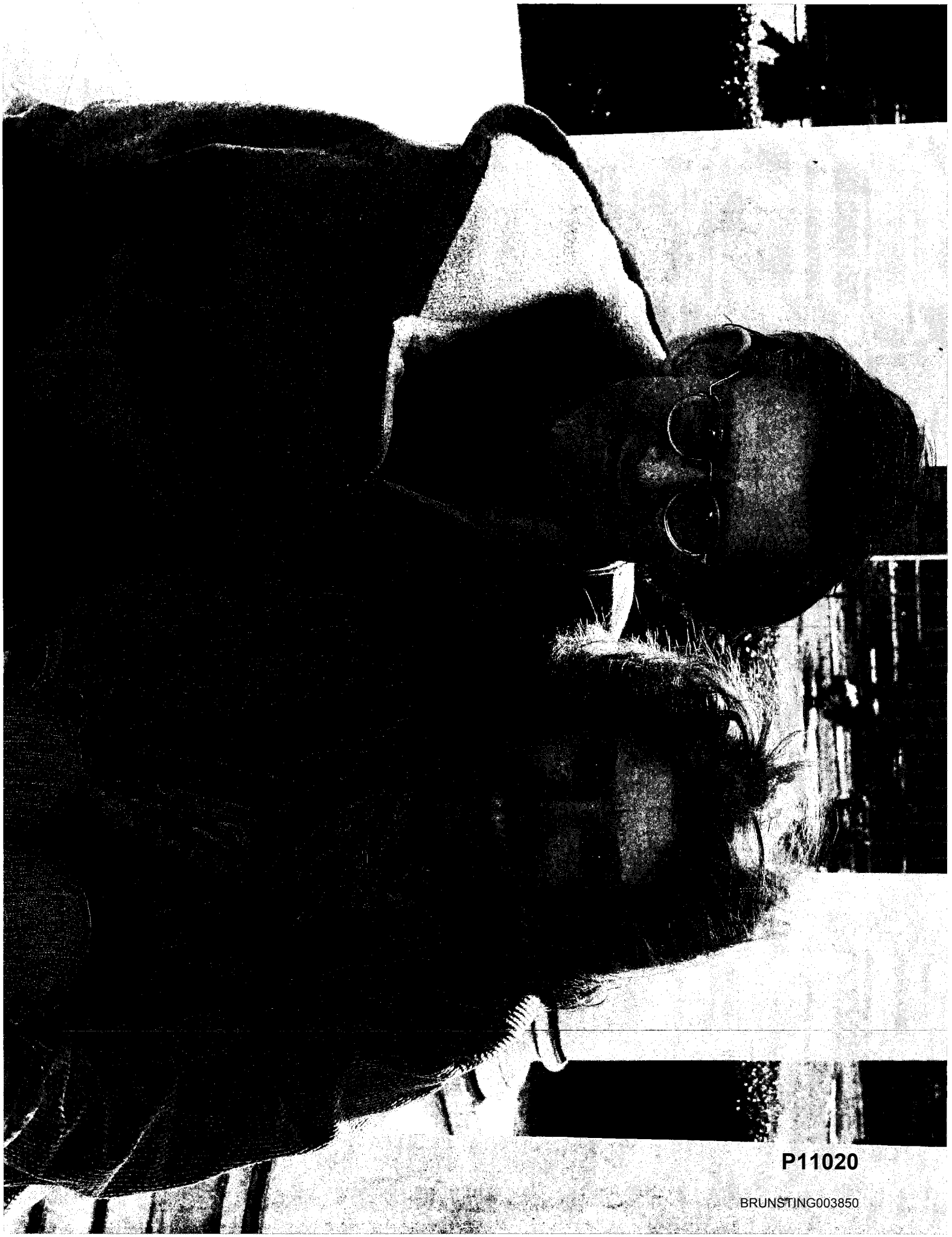
Anita

From: Anita Brunsting <akbrunsting@suddenlink.net>
To: Carole Brunsting <cbrunsting@sbcglobal.net>
Cc: 'Amy Tschirhart' <at.home3@yahoo.com>; Candy <occurtis@sbcglobal.net>; Mom and Dad <elmernelva@sbcglobal.net>
Sent: Monday, February 28, 2011 10:23 PM
Subject:

Here's the pic of you and Carl.

Anita

carl and carole xmas 2010.jpg



P11020

From: Candace Curtis [mailto:occurtis@sbcglobal.net]
Sent: Friday, April 27, 2012 11:39 PM
To: Amy; Anita; Carole Brunsting
Cc: Carl and Drina Brunsting; Drina Brunsting
Subject: Status

Carole, Amy and Anita,

I will be in Houston over the weekend of May 18th. Rik is performing at a benefit for U.S. Vets at Reliant Stadium. You may ask yourself "why is she telling us

this?"

I am telling you this because... I am sick and tired of all this fucking around. The three of you are class A felons. Your crimes were "CONFESSED" to in the quasi-schedules attached to Amy and Anita's moron attorney's arrogant letter. These crimes were committed while our elderly Mother was still alive, which kicks the felony up to the next level (follow the link below and then read the Texas Penal Code). If you don't have the smarts to try to settle this amongst ourselves, before May 18th, I would suggest you consult with a criminal attorney and stop wasting your time and money with a used car salesman. If I do not have a valid and responsible offer by the time I reach Houston, I will retain counsel at public expense, by dropping in at the Harris County District Attorney's Office and filing a criminal complaint. They will probably refer me to the local police agency, but that's just a formality.

The case below is one of many. This could be what happens to you. I suggest you read it carefully. If I have to turn the dogs loose, the whole notion of resolving this matter within the family goes out the window. You see it every day in criminal court. When a defendant comes up for sentencing the lawyer is talking about all of the propitiation and everything the defendant has done to pay restitution and to set things right. That's when he finds out his propitiation is worth less then, than it would have been had he accepted the kind of offer I am giving you. Don't wait until after you have been arrested to try to make things right. There is no way in hell you are going to get away with it. Are you so spastic that you cannot understand that you are exposed? That you have to answer and that it all comes out? All you can do by fighting the inevitable is to make yourselves more culpable.

http://www.law.com/jsp/tx/PubArticleTX.jsp?id=1202424168006&slreturn=1

By the way, I'm still suing you in federal court, despite what your dumb-ass excuse for an attorney told you. Clown school 101 is just about over. Next semester is all about crying.

Have a great weekend.

Your sister,

Candy

From: Candace Curtis [mailto:occurtis@sbcglobal.net]
Sent: Saturday, April 28, 2012 11:14 AM
To: Carole Brunsting; Amy; Anita
Cc: Carl and Drina Brunsting; Drina Brunsting
Subject: Re: Status

Dear Carole,

Our Mother's estate was looted and robbed while she was sick and dying, under your watch, and you have the audacity to ask me how I can speak to you like this?

The time and place for this discussion will be set by the court. First it will be by deposition in a public forum and then it will be on the witness stand. The way it is going, you may end up in two courts - one civil and the other criminal. All discussions will be under oath and all of the questions and answers will be made a part of the public record. You will be able to explain how you managed, along

with Amy and Anita, to collectively purloin over half a million dollars in 15 months **that we know of**, while Mother was still alive. You will need to show what those funds were used for. I suggest you start looking through your car for all the receipts and other paperwork, because that's where you seem to misplace everything. If you have nothing to hide you should have no problem whatsoever proving that. However, I suggest that you consult with a criminal attorney for advice, since misappropriating fiduciary assets while the aged victim yet lives, is NOT related to probate or trust administration, and can cause you to be convicted and incarcerated. Make no mistake about it - this is not a threat.

I have never threatened or bullied you. You have been lying to me all along. You are just as guilty as Amy and Anita and Texas has what they call "aiding and abetting breach of fiduciary". You conspired and took what did not belong to you and you think because you were not the trustee that you are not liable? One who aids and abets breach of fiduciary, adopts the fiduciary relationship upon themselves, and are just as guilty as the trustees. New research reveals the possibility of RICO act charges.

http://en.wikipedia.org/wiki/Racketeer_Influenced_and_Corrupt_Organizations_Act

At first glance you may dismiss this out of hand because it does not appear to apply. However, if you manage to read and comprehend to the very end, you will see that the shoe fits all of you. Because it now appears to be a conspiracy, you are all joined at the hip. Don't worry, they might house family together in the penitentiary.

Any of you wearing these shoes, thinking you have nothing to worry about, need to get a grip on reality. My patience has been tried and is wearing thin, not to mention the emotional distress involved in contemplation of putting my own sisters in prison. Denial and excuses, where evidence of transactions and financial records are the appropriate responses, is going to end my tolerance in short order.

It is obvious why you would seek to discuss these matters mano y mano, in a forum where the dialog is hearsay, but I have NOTHING to hide and am above reproach in every way. I am available by phone 24/7.

As far as an apology, I have had enough of your excuses. You will suffer the consequences of your actions, whatever they turn out to be. If the promise of

justice seems like a threat, then you should reevaluate your claims.

C

From: Carole Brunsting <cbrunsting@sbcglobal.net>
To: Amy <at.home3@yahoo.com>; Anita <akbrunsting@suddenlink.net>; Candace Curtis < occurtis@sbcglobal.net>
Cc: Carl and Drina Brunsting <cbarch@sbcglobal.net>; Drina Brunsting <drinabrunsting@sbcglobal.net
Sent: Sat, April 28, 2012 6:37:38 AM
Subject: Re: Status

For that matter if any of the rest of the family on this email feels that they have something they want to say to ı with you face to face. I have nothing to hide or apologize for and I am tired of being threatened and bullied. P person or be available by phone.

--- On **Fri, 4/27/12, Candace Curtis < *occurtis@sbcglobal.net* >** wrote:

From: Candace Curtis <occurtis@sbcglobal.net>
Subject: Status
To: "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>, "Carole Brunsting" <cbrunstin
Cc: "Carl and Drina Brunsting" <cbarch@sbcglobal.net>, "Drina Brunsting" <drinabrunsting@sbcglobal.net>
Date: Friday, April 27, 2012, 11:38 PM
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By the way, I'm still suing you in federal court, despite what your dumb-ass excuse for an atto semester is all about crying.

Have a great weekend.

Your sister,

Candy

From: Candace Curtis [mailto:occurtis@sbcglobal.net]
Sent: Saturday, April 28, 2012 6:33 PM
To: Amy; Anita; Carole Brunsting
Cc: Carl and Drina Brunsting; Drina Brunsting
Subject: I am telling you these things for your own good, as your big sister

First let me say, I don't owe any of you jack shit. You owe me an explanation - as a matter of law. I find it hard to believe that you are so obtuse that you are blind to the reality here.

Let's start with Schedule E

Beginning 1/3/11 there are online banking transfers to Carole/mom. Pursuant to the Accounting, "...A separate account under the management and control of Nelva Brunsting and Carole Brunsting was utilized for Nelva's medical and household expenses, and transfers to Carole for this purpose are listed in this

schedule, since the trustees do not have the records of this account." The last transfer recorded is dated 11/10/11, the day before Mom's death. The total amount transferred in a less than 10 month period is **$99,166.20** which equates to $9,916.62 per month, or $2,479.16 per week, or $354.17 per day, or $14.76 per hour. While the stated purpose of the account is for "Nelva's medical and household expenses, it is unclear what constitutes medical OR household expenses, since there are medical payments directly from the trust account, as well as utility payments and groceries. **Carole, if you ever have to give a deposition, you will have to supply documentation for every penny of this money beforehand. Hopefully you can demonstrate that all of it went for Mom's medical and household expenses.** I am sure some portion of this went to caregivers, and I know they were expensive. Also, on 4/11/11, two identical transfers, in the amount of $3,000.00, were recorded. Perhaps it is a duplicate, perhaps not. We will find out when we see the bank statement covering that period.

I could be mistaken Carole, but I seem to recall you had the Bluebonnet Credit Union card. This is listed as being for household/medical, and a total of $5,855.15 was paid to this account.

Something you may not know is, OUR FATHER DID NOT BELIEVE IN CREDIT AND DID NOT USE CREDIT CARDS UNLESS ABSOLUTELY NECESSARY, AT WHICH TIME HE PAID THEM OFF IMMEDIATELY. **HE ALSO ALWAYS PAID CASH FOR CARS!**

Anita, you tried to "excuse" the payment of your personal credit card bills out of Mom's account with the notion that you were owed trustee compensation pursuant to some agreement you had with Mother. **You will need to produce the agreement before you give your deposition.** B of A began 3/1/11 and Chase began 6/6/11, with the last payments made 11/7/11 and 11/8/11 respectively. Comparing Schedule E to H, B of A on E = $27,700.98 and on H = $21,503.77. ??????? Your credit card usage appears to be irresponsible and beyond your means. If true, and it continues, you will be putting your financial future and that of Luke and Katie in jeopardy. Do the math and you will find your usage equates to more than $61,500.00 per year. You must make a huge salary at the college to afford that. What will happen when you are a convicted felon, in prison or out? I doubt the college would allow you to come back. How did Dad know to ONLY make you trustee of an IRREVOCABLE trust back in 1996???? Because he was a very smart man and knew his children better than they knew themselves.

Amy, it appears that you had little to do with the looting of Mom's trust account until just 4 days before her death, when both you and Anita received $10k each, labeled "for future trust exp" and "redeposited into new Surv Trust acct". It is interesting to note that on 11/22/11 a new trust account was opened with $500.00, and on 11/25/11 a $25k online banking transfer "to start fund new trust acct" was made. What's up with all that? Where is my trust account? Were you unaware of Carole and Anita's pilfering, or was the Exxon stock a bribe for your silence and corroboration? On March 6, 2012, you swore under oath that I am "disgruntled with the amount of information and accounting I and my sister have provided", that my contentions are "totally meritless", and that I am the "only one of five heirs who has taken this position". I give. You **are** the psychotic husband beating, child beating, ranting, raving, holy roller religious fanatic, and just plain mean lunatic I have continued to defend for more than 30 years. You kicked me in the teeth with your affidavit in support of removal of an **imaginary lis pendens**. Now what?

The next installment will analyze income and disbursements. Carole, you said you were an accountant. Did you lie about that too? Despite what you may think, I have a fun and exciting life outside of all of this, and I will never allow you to ruin it with your greed, stupidity, and ignorance.

The cat's out of the bag and the jig is up. You can't run and you can't hide.

Think about it! ME = YOU = I see behind bars.

From: Candace Curtis [mailto:occurtis@sbcglobal.net]
Sent: Sunday, April 29, 2012 10:24 AM
To: Amy; Anita; Carole Brunsting
Cc: Carl and Drina Brunsting; Drina Brunsting
Subject: The most humorous aspect

Dear Carole, Amy and Anita,

As I said previously, the three of you are joined at the hip now. Siamese triplets. Imagine that. Can any one of you think of someone you dislike more, or trust less, than your twisted sisters, now that you may be starting to see the almost WHOLE truth, for the first time? Do you have doubts about the saneness of all this? Carole talking to Anita, Anita talking to Amy and then Carole again. Selective disclosure, half truths, outright lies. Disrespecting one another TO one another in a succession of phone calls. Two-faced? I'm pondering just how I might be able to pit one of you against the other two, or the three of you against each other

pointing the finger of blame and trying to excuse your own selves. We'll reach the finish line quicker if you start attacking each other. CAT FIGHT! How fun!

Follow the money on the schedules yourself. Put together a comprehensive time line based upon the dates you misappropriated, self-dealt and commingled, keeping in mind the penal code gauges the severity of the crime by the amount of money involved. Who got what, when, how, and for what purpose? It's a pretty sad sight. Bottom line (excuse my French), you're fucked.

If I am not totally thrilled with the offers I receive, this is how it will work.

I will go to the DA's office with what I have. I will accuse each of you with a first degree felony and the DA will launch an investigation. It won't take them long before they issue an information or indictment. You will be prosecuted.

At that juncture, your counsel will have no choice but to file a petition in Carl's case and in the federal court to suspend the proceedings until the resolution of the criminal action. The reason for that is that if you continue to answer the questions that I am asking truthfully, you are guaranteed to be convicted in the criminal court. (If you lie in order to try to avoid the truth, you are just sinking yourselves in the tar baby.) So you will have to plead the 5th amendment to remain silent in the civil action because of the pending criminal action. They will suspend the civil actions pending the outcome of the criminal proceeding and the DA will prove my case without me having to lift a finger or pay one red cent.

The question you need to be asking yourselves right now is, what is stopping me from going to the DA first thing Monday morning? Who is going to squeal like a pig to save their own ass? I get the feeling that not all of you will have that option.

Enjoy the remainder of your weekend.

Your loving sister,

Candy

P.S. Am I the only one hearing banjos?

From: Candace Curtis [mailto:occurtis@sbcglobal.net]
Sent: Sunday, April 29, 2012 1:18 PM
To: Amy; Anita; Carole Brunsting
Cc: Carl and Drina Brunsting; Drina Brunsting
Subject: Fw: The most humorous aspect

ME, ME, ME. Always attempting to personalize what is a legal matter. This is not personal, nor is it based on my "feelings" or "thoughts" about anyone. It's BUSINESS. It is based entirely upon the law. Legal obligations and legal rights. Because Anita's personal opinions guided her actions, this makes it all the more heinous. Amy, I can say the same about you. I remember screaming at you of how ashamed you and Anita should be for what you are saying and doing. I recall reducing you to tears, but perhaps these were crocodile tears - just like the one's Carole cries.

Carole, you ignorant slut, crying poor little Carole. If there's a poor "little me" in

any of this, it won't be the result of self pity before the fact.

Anita, the attached applies to you.

----- Forwarded Message ----
From: Carole Brunsting <cbrunsting@sbcglobal.net>
To: drinabrunsting@sbcglobal.net
Cc: occurtis@sbcglobal.net
Sent: Sun, April 29, 2012 10:23:25 AM
Subject: Re: The most humorous aspect

Thank you Drina. Now it is perfectly clear what you and Candy think about me.

--- On **Sun, 4/29/12, Drina Brunsting < *drinabrunsting@sbcglobal.net* >** wrote:

From: Drina Brunsting <drinabrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect
To: "Carole Brunsting" <cbrunsting@sbcglobal.net>
Date: Sunday, April 29, 2012, 11:56 AM

She has nothing to hide? Gosh, it must be fucking St. Carole in the flesh. I am surprised her image has not app

She has nothing to apologize for? She lied, spied, vascillated her loyalties constantly, gossiped and conspired , attempt to systematically dismantle her brother's life and family until we were very nearly & completely destrc

But they all fucking failed.

She got a wad of money that wasn't hers; all the while her brother's medical bills were piling up to the level of keep quiet. She is the great pretender.

She stole from her older sister and only brother while he was at his most vulnerable, as well as from her ailing

She is as despicable & as evil as they are. She makes me want to vomit.

--- On **Sun, 4/29/12, Carole Brunsting < *cbrunsting@sbcglobal.net* >** wrote:

From: Carole Brunsting <cbrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect
To: "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>, "Candace Curtis" <occurtis@s
Cc: "Carl and Drina Brunsting" <cbarch@sbcglobal.net>, "Drina Brunsting" <drinabrunsting@sbcglobal.net>
Date: Sunday, April 29, 2012, 11:24 AM

Candy,
I am enjoying my weekend because I have nothing to hide and nothing to apologize for so go wherever you wa
speak over the phone or face to face when you are in Houston please let me know.
Carole

--- On **Sun, 4/29/12, Candace Curtis < *occurtis@sbcglobal.net* >** wrote:

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Subject: The most humorous aspect
To: "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>, "Carole Brunsting" <cbrunstin
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Dear Carole, Amy and Anita,

As I said previously, the three of you are joined at the hip now. Siamese triplets. Imagine th trust less, than your twisted sisters, now that you may be starting to see the almost WHOLE t of all this? Carole talking to Anita, Anita talking to Amy and then Carole again. Selective d TO one another in a succession of phone calls. Two-faced? I'm pondering just how I might l you against each other pointing the finger of blame and trying to excuse your own selves. W CAT FIGHT! How fun!

Follow the money on the schedules yourself. Put together a comprehensive time line based u keeping in mind the penal code gauges the severity of the crime by the amount of money inv pretty sad sight. Bottom line (excuse my French), you're fucked.

If I am not totally thrilled with the offers I receive, this is how it will work.

I will go to the DA's office with what I have. I will accuse each of you with a first degree fel long before they issue an information or indictment. You will be prosecuted.

At that juncture, your counsel will have no choice but to file a petition in Carl's case and in t the criminal action. The reason for that is that if you continue to answer the questions that I criminal court. (If you lie in order to try to avoid the truth, you are just sinking yourselves in remain silent in the civil action because of the pending criminal action. They will suspend th and the DA will prove my case without me having to lift a finger or pay one red cent.

The question you need to be asking yourselves right now is, what is stopping me from going like a pig to save their own ass? I get the feeling that not all of you will have that option.

Enjoy the remainder of your weekend.

Your loving sister,

Candy

P.S. Am I the only one hearing banjos?

Duties of Fiduciaries Agents Under a Power of Attorney - Kelly.pdf

From: Candace Curtis [mailto:occurtis@sbcglobal.net]
Sent: Sunday, April 29, 2012 4:04 PM
To: Drina Brunsting; Carole Brunsting
Cc: Amy; Anita
Subject: The Truth

Carole, Amy and Anita, I am so ashamed and may never forgive myself for allowing you to suck me in too. It took awhile, but you made a dedicated effort and finally succeeded. I NEVER believed what you were saying right off the bat. You had to convince me with lies. You had to poison my mind. You supported your lies with supposed evidence, i.e. taped phone conversations and videotapes, but never shared, probably because they are non-existent. Now I know that you were taking what did not belong to you all along and covering it up with **this** bullshit. You are sick fucking women.

The damage you have caused to my psyche and my own family **PALES IN**

COMPARISON to the egregious wrongs you have done to Carl and Drina and theirs.

YOU WILL PAY FOR YOUR CRIMES IN PRISON **AND YOUR SINS IN HELL!** Prison - Hell, same thing.

It was interesting to note that Candace Freed **and** Vacek & Freed have representation. Legal malpractice and insurance specialists. HMMMM. That moron Candace will roll over on you guys to save her own ass so quickly it will make your heads spin. During one of my last conversations with Carole, she said that Anita is blaming the whole thing on Candace and tried to convince me to do the same. That was before the confession. What do you think now Anita?

Any of you want to tell me where my share of the house and farm income is? Whose pocket is it in? I certainly don't have it.

Amy and Anita, I can't count the number of times you said "what makes you think I won't give you your money?" I didn't have an answer for you until recently. Now I know that YOU TOOK SOME FOR YOURSELVES AND GAVE SOME TO CAROLE TO SHUT HER UP. JUST LIKE YOU PLANNED when your pal Candace put that onerous no contest clause in the QBD. "Oh goody, we control Carl and Candy's money and if they complain about it we get to keep it!" Amy, is that what you meant when you said "our parents" in your affidavit. Liar, liar, pants on fire.

You can all go fuck yourselves. I have never heard even one word of remorse or apology. All I am seeing is arrogance and self-righteousness. I'm sure when you're facing prison head on, those smug looks on your faces will have vanished. Maybe that's the only thing that will get your attention and by then it will be more too late than it is today.

From: Drina Brunsting <drinabrunsting@sbcglobal.net>
To: Carole Brunsting <cbrunsting@sbcglobal.net>
Cc: Candy Curtis <occurtis@sbcglobal.net>
Sent: Sun, April 29, 2012 12:15:27 PM
Subject: Re: The most humorous aspect

The truth is, Carole, there simply are no words to express my real feelings for you, Amy or Anita for what you even my own father.

We did not deserve the ruthlessness, misery and heartache you three have imposed on us.

I now know beyond a shadow of a doubt that you all have hated me and my daughter all of your miserable liv conspired against in the most ruthless and cold-blooded ways imaginable during the most terrifying and heartb families actually pulled together during a tragedy, but I couldn't have been more wrong.

I simply did not know who I was dealing with.The severe cruelty you all imposed upon me during Carl's illne

The betrayal your brother feels from you is the worst, because he was closest to you growing up and thought th pilfering sheets and just sat and shook his head in disbelief; saying he never in a million years would have don

Marta will not even call any of you her family any longer. You have to realize what she has witnessed the thre to sleep or swallow food for months to the point of losing 25 pounds. She was here when Carl's personality wa all of the money you all have pilfered for yourselves and even the other grand kids, leaving out her dad and he

And that is really what you all three are all about summed up in one word only: MEAN.

And I cannot even begin to describe the pain this has all brought upon my own dear father. Your actions have you put him through even more heartache and misery and worry, not to mention the fact that he supported us t about Carl's recovery& future, not any of you.

None of you ever made one attempt to ask about our bills or help us out in any way.As a matter of fact, I was e had bounced after you all tried to talk her out of helping her sick son.

Can you get more evil than that? Carl had realized what had happened because YOU TOLD HIM, it scared hi clarity to realize he had lost everything.He was crying when he called her and I walked in on the conversation.

You all watched and waited for us to go down, and attempted to even push us under.

I hate you all more than any words can ever describe. I relish the day when I never have to hear any of your m

--- On **Sun, 4/29/12, Carole Brunsting** < ***cbrunsting@sbcglobal.net*** > wrote:

From: Carole Brunsting <cbrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect
To: drinabrunsting@sbcglobal.net
Cc: occurtis@sbcglobal.net
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At that juncture, your counsel will have no choice but to file a petition in Carl's case and in th the criminal action. The reason for that is that if you continue to answer the questions that I a criminal court. (If you lie in order to try to avoid the truth, you are just sinking yourselves in remain silent in the civil action because of the pending criminal action. They will suspend th and the DA will prove my case without me having to lift a finger or pay one red cent.

The question you need to be asking yourselves right now is, what is stopping me from going like a pig to save their own ass? I get the feeling that not all of you will have that option.

Enjoy the remainder of your weekend.

Your loving sister,

Candy

P.S. Am I the only one hearing banjos?

From: Carole Brunsting [mailto:cbrunsting@sbcglobal.net]
Sent: Sunday, April 29, 2012 8:51 PM
To: akbrunsting@suddenlink.net
Subject: Fw: Re: The most humorous aspect

--- On **Sun, 4/29/12, Drina Brunsting <** ***drinabrunsting@sbcglobal.net*** **>** wrote:

From: Drina Brunsting <drinabrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect
To: "Carole Brunsting" <cbrunsting@sbcglobal.net>
Cc: "Candy Curtis" <occurtis@sbcglobal.net>
Date: Sunday, April 29, 2012, 2:15 PM

The truth is, Carole, there simply are no words to express my real feelings for you, Amy or Anita for what you even my own father.

We did not deserve the ruthlessness, misery and heartache you three have imposed on us.

I now know beyond a shadow of a doubt that you all have hated me and my daughter all of your miserable liv conspired against in the most ruthless and cold-blooded ways imaginable during the most terrifying and heartb families actually pulled together during a tragedy, but I couldn't have been more wrong.

I simply did not know who I was dealing with.The severe cruelty you all imposed upon me during Carl's illne

The betrayal your brother feels from you is the worst, because he was closest to you growing up and thought th pilfering sheets and just sat and shook his head in disbelief; saying he never in a million years would have don

Marta will not even call any of you her family any longer. You have to realize what she has witnessed the thre to sleep or swallow food for months to the point of losing 25 pounds. She was here when Carl's personality wa all of the money you all have pilfered for yourselves and even the other grand kids, leaving out her dad and he

And that is really what you all three are all about summed up in one word only: MEAN.

And I cannot even begin to describe the pain this has all brought upon my own dear father. Your actions have you put him through even more heartache and misery and worry, not to mention the fact that he supported us t about Carl's recovery& future, not any of you.

None of you ever made one attempt to ask about our bills or help us out in any way.As a matter of fact, I was e had bounced after you all tried to talk her out of helping her sick son.

Can you get more evil than that? Carl had realized what had happened because YOU TOLD HIM, it scared hi clarity to realize he had lost everything.He was crying when he called her and I walked in on the conversation.

You all watched and waited for us to go down, and attempted to even push us under.

I hate you all more than any words can ever describe. I relish the day when I never have to hear any of your m

--- On **Sun, 4/29/12, Carole Brunsting < *cbrunsting@sbcglobal.net* >** wrote:

From: Carole Brunsting <cbrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect
To: drinabrunsting@sbcglobal.net
Cc: occurtis@sbcglobal.net
Date: Sunday, April 29, 2012, 12:23 PM

Thank you Drina. Now it is perfectly clear what you and Candy think about me.

--- On **Sun, 4/29/12, Drina Brunsting < *drinabrunsting@sbcglobal.net* >** wrote:

From: Drina Brunsting <drinabrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect

To: "Carole Brunsting" <cbrunsting@sbcglobal.net>
Date: Sunday, April 29, 2012, 11:56 AM

She has nothing to hide? Gosh, it must be fucking St. Carole in the flesh. I am surprised her image has not app

She has nothing to apologize for? She lied, spied, vacillated her loyalties constantly, gossiped and conspired , attempt to systematically dismantle her brother's life and family until we were very nearly & completely destrc

But they all fucking failed.

She got a wad of money that wasn't hers; all the while her brother's medical bills were piling up to the level of keep quiet. She is the great pretender.

She stole from her older sister and only brother while he was at his most vulnerable, as well as from her ailing

She is as despicable & as evil as they are. She makes me want to vomit.

--- On **Sun, 4/29/12, Carole Brunsting** < ***cbrunsting@sbcglobal.net*** > wrote:

From: Carole Brunsting <cbrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect
To: "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>, "Candace Curtis" <occurtis@s
Cc: "Carl and Drina Brunsting" <cbarch@sbcglobal.net>, "Drina Brunsting" <drinabrunsting@sbcglobal.net>
Date: Sunday, April 29, 2012, 11:24 AM

Candy,
I am enjoying my weekend because I have nothing to hide and nothing to apologize for so go wherever you wa
speak over the phone or face to face when you are in Houston please let me know.
Carole

--- On **Sun, 4/29/12, Candace Curtis** < ***occurtis@sbcglobal.net*** > wrote:

From: Candace Curtis <occurtis@sbcglobal.net>
Subject: The most humorous aspect
To: "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>, "Carole Brunsting" <cbrunstin
Cc: "Carl and Drina Brunsting" <cbarch@sbcglobal.net>, "Drina Brunsting" <drinabrunsting@sbcglobal.net>
Date: Sunday, April 29, 2012, 10:24 AM

Dear Carole, Amy and Anita,

As I said previously, the three of you are joined at the hip now. Siamese triplets. Imagine th trust less, than your twisted sisters, now that you may be starting to see the almost WHOLE t of all this? Carole talking to Anita, Anita talking to Amy and then Carole again. Selective d TO one another in a succession of phone calls. Two-faced? I'm pondering just how I might l you against each other pointing the finger of blame and trying to excuse your own selves. W

CAT FIGHT! How fun!

Follow the money on the schedules yourself. Put together a comprehensive time line based u keeping in mind the penal code gauges the severity of the crime by the amount of money inv pretty sad sight. Bottom line (excuse my French), you're fucked.

If I am not totally thrilled with the offers I receive, this is how it will work.

I will go to the DA's office with what I have. I will accuse each of you with a first degree fel long before they issue an information or indictment. You will be prosecuted.

At that juncture, your counsel will have no choice but to file a petition in Carl's case and in th the criminal action. The reason for that is that if you continue to answer the questions that I a criminal court. (If you lie in order to try to avoid the truth, you are just sinking yourselves in remain silent in the civil action because of the pending criminal action. They will suspend th and the DA will prove my case without me having to lift a finger or pay one red cent.

The question you need to be asking yourselves right now is, what is stopping me from going like a pig to save their own ass? I get the feeling that not all of you will have that option.

Enjoy the remainder of your weekend.

Your loving sister,

Candy

P.S. Am I the only one hearing banjos?

From: Carole Brunsting [mailto:cbrunsting@sbcglobal.net]
Sent: Sunday, April 29, 2012 8:52 PM
To: akbrunsting@suddenlink.net
Subject: Fw: Re: The most humorous aspect

--- On **Sun, 4/29/12, Drina Brunsting <** ***drinabrunsting@sbcglobal.net*** **>** wrote:

From: Drina Brunsting <drinabrunsting@sbcglobal.net>
Subject: Re: The most humorous aspect
To: "Carole Brunsting" <cbrunsting@sbcglobal.net>
Date: Sunday, April 29, 2012, 11:56 AM

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attempt to systematically dismantle her brother's life and family until we were very nearly & completely destrc

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Subject: Re: The most humorous aspect
To: "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>, "Candace Curtis" <occurtis@s
Cc: "Carl and Drina Brunsting" <cbarch@sbcglobal.net>, "Drina Brunsting" <drinabrunsting@sbcglobal.net>
Date: Sunday, April 29, 2012, 11:24 AM

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From: Candace Curtis <occurtis@sbcglobal.net>
Subject: The most humorous aspect
To: "Amy" <at.home3@yahoo.com>, "Anita" <akbrunsting@suddenlink.net>, "Carole Brunsting" <cbrunstir
Cc: "Carl and Drina Brunsting" <cbarch@sbcglobal.net>, "Drina Brunsting" <drinabrunsting@sbcglobal.net>
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Your loving sister,

Candy

P.S. Am I the only one hearing banjos?

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
04-12-12 through 05-11-12
B 07 E I E PI 7 0113548

Account Number: 5860 2756 3536

12099 E01 SCM999 I 4 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
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Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Checking

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number		5860 2756 3536
Beginning Balance on 04-12-12	$	41,667.77
Deposits and Other Additions	+	7,296.45
Ending Balance on 05-11-12	**$**	**48,964.22**

Regular Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	04-16	383.45
Deposit	05-08	6,913.00

Total Deposits and Other Additions $7,296.45

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Account Number: 5860 2756 3536

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	41,667.77	04-16	42,051.22	05-08	48,964.22

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11051

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
05-12-12 through 06-12-12
B 07 E I E PI 7 0122411

Account Number: 5860 2756 3536

13099 E01 SCM999 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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Tampa, FL 33622-5118

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ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Deposit Accounts

Regular Checking

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number	5860 2756 3536
Beginning Balance on 05-12-12	$ 48,964.22
Checks Posted	- 2,429.43
Ending Balance on 06-12-12	**$ 46,534.79**

Regular Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
101	05-16	1,679.43	102	05-21	750.00

Total Checks Posted $2,429.43

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	48,964.22	05-16	47,284.79	05-21	46,534.79

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

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* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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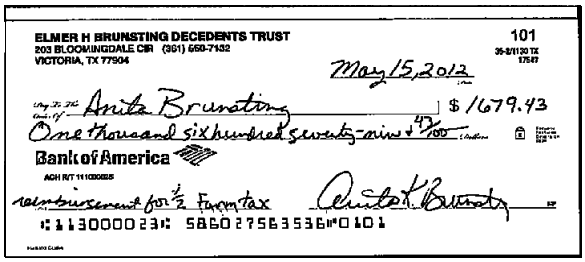
Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

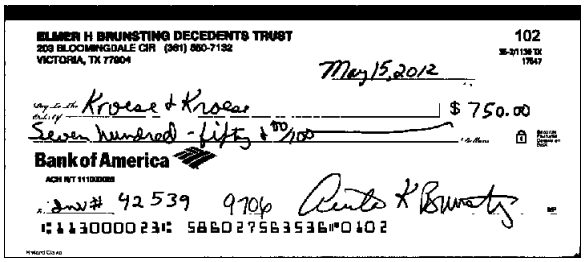
P11054

Check Image

Account Number: 5860 2756 3536


ELMER H BRUNSTING DECEDENTS TRUST
203 BLOOMINGDALE CIR (361) 550-7132
VICTORIA, TX 77904
101
May 15, 2012
Anita Brunsting $ 1679.43
One thousand six hundred seventy-nine & 43/100
Bank of America
reimbursement for 1/2 Fiduciary tax
⑆113000023⑆ 5860 2756 3536⑈0101

Ref. No.: 813004592573672 Amount: 1,679.43


ELMER H BRUNSTING DECEDENTS TRUST
203 BLOOMINGDALE CIR (361) 550-7132
VICTORIA, TX 77904
102
May 15, 2012
Kroger & Kroger $ 750.00
Seven hundred - fifty & 00/100
Bank of America
Inv # 92539 9706
⑆113000023⑆ 5860 2756 3536⑈0102

Ref. No.: 813006292734615 Amount: 750.00

END OF CHECK IMAGE

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
04-10-12 through 05-09-12
B 05 E I E PI 5 0115717

Account Number: 5860 2756 3523

10099 E01 SCM999 I 4 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Checking

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		5860 2756 3523
Beginning Balance on 04-10-12	$	446,235.69
Deposits and Other Additions	+	6,730.34
Checks Posted	-	17,364.36
Other Subtractions	-	1,590.70
Ending Balance on 05-09-12	**$**	**434,010.97**

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Regular Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
IA Tax Ref Des:IA Tax Ref ID:000000000000000 Indn:Brunsting,Nelva E Co ID:3426004574 Ppd	04-23	690.00
US Treasury 312 Des: Tax Ref ID:Xxxxxxxxx IRS Indn:Brunsting, Nelva E Dec Co ID:3111036170 Ppd	04-25	4,908.00
Agent Assisted transfer from Chk 1143 Confirmation# 0349802477	05-08	1,132.34

Total Deposits and Other Additions $6,730.34

Regular Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
119	04-13	1,050.00	126*	04-18	12.60	130	05-02	102.11
121*	04-23	5.40	127	05-02	44.65	131	05-02	5,000.00
122	04-23	60.00	128	04-23	10,000.00			
123	04-24	60.00	129	04-25	1,029.60			

Total Checks Posted $17,364.36

* Gap in sequential check numbers.

Other Subtractions	Date Posted	Amount($)
Hpra/Radwest Des:Checkpaymt Check #:0120 Indn: Co ID:1741646861 Boc	04-19	2.20
Online Banking transfer to Chk 2839 Conf# 4197112215; Brunsting, Carole's acct	04-20	1,563.50
Stream Energy-TX Bill Payment	04-25	25.00

Total Other Subtractions $1,590.70

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	446,235.69	04-20	443,607.39	05-02	432,878.63
04-13	445,185.69	04-23	434,231.99	05-08	434,010.97
04-18	445,173.09	04-24	434,171.99		
04-19	445,170.89	04-25	438,025.39		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

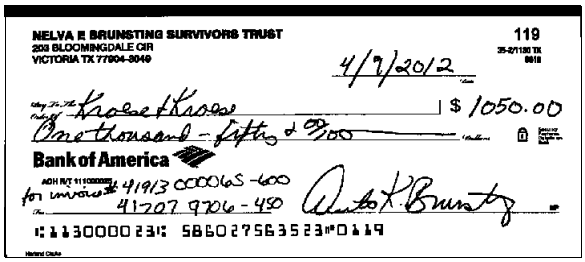
Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

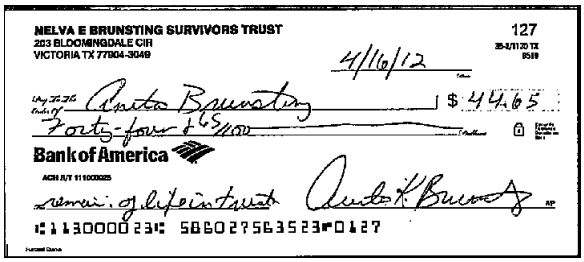
P11058

Check Image

Account Number: 5860 2756 3523



Ref. No.: 813006292008724 Amount: 1,050.00



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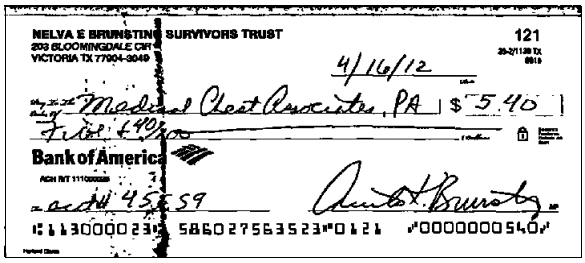

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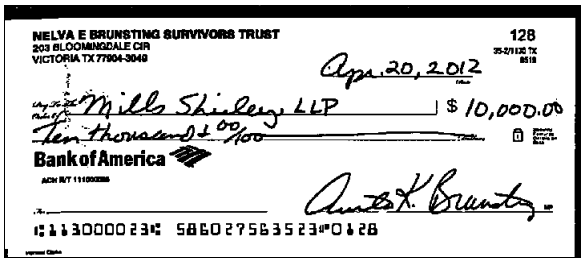

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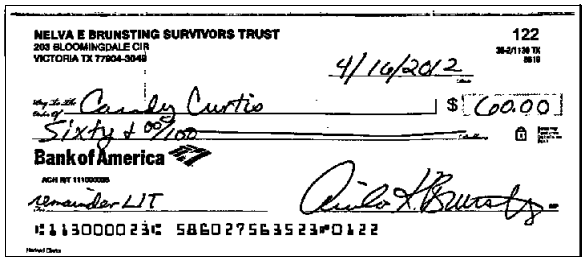

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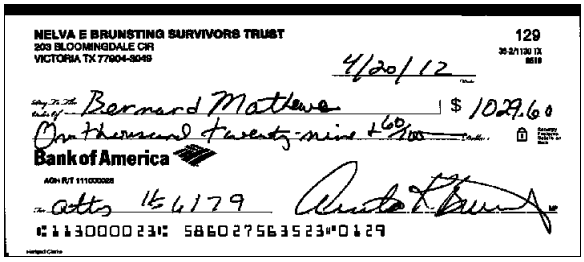

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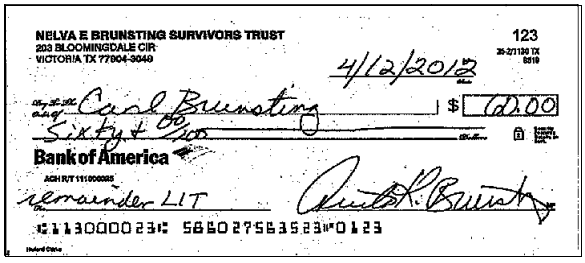

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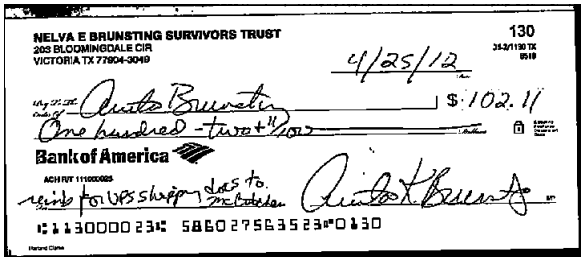

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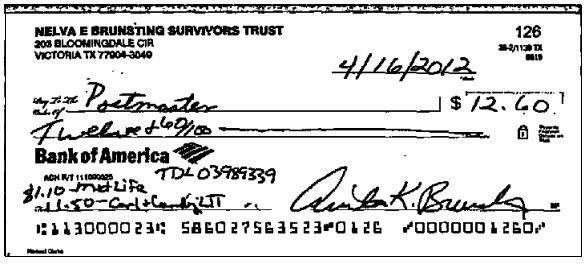

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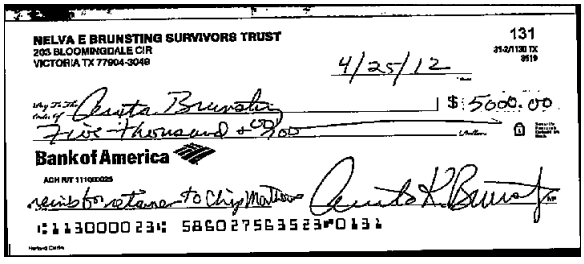

Ref. No.: 813004192323079 Amount: 5,000.00

END OF CHECK IMAGE

P11059

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
05-10-12 through 06-08-12
B 05 E I E PI 5 0123942

Account Number: 5860 2756 3523

09099 E01 SCM999 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

With Bank of America's secure Mobile Banking, you have the flexibility to bank from your smartphone or tablet anytime, anywhere. To download the free Mobile Banking App, visit: bankofamerica.com/onthego.

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Account Number: 5860 2756 3523

Deposit Accounts

Regular Checking

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		5860 2756 3523
Beginning Balance on 05-10-12	$	434,010.97
Deposits and Other Additions	+	101.44
Checks Posted	-	10.53
Other Subtractions	-	41.71
Ending Balance on 06-08-12	**$**	**434,060.17**

Regular Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	05-17	30.40
Deposit	06-04	71.04

Total Deposits and Other Additions $101.44

Regular Checking Subtractions

Check #	Posting Date	Amount($)
133	06-06	10.53

Total Checks Posted $10.53

Other Subtractions	Date Posted	Amount($)
Cpenergy Entex Des:Cpe ACH Check #:0132 Indn:000003850291 Co ID:9413994001 Arc	06-07	41.71

Total Other Subtractions $41.71

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	434,010.97	06-04	434,112.41	06-07	434,060.17
05-17	434,041.37	06-06	434,101.88		

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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

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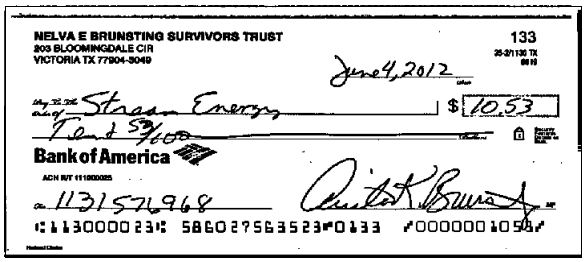
Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Check Image

Account Number: 5860 2756 3523



Ref. No.: 813009892850301 Amount: 10.53

END OF CHECK IMAGE

Bluebonnet CREDIT UNION

January Statement for activity from Dec. 23, 2010 through Jan. 21, 2011

NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$725.24
Payments	$725.00CR
Other Credits	$6.35CR
Purchases	$2,751.85
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$25.00**
Interest Charged	**$0.00**
New Balance	$2,770.74
Credit Line	$9,900.00
Available Credit	$7,129.26
Statement Close Date	Jan. 21, 2011
Days in Billing Cycle	30

Payment Information

New Balance	$2,770.74
Minimum Payment Due (Current Month)	$30.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$30.00**
Payment Due Date	Feb. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	8 years	$3,763
$88	3 years	$3,182 *(Savings= $581)*

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $2,770.74 by 02/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

0240376600138966260000030000002770742

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$2,770.74
Minimum Payment Due:	$30.00
Payment Due Date	Enter Amount of Payment Enclosed
Feb. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000069033 1 AT 0.357 106481928927107 P

NELVA E BRUNSTING
ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

P11064

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Other types of mailed payments will be credited to your Account within five banking days of receipt by Cardmember Service.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	2,746	2,746
Total	2,746	2,746

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
12/24	12/22	7968	THE HOME DEPOT 571 HOUSTON TX MERCHANDISE/SERVICE RETURN	$6.35CR
01/18	01/16	0193	PAYMENT THANK YOU	$725.00CR
			Purchases and Other Debits	
12/23	12/21	3302	THE HOME DEPOT 571 HOUSTON TX	$85.63
12/23	12/22	7407	KROGER #161 HOUSTON TX	$27.90
12/24	12/22	0215	THE HOME DEPOT 571 HOUSTON TX	$11.32
12/24	12/22	0848	PAPA JOE'S BBQ HOUSTON TX	$27.06
12/27	12/25	5377	IHOP 1417 00014175 HOUSTON TX	$37.00
12/28	12/27	4925	WALGREENS #3328 HOUSTON TX	$11.22
12/29	12/27	0767	JAMES CONEY ISLAND HOUSTON TX	$3.87
12/29	12/28	0646	BURGER KING #17450 HOUSTON TX	$18.45
12/30	12/28	0602	RANDALLS STORE00010660 HOUSTON TX	$88.82
12/30	12/29	8290	WALGREENS #3328 HOUSTON TX	$19.44
12/31	12/29	1687	TACO CABANA #148 HOUSTON TX	$11.88
12/31	12/29	0360	RANDALLS STORE00010660 HOUSTON TX	$49.98
01/03	01/01	1613	LUBYS CAFE #0085 Q99 HOUSTON TX	$20.42
01/03	12/30	0315	DOMNO'S PIZZA#6658 281-497-3977 TX	$14.05
01/04	01/03	9853	WALGREENS #3328 HOUSTON TX	$267.04
01/05	01/03	5451	THE HOME DEPOT 571 HOUSTON TX	$272.15
01/05	01/03	5188	THE HOME DEPOT 571 HOUSTON TX	$32.98
01/05	01/04	0394	PIZZA HUT 27120 HOUSTON TX	$8.66
01/05	01/04	3477	KROGER #161 HOUSTON TX	$52.90
01/06	01/04	1142	MR. ROOTER OF GREATER SPRING TX	$268.17
01/06	01/04	0054	SHELL OIL 57543429500 HOUSTON TX	$44.16
01/06	01/05	0328	PIZZA HUT 27120 HOUSTON TX	$8.66
01/10	01/07	9584	ST JUDE MAIN DONATIONS 800-822-6344 TN	$20.00
01/10	01/07	2719	TACO CABANA #148 HOUSTON TX	$13.56
01/10	01/08	7849	CHEVRON 00108123 HOUSTON TX	$25.14
01/10	01/07	5435	OPEN DOOR MISSION 713-921-7520 TX	$15.00
01/12	01/11	0905	WALGREENS #3328 HOUSTON TX	$66.30
01/12	01/11	5200	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
01/13	01/12	1990	TRUGREEN # 5755 281-240-6622 TX	$397.49
01/14	01/12	2118	TACO CABANA #148 HOUSTON TX	$8.92
01/14	01/13	1011	KROGER #161 HOUSTON TX	$42.50
01/18	01/14	0406	RANDALLS STORE00010660 HOUSTON TX	$45.37
01/18	01/15	3211	KROGER #161 HOUSTON TX	$30.37
01/18	01/13	2471	TACO CABANA #148 HOUSTON TX	$10.37
01/18	01/14	2799	WALGREENS #3328 HOUSTON TX	$606.63
01/19	01/17	6896	WALGREENS #3328 HOUSTON TX	$21.90
01/21	01/19	4198	KING DOLLAR #17 HOUSTON TX	$4.72
01/21	01/19	3539	PAPA JOE'S BBQ HOUSTON TX	$13.53
01/21	01/19	5236	LOWES #01058* HOUSTON TX	$13.34

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Continued on Next Page

Bluebonnet
CREDIT UNION

January Statement for activity from Dec. 23, 2010 through Jan. 21, 2011 **Inquiries: 1-800-558-3424**

NELVA E BRUNSTING
ELMER H BRUNSTING

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Fees Charged	
01/21			RETURNED PAYMENT FEE	$25.00
			**TOTAL FEES FOR THIS PERIOD..... **	**$25.00**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$25.00
Total Interest Charged in 2011	$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

******APR for current and future transactions.

Balance Type	*Balance By Type*	*Bal. Subject to Interest*	*Variable*	*Interest*	*APR*	****APR*** Exp. Date*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$2,770.74	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

ENROLL IN BALANCESHIELD BY CALLING 1-877-694-1285. With BalanceShield, your monthly payment will be paid for up to 12 months in the event of unexpected hardships like unemployment or disability. BalanceShield also cancels the total outstanding balance in the case of loss of life. Coverage costs just $0.85 per $100 of your monthly statement balance. ENROLL TODAY.

Save time and money by consolidating all your debt into one monthly payment. Check your mail for a great offer or call Cardmember Service today for information on a great rate.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Bluebonnet CREDIT UNION

February Statement for activity from Jan. 22, 2011 through Feb. 22, 2011

NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$2,770.74
Payments	$0.00
Other Credits	$397.49CR
Purchases	$827.20
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$30.00
Fees Charged	**$25.00**
Interest Charged	**$23.12**
New Balance	$3,248.57
Credit Line	$9,900.00
Available Credit	$6,651.43
Statement Close Date	Feb. 22, 2011
Days in Billing Cycle	32

Payment Information

New Balance	$3,248.57
Minimum Payment Due (Current Month)	$81.00
Minimum Payment Due (Past Due)	$30.00
Total New Minimum Payment Due	**$111.00**
Payment Due Date	Mar. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	9 years	$4,541
$103	3 years	$3,731 *(Savings= $810)*

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $3,248.57 by 03/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

0240376600138966260000111000003248575

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$3,248.57
Minimum Payment Due:	$111.00
Payment Due Date	Enter Amount of Payment Enclosed
Mar. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000068873 1 AT 0.357 106481970162970 P

NELVA E BRUNSTING
ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

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What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Other types of mailed payments will be credited to your Account within five banking days of receipt by Cardmember Service.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	430	3,176
Total	430	3,176

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
02/09	02/08	3118	TRUGREEN # 5755 281-240-6622 TX MERCHANDISE/SERVICE RETURN	$397.49CR
			Purchases and Other Debits	
01/26	01/25	0885	WALGREENS #3328 HOUSTON TX	$42.32
01/27	01/27	9771	LEI*LANDS END CLOTHING 800-332-4700 WI	$42.15
02/04	02/03	7102	WALGREENS #3328 HOUSTON TX	$5.00
02/07	02/05	5230	WALGREENS #3328 HOUSTON TX	$154.79
02/09	02/07	1798	ST JUDE MAIN DONATIONS 800-822-6344 TN	$20.00
02/14	02/11	4308	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
02/22	02/18	8475	WALGREENS #3328 HOUSTON TX	$527.99
			Fees Charged	
02/22	02/19		LATE FEE - PAYMENT DUE ON 02/19 **TOTAL FEES FOR THIS PERIOD**	$25.00 **$25.00**
			Interest Charged	
02/22			INTEREST CHARGE **TOTAL INTEREST FOR THIS PERIOD**	$23.12 **$23.12**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$50.00
Total Interest Charged in 2011	$23.12

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

******APR for current and future transactions.

Balance Type	*Balance By Type*	*Bal. Subject to Interest*	*Variable*	*Interest*	*APR*	****APR*** Exp. Date*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$3,248.57	$2,854.91	YES	$23.12	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

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Continued on Next Page

Important Messages

*** IMPORTANT CARDMEMBER ALERT ***
We are concerned that we have not heard from you. Is everything OK?
Your credit card PAYMENT HAS NOT BEEN RECEIVED and is late.
We need to hear from you today because your account is currently past due.
PLEASE CALL US at 1-866-951-3862 or GO ONLINE to WWW.MYACCOUNTACCESS.COM,
login or enroll in Online Account Access to review your payment options.

Reward yourself! Your credit card offers rich rewards like travel, gift cards and cash back. Check out all the rewards available to you by visiting the Rewards Center online or call 1-888-229-8864.

BalanceShield offers Protection from the Unexpected!
Get peace of mind knowing your minimum monthly payment can be paid for
up to 12 months in the event of hardships like unemployment or disability.
These and other benefits cost only $0.85 per $100 of your statement balance
each month. ENROLL TODAY BY CALLING 877-694-1285.

Save time and money by consolidating all your debt into one monthly payment. Check your mail for a great offer or call Cardmember Service today for information on a great rate.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Bluebonnet CREDIT UNION

March Statement for activity from Feb. 23, 2011 through Mar. 22, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 5 78 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$3,248.57
Payments	$3,359.57CR
Other Credits	$6.65CR
Purchases	$733.75
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$25.00CR**
Interest Charged	**$0.00**
New Balance	$591.10
Credit Line	$9,900.00
Available Credit	$9,308.90
Statement Close Date	Mar. 22, 2011
Days in Billing Cycle	28

Payment Information

New Balance	$591.10
Minimum Payment Due (Current Month)	$30.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$30.00**
Payment Due Date	Apr. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 months	$644

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $591.10 by 04/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

0240376600138966260000030000000591108

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$591.10
Minimum Payment Due:	$30.00
Payment Due Date	Enter Amount of Payment Enclosed
Apr. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000058894 1 AT 0.357 106481010212329 P

NELVA E BRUNSTING
ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

P11072

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Other types of mailed payments will be credited to your Account within five banking days of receipt by Cardmember Service.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	727	3,903
Total	727	3,903

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
02/25	02/24	8199	KROGER #161 HOUSTON TX MERCHANDISE/SERVICE RETURN	$6.65CR
03/11	03/11	0000	PAYMENT THANK YOU	$111.00CR
03/11	03/11	0106	PAYMENT THANK YOU	$3,248.57CR
			Purchases and Other Debits	
02/23	02/22	0769	SCHLOTZSKY'S 1166 HOUSTON TX	$5.19
02/23	02/22	0554	CHILDREN'S CANCER FUND 865-947-9825 TN	$15.00
02/24	02/22	7583	VALERO 527 HOUSTON TX	$46.90
02/25	02/24	8012	KROGER #161 HOUSTON TX	$61.87
02/28	02/25	0333	KUHT - TV 713-7488888 TX	$10.00
03/01	02/28	0135	CHILDREN'S CANCER RECO 717-545-7600 PA	$25.00
03/03	03/01	2533	NTNL CAREGIVING FNDTN 703-2999300 VA	$25.00
03/03	03/02	4675	WALGREENS #3328 HOUSTON TX	$39.86
03/03	03/02	9967	FOOD FOR THE POOR 1 954-4272222 FL	$20.00
03/07	03/05	1893	TACO CABANA #148 HOUSTON TX	$6.47
03/07	03/04	5138	JASON'S DELI # 022 Q64 HOUSTON TX	$21.07
03/09	03/07	4498	ST JUDE MAIN DONATIONS 800-822-6344 TN	$20.00
03/10	03/09	2729	WALGREENS #3328 HOUSTON TX	$5.00
03/14	03/12	7533	WALGREENS #5094 HOUSTON TX	$51.50
03/14	03/12	8737	SUBWAY 00375527 HOUSTON TX	$12.99
03/14	03/12	0542	RANDALLS STORE00010116 HOUSTON TX	$16.64
03/14	03/11	3326	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
03/15	03/14	3868	RADIOSHACK COR00180117 HOUSTON TX	$108.24
03/15	03/14	7431	TARGET 00014357 HOUSTON TX	$87.39
03/16	03/14	6271	SHELL OIL 57543429500 HOUSTON TX	$24.04
03/16	03/14	2741	SHELL OIL 57543446108 LULING TX	$53.62
03/22	03/21	8171	WALGREENS #3328 HOUSTON TX	$43.02
			Fees Charged	
03/16			REVERSAL OF LATE PAYMENT FEE	$25.00CR
			TOTAL FEES FOR THIS PERIOD	**$25.00CR**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$25.00
Total Interest Charged in 2011	$23.12

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Continued on Next Page

Bluebonnet
CREDIT UNION

March Statement for activity from Feb. 23, 2011 through Mar. 22, 2011 **Inquiries: 1-800-558-3424**

NELVA E BRUNSTING
ELMER H BRUNSTING

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

****APR for current and future transactions.

Balance Type	*Balance By Type*	*Bal. Subject to Interest*	*Variable*	*Interest*	*APR*	****APR*** Exp. Date*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$591.10	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

Reward yourself! Your credit card offers rich rewards like travel, gift cards and cash back. Check out all the rewards available to you by visiting the Rewards Center online or call 1-888-229-8864.

ENROLL IN BALANCESHIELD BY CALLING 1-877-694-1285. With BalanceShield, your monthly payment will be paid for up to 12 months in the event of unexpected hardships like unemployment or disability. BalanceShield also cancels the total outstanding balance in the case of loss of life. Coverage costs just $0.85 per $100 of your monthly statement balance. ENROLL TODAY.

Save time and money by consolidating all your debt into one monthly payment. Check your mail for a great offer or call Cardmember Service today for information on a great rate.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

P11075

End of Statement

Bluebonnet CREDIT UNION

April Statement for activity from Mar. 23, 2011 through Apr. 21, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 8 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$591.10
Payments	$0.00
Other Credits	$0.00
Purchases	$1,352.28
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$30.00
Fees Charged	**$25.00**
Interest Charged	**$11.09**
New Balance	$1,979.47
Credit Line	$9,900.00
Available Credit	$7,920.53
Statement Close Date	Apr. 21, 2011
Days in Billing Cycle	30

Payment Information

New Balance	$1,979.47
Minimum Payment Due (Current Month)	$67.00
Minimum Payment Due (Past Due)	$30.00
Total New Minimum Payment Due	**$97.00**
Payment Due Date	May 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	5 years	$2,458
$63	3 years	$2,273 *(Savings= $185)*

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $1,979.47 by 05/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

0240376600138966260000097000001979476

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$1,979.47
Minimum Payment Due:	$97.00
Payment Due Date	Enter Amount of Payment Enclosed
May 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000059592 1 AT 0.365 106481051716957 P

NELVA E BRUNSTING
ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

P11076

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Other types of mailed payments will be credited to your Account within five banking days of receipt by Cardmember Service.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	1,352	5,255
Total	1,352	5,255

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Purchases and Other Debits	
03/24	03/23	5052	WALGREENS #3328 HOUSTON TX	$569.56
03/28	03/25	0163	KUHT - TV 713-7488888 TX	$10.00
03/29	03/28	4435	KROGER #161 HOUSTON TX	$30.81
03/30	03/28	2217	TACO CABANA #148 HOUSTON TX	$18.35
04/01	03/31	0847	KROGER #161 HOUSTON TX	$34.77
04/04	03/31	3445	DENNY'S #7687 HOUSTON TX	$6.47
04/04	04/01	9936	VALERO 527 HOUSTON TX	$42.68
04/04	03/31	7546	SUBWAY 00375527 HOUSTON TX	$8.43
04/05	04/04	3652	JASON'S DELI # 026 Q64 HOUSTON TX	$19.21
04/06	04/04	6999	WALGREENS #3328 HOUSTON TX	$9.87
04/07	04/06	0645	WALGREENS #3328 HOUSTON TX	$86.35
04/11	04/07	6026	ST JUDE MAIN DONATIONS 800-822-6344 TN	$20.00
04/11	04/07	7611	CHICK-FIL-A #00930 HOUSTON TX	$11.94
04/11	04/07	6796	KIDS WISH 866-466-82 HOLIDAY FL	$25.00
04/12	04/10	1261	TACO CABANA #148 HOUSTON TX	$5.93
04/13	04/12	2314	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
04/14	04/13	6701	SOUPER SALAD WESTH HOUSTON TX	$14.27
04/14	04/13	9941	KROGER #161 HOUSTON TX	$61.25
04/15	04/14	5639	WALGREENS #3328 HOUSTON TX	$5.00
04/18	04/15	1020	CVS PHARMACY #5273 Q03 BELLAIRE TX	$45.81
04/18	04/17	8426	SPICY PICKLE HOUSTON HOUSTON TX	$21.27
04/18	04/17	8955	KROGER #161 HOUSTON TX	$133.11
04/19	04/17	1439	TACO CABANA #148 HOUSTON TX	$11.88
04/20	04/19	0138	ANY LAB TEST NOW HOUSTON TX	$59.00
04/20	04/19	4743	HEB #109 HOUSTON TX	$48.02
04/21	04/19	2763	SPICY PICKLE HOUSTON HOUSTON TX	$18.35
			Fees Charged	
04/19	04/19		LATE FEE - PAYMENT DUE ON 04/19	$25.00
			TOTAL FEES FOR THIS PERIOD	**$25.00**
			Interest Charged	
04/21			INTEREST CHARGE	$11.09
			TOTAL INTEREST FOR THIS PERIOD	**$11.09**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$50.00
Total Interest Charged in 2011	$34.21

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Bluebonnet
CREDIT UNION

April Statement for activity from Mar. 23, 2011 through Apr. 21, 2011 **Inquiries: 1-800-558-3424**

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

****APR for current and future transactions.

Balance Type	*Balance By Type*	*Bal. Subject to Interest*	*Variable*	*Interest*	*APR*	****APR*** Exp. Date*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$1,979.47	$1,460.67	YES	$11.09	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

*** IMPORTANT CARDMEMBER ALERT ***
We are concerned that we have not heard from you. Is everything OK?
Your credit card PAYMENT HAS NOT BEEN RECEIVED and is late.
We need to hear from you today because your account is currently past due.
PLEASE CALL US at 1-866-951-3862 or GO ONLINE to WWW.MYACCOUNTACCESS.COM,
login or enroll in Online Account Access to review your payment options.

Reward yourself! Your credit card offers rich rewards like travel, gift cards and cash back. Check out all the rewards available to you by visiting the Rewards Center online or call 1-888-229-8864.

BalanceShield offers Protection from the Unexpected!
Get peace of mind knowing your minimum monthly payment can be paid for
up to 12 months in the event of hardships like unemployment or disability.
These and other benefits cost only $0.85 per $100 of your statement balance
each month. ENROLL TODAY BY CALLING 877-694-1285.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Bluebonnet CREDIT UNION

May Statement for activity from Apr. 22, 2011 through May 24, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 4 6 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$1,979.47
Payments	$0.00
Other Credits	$0.00
Purchases	$1,676.35
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$97.00
Fees Charged	**$35.00**
Interest Charged	**$25.91**
New Balance	$3,716.73
Credit Line	$9,900.00
Available Credit	None
Statement Close Date	May 24, 2011
Days in Billing Cycle	33

Payment Information

New Balance	$3,716.73
Minimum Payment Due (Current Month)	$98.00
Minimum Payment Due (Past Due)	$97.00
Total New Minimum Payment Due	**$195.00**
Payment Due Date	Jun. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	10 years	$5,307
$118	3 years	$4,269 *(Savings= $1,038)*

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $3,716.73 by 06/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

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Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$3,716.73
Minimum Payment Due:	$195.00
Payment Due Date	Enter Amount of Payment Enclosed
Jun. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000057451 1 AT 0.365 106481095893560 P

NELVA E BRUNSTING
ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

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What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	0	5,255
Total	0	5,255

No points will be awarded until you bring your account current.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Purchases and Other Debits	
04/25	04/22	2457	WHATABURGER 131 Q26 HOUSTON TX	$14.75
04/25	04/22	2499	WHATABURGER 131 Q26 HOUSTON TX	$2.80
04/25	04/23	1804	WALGREENS #3328 HOUSTON TX	$21.00
04/25	04/21	0487	CVS PHARMACY #8912 HOUSTON TX	$67.14
04/26	04/25	0196	KUHT - TV 713-7488888 TX	$10.00
04/27	04/25	8771	CHEVRON 00108123 HOUSTON TX	$38.00
04/28	04/26	9296	THE GOLF RANGE ON RICH HOUSTON TX	$4.00
04/28	04/26	2444	TACO CABANA #148 HOUSTON TX	$17.93
04/28	04/27	4982	WALGREENS #3328 HOUSTON TX	$599.93
04/29	04/28	3252	KROGER #161 HOUSTON TX	$62.85
05/02	04/30	3321	CORNELIUS 303 HOUSTON TX	$12.90
05/02	04/30	5299	JASON'S DELI # 026 Q64 HOUSTON TX	$11.77
05/02	04/30	4521	VALERO 527 HOUSTON TX	$57.30
05/02	05/01	7799	KROGER #161 HOUSTON TX	$5.81
05/02	04/28	1329	TACO CABANA #148 HOUSTON TX	$17.06
05/02	04/28	7197	KFC W150100 31501000 HOUSTON TX	$10.25
05/03	05/01	5750	DOMINO'S 6658 HOUSTON TX	$20.00
05/03	05/02	5677	WALGREENS #3328 HOUSTON TX	$52.21
05/05	05/04	0024	ANY LAB TEST NOW HOUSTON TX	$59.00
05/05	05/04	4914	JASON'S DELI # 026 Q64 HOUSTON TX	$17.06
05/05	05/04	9133	WALGREENS #3328 HOUSTON TX	$17.58
05/05	05/04	6960	KROGER #161 HOUSTON TX	$21.25
05/06	05/04	8639	MCDONALD'S F14136 HOUSTON TX	$2.05
05/06	05/04	9296	THE GOLF RANGE ON RICH HOUSTON TX	$8.00
05/06	05/04	7582	SUBWAY 00375527 HOUSTON TX	$6.50
05/06	05/05	2862	WALGREENS #3328 HOUSTON TX	$32.38
05/09	05/07	7584	ST JUDE MAIN DONATIONS 800-822-6344 TN	$20.00
05/10	05/08	3841	WHATABURGER 131 Q26 HOUSTON TX	$25.43
05/12	05/11	5145	LUBYS CAFE #0085 Q99 HOUSTON TX	$25.93
05/12	05/11	5228	LUBYS CAFE #0085 Q99 HOUSTON TX	$3.24
05/12	05/11	5301	WALGREENS #3328 HOUSTON TX	$30.86
05/12	05/11	1753	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
05/13	05/11	0232	RANDALLS STORE00010660 HOUSTON TX	$18.38
05/16	05/14	8059	KROGER #161 HOUSTON TX	$24.49
05/16	05/15	8259	SONIC #4152 HOUSTON TX	$10.89
05/19	05/17	0462	AU BON PAIN -MEMORIAL HOUSTON TX	$19.60
05/19	05/18	8298	WALGREENS #5094 HOUSTON TX	$47.61
05/19	05/18	2086	KROGER #161 HOUSTON TX	$114.63
05/20	05/18	3861	VALERO 527 HOUSTON TX	$8.61
05/20	05/18	5379	VALERO 527 HOUSTON TX	$56.81
05/20	05/18	9988	SUBWAY 00375527 HOUSTON TX	$6.82
05/23	05/19	3621	CAFE EXPRESS #11105 HOUSTON TX	$18.80
05/23	05/20	5392	WALGREENS #3328 HOUSTON TX	$19.78
			Fees Charged	
05/19	05/19		LATE FEE - PAYMENT DUE ON 05/19	$35.00
			TOTAL FEES FOR THIS PERIOD	$35.00

Continued on Next Page

Bluebonnet
CREDIT UNION

May Statement for activity from Apr. 22, 2011 through May 24, 2011 **Inquiries: 1-800-558-3424**

NELVA E BRUNSTING
ELMER H BRUNSTING

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Interest Charged	
05/24			INTEREST CHARGE.....	$25.91
			TOTAL INTEREST FOR THIS PERIOD.....	**$25.91**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$85.00
Total Interest Charged in 2011	$60.12

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

******APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest*	*Variable*	*Interest*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$3,716.73	$3,101.59	YES	$25.91	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

*** WE ARE HERE TO HELP ***
Your account is past due. Do you need our help? We understand that you may be feeling the effects of the current economic challenges, and want you to know that we have NEW PAYMENT RELIEF PROGRAMS available to help. PLEASE CALL US at 1-866-951-3862 or GO ONLINE to WWW.MYACCOUNTACCESS.COM and login or enroll in Online Account Access to review your new options.

ENROLL IN BALANCESHIELD BY CALLING 1-877-694-1285. With BalanceShield, your monthly payment will be paid for up to 12 months in the event of unexpected hardships like unemployment or disability. BalanceShield also cancels the total outstanding balance in the case of loss of life. Coverage costs just $0.85 per $100 of your monthly statement balance. ENROLL TODAY.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Bluebonnet CREDIT UNION

June Statement for activity from May 25, 2011 through Jun. 22, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 8 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$3,716.73
Payments	$3,911.73CR
Other Credits	$0.00
Purchases	$305.94
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$65.00**
Interest Charged	**$0.47CR**
New Balance	$175.47
Credit Line	$9,900.00
Available Credit	$9,724.53
Statement Close Date	Jun. 22, 2011
Days in Billing Cycle	29

Payment Information

New Balance	$175.47
Minimum Payment Due (Current Month)	$30.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$30.00**
Payment Due Date	Jul. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	6 months	$185

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $175.47 by 07/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

0240376600138966260000030000000175472

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$175.47
Minimum Payment Due:	$30.00
Payment Due Date	Enter Amount of Payment Enclosed
Jul. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000113294 1 AB 0.368 106481135938865 P

NELVA E BRUNSTING
ELMER H BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

P11084

BRUNSTING003914

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	306	5,561
Total	306	5,561

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
05/25	05/24	0069	PAYMENT THANK YOU	$1,852.24CR
05/26	05/26	ET	PAYMENT THANK YOU	$1,864.49CR
06/17	06/17	0000	PAYMENT THANK YOU	$195.00CR
			Purchases and Other Debits	
05/26	05/24	1939	TACO CABANA #148 HOUSTON TX	$11.55
05/26	05/24	0250	RANDALLS STORE00010660 HOUSTON TX	$25.17
05/26	05/25	0178	KUHT - TV 713-7488888 TX	$10.00
05/27	05/26	2237	JASON'S DELI # 026 Q64 HOUSTON TX	$10.35
05/31	05/30	4834	WALGREENS #3328 HOUSTON TX	$5.00
05/31	05/30	1458	KROGER #161 HOUSTON TX	$12.98
06/01	05/30	0289	RANDALLS STORE00010660 HOUSTON TX	$22.26
06/02	05/31	3510	WALGREENS #5094 HOUSTON TX	$36.78
06/02	05/31	6850	CAFE EXPRESS #11105 HOUSTON TX	$20.21
06/02	06/01	8721	TX MED CTR-G2 GARAGE HOUSTON TX	$3.00
06/03	06/01	0117	RANDALLS STORE00010132 HOUSTON TX	$5.58
06/03	06/02	3764	WALGREENS #3328 HOUSTON TX	$42.43
06/06	06/02	0915	THE HOME DEPOT #6985 HOUSTON TX	$21.59
06/06	06/02	9466	SUBWAY 00375527 HOUSTON TX	$7.58
06/08	06/06	2427	WHATABURGER 138 Q26 HOUSTON TX	$5.93
06/13	06/09	1676	MHMC-CAFETERIA HOUSTON TX	$6.58
06/14	06/13	0615	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
06/20	06/19	0103	QUIZNOS SUB #1043 HOUSTON TX	$24.00
			Fees Charged	
06/02			COPY REQUEST FEE	$65.00
			TOTAL FEES FOR THIS PERIOD	**$65.00**
			Interest Charged	
05/26			INTEREST REVERSAL	$0.47CR
			TOTAL INTEREST FOR THIS PERIOD	**$0.47CR**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$150.00
Total Interest Charged in 2011	$59.65

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Continued on Next Page

Bluebonnet
CREDIT UNION

June Statement for activity from May 25, 2011 through Jun. 22, 2011 **Inquiries: 1-800-558-3424**
NELVA E BRUNSTING
ELMER H BRUNSTING

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

******APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest*	*Variable*	*Interest*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$175.47	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

Reward yourself! Your credit card offers rich rewards like travel, gift cards and cash back. Check out all the rewards available to you by visiting the Rewards Center online or call 1-888-229-8864.

BalanceShield offers Protection from the Unexpected!
Get peace of mind knowing your minimum monthly payment can be paid for up to 12 months in the event of hardships like unemployment or disability. These and other benefits cost only $0.85 per $100 of your statement balance each month. ENROLL TODAY BY CALLING 877-694-1285.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Bluebonnet CREDIT UNION

July Statement for activity from Jun. 23, 2011 through Jul. 22, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 8 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$175.47
Payments	$175.47CR
Other Credits	$0.00
Purchases	$1,172.08
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$0.00**
Interest Charged	**$0.00**
New Balance	$1,172.08
Credit Line	$9,900.00
Available Credit	$8,727.92
Statement Close Date	Jul. 22, 2011
Days in Billing Cycle	30

Payment Information

New Balance	$1,172.08
Minimum Payment Due (Current Month)	$30.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$30.00**
Payment Due Date	Aug. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	3 years	$1,357
$37	3 years	$1,346 *(Savings= $11)*

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $1,172.08 by 08/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

0240376600138966260000030000001172080

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$1,172.08
Minimum Payment Due:	$30.00
Payment Due Date	Enter Amount of Payment Enclosed
Aug. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000112256 1 AB 0.368 106481178122643 P

NELVA E BRUNSTING
ELMER H BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

P11088

BRUNSTING003918

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	1,172	6,733
Total	1,172	6,733

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
07/15	07/15	URE	PAYMENT THANK YOU	$175.47CR
			Purchases and Other Debits	
06/23	06/21	6665	CHICK-FIL-A #00943 KATY TX	$8.34
06/24	06/23	2300	JASON'S DELI # 046 Q64 KATY TX	$3.24
06/27	06/25	1182	WALGREENS #3328 HOUSTON TX	$28.60
06/27	06/25	1332	RANDALLS STORE00010660 HOUSTON TX	$113.15
06/30	06/28	7240	MCDONALD'S F14136 HOUSTON TX	$9.18
06/30	06/29	4891	JASON'S DELI # 026 Q64 HOUSTON TX	$12.31
06/30	06/29	3170	KROGER #161 HOUSTON TX	$14.90
07/01	06/29	7046	HEDWIG VILLAGE CITGO HOUSTON TX	$10.00
07/01	06/30	5150	KROGER #161 HOUSTON TX	$29.33
07/05	07/04	8293	WALGREENS #3328 HOUSTON TX	$527.99
07/07	07/05	5020	KROGER #161 HOUSTON TX	$12.39
07/07	07/05	1995	TACO CABANA #148 HOUSTON TX	$10.70
07/08	07/06	4454	JASON'S DELI # 026 Q64 HOUSTON TX	$6.37
07/08	07/06	8151	SUBWAY 00375527 HOUSTON TX	$8.98
07/08	07/06	3296	CVSPHARMACY #7486 Q03 HOUSTON TX	$27.25
07/08	07/07	9024	LUBYS CAFE #0085 Q99 HOUSTON TX	$8.65
07/08	07/07	8045	KROGER #161 HOUSTON TX	$3.90
07/11	07/08	0047	ALL PRO EYEGLASS REPAI HOUSTON TX	$48.00
07/13	07/11	1997	MHMC-CAFETERIA HOUSTON TX	$6.03
07/13	07/12	9542	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
07/14	07/12	5362	CHEVRON 00200423 HOUSTON TX	$20.00
07/18	07/16	8635	WALGREENS #3328 HOUSTON TX	$60.36
07/18	07/16	0276	RANDALLS STORE00010660 HOUSTON TX	$84.33
07/18	07/14	0753	MHMC-CAFETERIA HOUSTON TX	$6.67
07/20	07/19	1168	HEB #471 HOUSTON TX	$15.13
07/20	07/19	8373	WALGREENS #5094 HOUSTON TX	$57.00
07/21	07/19	8478	SUBWAY 00375527 HOUSTON TX	$4.33

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$150.00
Total Interest Charged in 2011	$59.65

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Continued on Next Page

Bluebonnet
CREDIT UNION

July Statement for activity from Jun. 23, 2011 through Jul. 22, 2011 **Inquiries: 1-800-558-3424**

NELVA E BRUNSTING
ELMER H BRUNSTING

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

****APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest*	*Variable*	*Interest*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$1,172.08	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

Reward yourself! Your credit card offers rich rewards like travel, gift cards and cash back. Check out all the rewards available to you by visiting the Rewards Center online or call 1-888-229-8864.

ENROLL IN BALANCESHIELD BY CALLING 1-877-694-1285. With BalanceShield, your monthly payment will be paid for up to 12 months in the event of unexpected hardships like unemployment or disability. BalanceShield also cancels the total outstanding balance in the case of loss of life. Coverage costs just $0.85 per $100 of your monthly statement balance. ENROLL TODAY.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

P11091

End of Statement

Bluebonnet CREDIT UNION

August Statement for activity from Jul. 23, 2011 through Aug. 23, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 5 8 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$1,172.08
Payments	$1,172.08CR
Other Credits	$0.00
Purchases	$790.04
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$0.00**
Interest Charged	**$0.00**
New Balance	$790.04
Credit Line	$9,900.00
Available Credit	$9,109.96
Statement Close Date	Aug. 23, 2011
Days in Billing Cycle	32

Payment Information

New Balance	$790.04
Minimum Payment Due (Current Month)	$30.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$30.00**
Payment Due Date	Sep. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	2 years	$880

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $790.04 by 09/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Make a payment online OR Please print out and send this portion of statement with payment to the address listed

0240376600138966260000030000000790049

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$790.04
Minimum Payment Due:	$30.00
Payment Due Date	Enter Amount of Payment Enclosed
Sep. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000003795 1 SP 106481221470138 E

NELVA E BRUNSTING
ELMER H BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

P11092

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	790	7,523
Total	790	7,523

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
08/15	08/15	URE	PAYMENT THANK YOU	$1,172.08CR
			Purchases and Other Debits	
07/25	07/23	5165	KROGER #161 HOUSTON TX	$32.53
07/28	07/27	1079	KROGER #161 HOUSTON TX	$42.63
07/29	07/27	8675	VALERO 527 HOUSTON TX	$10.00
07/29	07/27	2666	TACO CABANA #148 HOUSTON TX	$13.27
08/01	07/30	0277	KROGER #161 HOUSTON TX	$53.41
08/01	07/31	1408	KROGER #161 HOUSTON TX	$9.66
08/02	08/01	9966	KROGER #161 HOUSTON TX	$5.81
08/02	08/01	0022	KROGER #161 HOUSTON TX	$18.38
08/03	08/01	0587	JAMES CONEY ISLAND #02 HOUSTON TX	$12.83
08/04	08/02	5012	VALERO 527 HOUSTON TX	$35.00
08/04	08/03	4904	HEB #109 HOUSTON TX	$5.01
08/04	08/03	9356	WALGREENS #3328 HOUSTON TX	$2.50
08/05	08/03	7141	SUBWAY 00375527 HOUSTON TX	$6.82
08/05	08/03	3941	BASKIN #360461 Q35 HOUSTON TX	$8.21
08/05	08/03	0275	RANDALLS STORE00010660 HOUSTON TX	$36.68
08/05	08/04	4792	WALGREENS #5094 HOUSTON TX	$21.63
08/08	08/05	1458	RANDALLS STORE00010660 HOUSTON TX	$46.84
08/08	08/05	1179	WALGREENS #3328 HOUSTON TX	$55.25
08/10	08/08	6011	WHATABURGER 138 Q26 HOUSTON TX	$9.16
08/11	08/10	7676	KROGER #161 HOUSTON TX	$89.60
08/12	08/10	1132	SUBWAY 00467548 HOUSTON TX	$12.23
08/12	08/11	9029	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
08/12	08/11	6241	WALGREENS #3328 HOUSTON TX	$26.00
08/15	08/11	9214	KROGER #161 HOUSTON TX	$22.79
08/17	08/16	0201	QUIZNOS SUB #1043 HOUSTON TX	$13.93
08/18	08/16	2308	TACO CABANA #148 HOUSTON TX	$10.58
08/18	08/17	2250	KROGER #161 HOUSTON TX	$36.45
08/19	08/17	0751	BASKIN #360461 Q35 HOUSTON TX	$5.61
08/22	08/19	3954	CHEVRON 00108123 HOUSTON TX	$30.00
08/22	08/20	2173	KROGER #161 HOUSTON TX	$28.03
08/22	08/21	3622	KROGER #161 HOUSTON TX	$19.53
08/23	08/22	5640	WALGREENS #3328 HOUSTON TX	$14.73
08/23	08/22	0292	MISTER CAR WASH 3 HOUSTON TX	$19.99

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$150.00
Total Interest Charged in 2011	$59.65

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Bluebonnet
CREDIT UNION

August Statement for activity from Jul. 23, 2011 through Aug. 23, 2011 **Inquiries: 1-800-558-3424**
NELVA E BRUNSTING
ELMER H BRUNSTING

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

****APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest*	*Variable*	*Interest*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$790.04	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

Reward yourself! Your credit card offers rich rewards like travel, gift cards and cash back. Check out all the rewards available to you by visiting the Rewards Center online or call 1-888-229-8864.

BalanceShield offers Protection from the Unexpected!
Get peace of mind knowing your minimum monthly payment can be paid for up to 12 months in the event of hardships like unemployment or disability. These and other benefits cost only $0.85 per $100 of your statement balance each month. ENROLL TODAY BY CALLING 877-694-1285.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Bluebonnet CREDIT UNION

September Statement for activity from Aug. 24, 2011 through Sep. 22, 2011 **Inquiries: 1-800-558-3424**

NELVA E BRUNSTING
ELMER H BRUNSTING

ELN 3 56 8 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$790.04
Payments	$790.04CR
Other Credits	$0.00
Purchases	$687.84
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$0.00**
Interest Charged	**$0.00**
New Balance	$687.84
Credit Line	$9,900.00
Available Credit	$9,212.16
Statement Close Date	Sep. 22, 2011
Days in Billing Cycle	30

Payment Information

New Balance	$687.84
Minimum Payment Due (Current Month)	$30.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$30.00**
Payment Due Date	Oct. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	23 months	$756

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $687.84 by 10/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

0240376600138966260000030000000687849

Bluebonnet CREDIT UNION

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$687.84
Minimum Payment Due:	$30.00
Payment Due Date	Enter Amount of Payment Enclosed
Oct. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000159228 1 AB 0.368 106481263007796 P

NELVA E BRUNSTING
ELMER H BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

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What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	688	8,211
Total	688	8,211

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
09/16	09/16	URE	PAYMENT THANK YOU	$790.04CR
			Purchases and Other Debits	
08/24	08/22	7875	SUBWAY 00467548 HOUSTON TX	$10.83
08/24	08/22	0790	RANDALLS STORE00010660 HOUSTON TX	$18.84
08/24	08/23	2462	WALGREENS #3328 HOUSTON TX	$17.36
08/25	08/24	6198	LUBYS CAFE #0085 Q99 HOUSTON TX	$3.24
08/25	08/24	6271	LUBYS CAFE #0085 Q99 HOUSTON TX	$5.28
08/26	08/24	7076	SUBWAY 00467548 HOUSTON TX	$11.15
08/26	08/24	0727	RANDALLS STORE00010660 HOUSTON TX	$56.87
08/26	08/25	8586	TARGET 00014357 HOUSTON TX	$4.24
08/29	08/26	8945	59 DINER HOUSTON TX	$28.63
08/29	08/26	0042	ONCOLOGY CONSULTANTS HOUSTON TX	$4.12
08/29	08/26	0029	ONCOLOGY CONSULTANTS P HOUSTON TX	$118.00
08/29	08/27	2319	RANDALLS STORE00010116 HOUSTON TX	$6.79
08/29	08/25	6596	CHICK-FIL-A #00181 HOUSTON TX	$14.66
08/29	08/26	1656	KROGER #161 HOUSTON TX	$36.81
08/30	08/28	0477	RANDALLS STORE00010660 HOUSTON TX	$31.55
09/01	08/30	2448	WALGREENS #5094 HOUSTON TX	$31.37
09/01	08/30	6769	KROGER #161 HOUSTON TX	$6.09
09/06	09/02	6523	WALGREENS #3328 HOUSTON TX	$10.00
09/07	09/06	3905	WALGREENS #3328 HOUSTON TX	$23.50
09/08	09/07	3773	WALGREENS #3328 HOUSTON TX	$12.62
09/14	09/13	6884	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
09/15	09/13	8361	WALGREENS #3328 HOUSTON TX	$17.98
09/15	09/13	2569	EXXONMOBIL 47304530 HOUSTON TX	$20.00
09/16	09/14	8126	WALGREENS #3328 HOUSTON TX	$2.69
09/16	09/15	0874	WALGREENS #5094 HOUSTON TX	$91.06
09/20	09/19	1010	WALGREENS #13142 HOUSTON TX	$10.00
09/21	09/20	5359	WILCREST PHILL10065282 HOUSTON TX	$20.00
09/22	09/20	1959	RANDALLS STORE00010660 HOUSTON TX	$25.72
09/22	09/21	8686	WALGREENS #3328 HOUSTON TX	$13.49

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$150.00
Total Interest Charged in 2011	$59.65

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Continued on Next Page

Bluebonnet
CREDIT UNION

September Statement for activity from Aug. 24, 2011 through Sep. 22, 2011 **Inquiries: 1-800-558-3424**
NELVA E BRUNSTING
ELMER H BRUNSTING

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

****APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest*	*Variable*	*Interest*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$687.84	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

Reward yourself! Your credit card offers rich rewards like travel, gift cards and cash back. Check out all the rewards available to you by visiting the Rewards Center online or call 1-888-229-8864.

ENROLL IN BALANCESHIELD BY CALLING 1-877-694-1285. With BalanceShield, your monthly payment will be paid for up to 12 months in the event of unexpected hardships like unemployment or disability. BalanceShield also cancels the total outstanding balance in the case of loss of life. Coverage costs just $0.85 per $100 of your monthly statement balance. ENROLL TODAY.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Cardmember Service

October Statement for activity from Sep. 23, 2011 through Oct. 25, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 3 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$687.84
Payments	$687.84CR
Other Credits	$0.00
Purchases	$641.96
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$0.00**
Interest Charged	**$0.00**
New Balance	$641.96
Credit Line	$9,900.00
Available Credit	$9,258.04
Statement Close Date	Oct. 25, 2011
Days in Billing Cycle	33

Payment Information

New Balance	$641.96
Minimum Payment Due (Current Month)	$30.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$30.00**
Payment Due Date	Nov. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	22 months	$704

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $641.96 by 11/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Make a payment online OR Please print out and send this portion of statement with payment to the address listed

Cardmember Service

0240376600138966260000030000000641960

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$641.96
Minimum Payment Due:	$30.00
Payment Due Date	Enter Amount of Payment Enclosed
Nov. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000004151 1 SP 106481308070766 E

NELVA E BRUNSTING
ELMER H BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

P11100

What To Do If You Think You Find A Mistake On Your Statement

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In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

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- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
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- We can apply any unpaid amount against your credit limit.

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If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Cardmember Service

October Statement for activity from Sep. 23, 2011 through Oct. 25, 2011 **Inquiries: 1-800-558-3424**

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	642	8,853
Total	642	8,853

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
10/18	10/18	ET	PAYMENT THANK YOU	$687.84CR
			Purchases and Other Debits	
09/23	09/21	1833	RANDALLS STORE00010660 HOUSTON TX	$14.14
09/26	09/24	0805	RANDALLS STORE00010660 HOUSTON TX	$56.92
09/26	09/25	4313	WALGREENS #3328 HOUSTON TX	$27.90
09/26	09/22	8748	BASKIN #360461 Q35 HOUSTON TX	$5.61
09/27	09/24	3413	DENNY'S #7687 HOUSTON TX	$24.08
09/28	09/26	2224	WALGREENS #3328 HOUSTON TX	$18.09
09/29	09/27	6233	CVS PHARMACY #8912 HOUSTON TX	$32.23
09/30	09/28	0114	ONCOLOGY CONSULTANTS P HOUSTON TX	$5.00
09/30	09/28	9720	SHELL OIL 57543437701 HOUSTON TX	$2.79
10/03	09/29	1270	RANDALLS STORE00010660 HOUSTON TX	$27.33
10/04	10/03	0264	KROGER #161 HOUSTON TX	$65.87
10/06	10/05	0148	HEB #109 HOUSTON TX	$40.00
10/06	10/05	0028	WALGREENS #5094 HOUSTON TX	$25.73
10/11	10/09	8032	KROGER #161 HOUSTON TX	$20.47
10/11	10/06	1938	KROGER #161 HOUSTON TX	$13.91
10/11	10/07	7741	WALGREENS #3328 HOUSTON TX	$5.00
10/12	10/11	6404	WALGREENS #3328 HOUSTON TX	$2.50
10/12	10/11	6217	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
10/12	10/11	0016	KUHT - TV 713-7488888 TX	$10.00
10/17	10/14	8252	WALGREENS #3328 HOUSTON TX	$2.50
10/19	10/18	0696	KROGER #161 HOUSTON TX	$34.51
10/20	10/19	5263	WALGREENS #5094 HOUSTON TX	$6.48
10/24	10/21	1511	WALGREENS #5094 HOUSTON TX	$24.48
10/24	10/21	5024	KROGER #161 HOUSTON TX	$29.85
10/24	10/22	6141	WONDER LABORATORIES 800-9921672 TN	$14.30
10/24	10/22	1446	WALGREENS #3328 HOUSTON TX	$14.38
10/24	10/22	0404	RANDALLS STORE00010660 HOUSTON TX	$57.47
10/24	10/21	3351	WALGREENS #5094 HOUSTON TX	$25.47
			Fees Charged	
10/25			ANNUAL MEMBERSHIP FEE	$0.00
			TOTAL FEES FOR THIS PERIOD	**$0.00**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$150.00
Total Interest Charged in 2011	$59.65

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Cardmember Service

October Statement for activity from Sep. 23, 2011 through Oct. 25, 2011 **Inquiries: 1-800-558-3424**

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

****APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest*	*Variable*	*Interest*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$641.96	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

How Do You Want Your Cash? You now have the option to choose either statement credit or direct deposit when you redeem points for Cash Back. In the Rewards Center, simply select Deposit to Checking or Savings Account from the Redemption Options menu. Your cash reward will be deposited to your account within three business days.

BalanceShield offers Protection from the Unexpected!
Get peace of mind knowing your minimum monthly payment can be paid for up to 12 months in the event of hardships like unemployment or disability. These and other benefits cost only $0.85 per $100 of your statement balance each month. ENROLL TODAY BY CALLING 877-694-1285.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

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End of Statement

Cardmember Service

November Statement for activity from Oct. 26, 2011 through Nov. 22, 2011
NELVA E BRUNSTING
ELMER H BRUNSTING

Inquiries: 1-800-558-3424
ELN 6 14

Your Select Rewards Visa® Platinum Card account at a glance ...
Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$641.96
Payments	$0.00
Other Credits	$16.93CR
Purchases	$504.08
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$30.00
Fees Charged	**$30.00**
Interest Charged	**$6.12**
New Balance	$1,165.23
Credit Line	$9,900.00
Available Credit	$8,734.77
Statement Close Date	Nov. 22, 2011
Days in Billing Cycle	28

Payment Information

New Balance	$1,165.23
Minimum Payment Due (Current Month)	$67.00
Minimum Payment Due (Past Due)	$30.00
Total New Minimum Payment Due	**$97.00**
Payment Due Date	Dec. 19, 2011

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	3 years	$1,330
$37	3 years	$1,338 *(Savings= $8)*

If you would like information about credit counseling services, call 866-951-1391.

To reduce or avoid paying additional fees and interest charges on your purchase balance, pay the total new balance of $1,165.23 by 12/19/11. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Continued on Next Page

Make a payment online OR Please print out and send this portion of statement with payment to the address listed

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Cardmember Service

Your Account Number:	4037 6600 1389 6626
Total New Balance:	$1,165.23
Minimum Payment Due:	$97.00
Payment Due Date	Enter Amount of Payment Enclosed
Dec. 19, 2011	, .

To **change your address** or for Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000004239 1 SP 106481348369532 E

NELVA E BRUNSTING
ELMER H BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

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What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Cardmember Service

November Statement for activity from Oct. 26, 2011 through Nov. 22, 2011 **Inquiries: 1-800-558-3424**

NELVA E BRUNSTING
ELMER H BRUNSTING

Visa Select Rewards

Description of Activity	*This Statement*	*Year to Date*
Base Reward Points	487	9,340
Total	487	9,340

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 11:00 pm (CST) Monday through Friday, 8:00 am to 9:00 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
11/18	11/16	2103	THE HOME DEPOT 571 HOUSTON TX MERCHANDISE/SERVICE RETURN	$16.93CR
			Purchases and Other Debits	
10/27	10/25	6653	CVS PHARMACY #8912 HOUSTON TX	$32.23
10/28	10/26	0420	RANDALLS STORE00010660 HOUSTON TX	$30.48
11/07	11/06	4291	WALGREENS #3328 HOUSTON TX	$5.00
11/14	11/11	6627	MEDICAL ALERT C/O AMAC 866-502-2622 NY	$34.95
11/14	11/10	5212	ENTERPRISE RENT-A-CAR HOUSTON TX 11/05/11 RENTL: 120645521	$100.85
11/14	11/10	0048	KUHT - TV 713-7488888 TX	$10.00
11/15	11/14	7989	ROTO-ROOTER SVRCS10045 HOUSTON TX	$216.44
11/16	11/14	6694	THE HOME DEPOT 571 HOUSTON TX	$30.47
11/17	11/15	0061	RANDALLS STORE00010116 HOUSTON TX	$35.56
11/18	11/16	4534	THE HOME DEPOT 571 HOUSTON TX	$8.10
			Fees Charged	
11/21	11/19		LATE FEE - PAYMENT DUE ON 11/19	$30.00
			TOTAL FEES FOR THIS PERIOD	**$30.00**
			Interest Charged	
11/22			INTEREST CHARGE ON PURCHASES	$6.12
			TOTAL INTEREST FOR THIS PERIOD	**$6.12**

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$180.00
Total Interest Charged in 2011	$65.77

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Continued on Next Page

Cardmember Service

November Statement for activity from Oct. 26, 2011 through Nov. 22, 2011 **Inquiries: 1-800-558-3424**
NELVA E BRUNSTING
ELMER H BRUNSTING

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

******APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest Rate*	*Variable*	*Interest Charge*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$1,165.23	$863.60	YES	$6.12	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

*** IMPORTANT CARDMEMBER ALERT ***
We are concerned that we have not heard from you. Is everything OK?
Your credit card PAYMENT HAS NOT BEEN RECEIVED and is late.
We need to hear from you today because your account is currently past due.
PLEASE CALL US at 1-866-951-3862 or GO ONLINE to WWW.MYACCOUNTACCESS.COM,
login or enroll in Online Account Access to review your payment options.

Order your FREE Online Annual Account Summary, if you haven't already! The summary provides a record of all your 2011 credit card transactions organized into categories for easy identification. Order by December 15, 2011, on the Online Account Access website at myaccountaccess.com. Your summary will be available online no later than March 1, 2012.

Did you know that as a cardmember you can save up to 25% every time you rent with Avis car rental? Simply mention the Avis code AWD# A072700 when you reserve your car. Reserve at avis.com or call 1-800-331-1212.

Cardmembers can get on the road with special savings! Receive up to 20% off every Budget rental when you make your reservation and use the code BCD# R139300. Reserve at budget.com or call 1-800-527-0700.

ENROLL IN BALANCESHIELD BY CALLING 1-877-694-1285. With BalanceShield, your monthly payment will be paid for up to 12 months in the event of unexpected hardships like unemployment or disability. BalanceShield also cancels the total outstanding balance in the case of loss of life. Coverage costs just $0.85 per $100 of your monthly statement balance. ENROLL TODAY.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

P11107

End of Statement

Cardmember Service

December Statement for activity from Nov. 23, 2011 through Dec. 22, 2011 **Inquiries: 1-800-558-3424**
NELVA E BRUNSTING
ELMER H BRUNSTING
ELN 14

Your Select Rewards Visa® Platinum Card account at a glance ...

Account: 4037 6600 1389 6626

Activity Summary

Previous Balance	$1,165.23
Payments	$1,165.23CR
Other Credits	$0.00
Purchases	$0.00
Balance Transfers	$0.00
Advances	$0.00
Other Debits	$0.00
Past Due Amount	$0.00
Fees Charged	**$0.00**
Interest Charged	**$0.00**
New Balance	$0.00
Credit Line	$9,900.00
Available Credit	None
Statement Close Date	Dec. 22, 2011
Days in Billing Cycle	30

Payment Information

New Balance	$0.00
Minimum Payment Due (Current Month)	$0.00
Minimum Payment Due (Past Due)	$0.00
Total New Minimum Payment Due	**$0.00**
Payment Due Date	Jan. 19, 2012

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $35.00 Late Fee.

Visa Select Rewards

Description of Activity	***This Statement***	***Year to Date***
Base Reward Points	0	9,340
Total	0	9,340

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount
			Payments and Other Credits	
11/28		ET	PAYMENT THANK YOU	$1,165.23CR

Continued on Next Page

No payment is required, however please use coupon when making additional payments.

Cardmember Service

Zero Balance

To **change your address** or for
Cardmember Service please call:
1-800-558-3424 ***Every Hour! Every Day!***

000004512 1 SP 106481394122037 E

NELVA E BRUNSTING
ELMER H BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Account Number:	4037 6600 1389 6626

Your account has a zero balance.

P11108

BRUNSTING003938

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335.
In your letter or call, give us the following information:
- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases
If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:
1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us*in writing* at: Cardmember Service, P.O. Box 6335, Fargo, ND 58125-6335. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account
1. **INTEREST CHARGE:** Method of Computing Amount Subject to Interest: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate (**"DPR"**) by the Average Daily Balance (**"ADB"**) (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. Credit insurance charges are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance premium is charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. Payment Information: Make checks payable to Cardmember Service. Use the enclosed return envelope to mail your payment to: Cardmember Service, P.O. Box 790408, St. Louis, MO 63179-0408. All payments by check or money order, in U.S. dollars and accompanied by a payment coupon will be credited to your Account on the day of receipt if received at this address by 5:00 p.m. CST on any banking day. Banking days are all calendar days except Saturday, Sunday, and federal holidays. Payments due over a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. Other types of mailed payments will be processed within five banking days of receipt by Cardmember Service and credited to your Account on the day of receipt.

3. Credit Reporting: We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.

Cardmember Service

December Statement for activity from Nov. 23, 2011 through Dec. 22, 2011 **Inquiries: 1-800-558-3424**

NELVA E BRUNSTING
ELMER H BRUNSTING

Transactions

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount

2011 Totals Year-to-Date	
Total Fees Charged in 2011	$180.00
Total Interest Charged in 2011	$65.77

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

****APR for current and future transactions.

Balance Type	*Balance By Type*	*Balance Subject to Interest Rate*	*Variable*	*Interest Charge*	*Annual Percentage Rate*	*Expires with Statement*	*Interest Free Period*
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	9.24%		NO
**PURCHASES	$0.00	$0.00	YES	$0.00	9.24%		YES
**ADVANCES	$0.00	$0.00	YES	$0.00	20.24%		NO

Important Messages

Your account has been closed to further use of credit. If you still have cards in your possession, please cut them in half and return them to us.

Each time you or a third party on your behalf, pays your bill by personal check, you authorize us to convert that payment into an electronic debit. If the check is processed electronically, the checking account will be debited for the amount on the check and the debit will appear on your account statement. If you have any questions, please contact us at the Inquiries phone number located on this statement.

To contact us regarding your account... 4037 6600 1389 6626

By Telephone:
Every Hour! Every Day!
Voice: 1-800-558-3424
TDD: 1-888-352-6455
Fax: 1-866-616-1750

Send Inquiries to:
Cardmember Service
P.O. Box 6354
Fargo, ND 58125-6354

Send Payments to:
Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Online
visit our website:
myaccountaccess.com

P11110

End of Statement

P11111

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Put your tax refund to work.
You work hard for your money, so if you have already received or are expecting a tax refund, consider putting it to work. Investing even a small amount today has the potential to grow to an attractive amount in the future. Edward Jones offers a variety of investments and services that can help you work toward your long-term goals, whether they include building a nest egg, helping to pay for a child's education or retiring according to your wishes. Call your Edward Jones financial advisor for ideas on making the most of your tax refund.

007102 EJR722K1 038155

April 2012

00007102 01 AV 0.347 01 TR 00030 722K 000010

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
NELVA E BRUNSTING SURVIVORS TR
NELVA E BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

Your Edward Jones financial advisor

DOUG WILLIAMS

713-464-6071

9525 KATY FREEWAY SUITE 122

HOUSTON TX 77024

Other contact information:

Edward Jones
Attention: Client Reporting
201 Progress Parkway
Maryland Heights, MO 63043

Client Relations: 800-441-2357
Monday-Friday 7am-7pm Central time

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Edward Jones MasterCard: 800-362-6299

Edward Jones VISA debit card: 888-289-6635

P11112

BRUNSTING003942

Account number: 609-91956-1-9
Statement type: Preferred
March 31 - April 27, 2012

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DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON TX 77024
713-464-6071

Value Summary

Value on Apr 27	**$199.20**
Value on Mar 31	$199.20
Value one year ago	$54,421.16

Summary of Your Assets

Held at Edward Jones	Value on Apr 27	Value on Mar 31	Dollar change
Cash, Insured Bank Deposit & Money Market funds	$199.20	$199.20	$0.00
Total at Edward Jones	**$199.20**	$199.20	$0.00

Your Retirement Account Summary

	This period	Cumulative
2012 Contributions	$0.00	$0.00
2011 Contributions	$0.00	$0.00
Fee paid by this account	$0.00	$40.00

May 20 is Be a Millionaire day.
While you may not become a millionaire on May 20, here are three steps to get you started and then keep you on track to reaching your long-term goals. 1. Start early. The earlier you begin saving and investing, the better off you'll be. 2. Pay yourself first. Make a habit of regularly investing. 3. Control your debts. The lower your debt payments, the more you'll have to invest. Your financial advisor can help. Contact him or her today.

Your Assets at Edward Jones

Cash, Insured Bank Deposit & Money Market funds	Current Yield/Rate	Current value
Cash		$199.20
Total Cash, Insured Bank Deposit & Money Market funds		**$199.20**

BRUNSTING003943 P11113

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Preferred Stocks	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
GENERAL MOTORS CORP ESCROW	Aggressive None	—	389.	—	—	—
Total Stocks				—	—	—

Total estimated asset value **$199.20**

Take charge of your financial future.
According to the National Education and Resource Center on Women and Retirement Planning, nearly 90% of women will at some point be solely responsible for their finances. That's why it's important for women to take an active role in their finances and become more investment savvy. Your Edward Jones financial advisor can meet with you to discuss your family's current situation, your short- and long-term goals, and the value of setting specific, realistic and measurable goals designed to help get you where you want to be. Call today.

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P11114

007102 EJR722K1 038156

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Statement of Financial Condition - Edward Jones' statement of financial condition is available for your personal review:

* at your local branch office
* at www.edwardjones.com/en_US/company/index.html
* by mail upon written request

About Your Account

Account Information - Your Account Agreement contains the complete conditions that govern your account. Please contact your financial advisor if you have any changes to your financial situation, contact information or investment objectives.

Account Safety - Please review your statement carefully. If you believe there are errors on your account, you must notify us promptly of your concerns. You may either contact our Client Relations department or your financial advisor. You should re-confirm any oral communication by sending us a letter within 30 days to protect your rights, including your rights under the Securities Investor Protection Act (SIPA).

Errors or Questions about your Electronic Transfers - Contact Client Relations at (800) 441-2357.

Complaints about Your Account - If you have a complaint please send a letter to Edward Jones, Attn: Complaints Dept., 1245 JJ Kelley Memorial Dr., St. Louis, MO 63131.

Withholding on Distributions or Withdrawals - Federal law requires Edward Jones to withhold income tax on distribution(s) from your retirement accounts and other plans unless you elect not to have withholding apply. You may elect a percentage to be withheld from your distribution or not to have the withholding apply by signing and dating the appropriate form and returning it to the address specified on the form. Your election will remain in effect until you change or revoke it by returning another signed and dated form. If you do not return the form by the date your distributions are scheduled to begin, Federal income tax will be withheld. If you do not have enough income tax withheld from your distributions, you may need to pay estimated tax. You may incur penalties if the amounts withheld and your estimated tax payments are not equal to the tax you owe. State withholding, if applicable, is subject to the state's withholding requirements.

Fair Market Value for Individual Retirement Accounts - Your fair market value as of December 31st will be reported to the IRS as required by law.

Rights to Your Free Credit Balance - You may ask to withdraw your free credit balance during normal business hours, subject to any indebtedness in your account. While your funds are not segregated, they are properly accounted for on our books. Edward Jones may use your free credit balance to conduct business.

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Visit http://www.edwardjones.com/en_US/resources/knowledge_center/index.html

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001081 EJR722K1 005724

May 2012

00001081 01 AV 0.347 01 TR 00006 722K 000000

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
NELVA E BRUNSTING SURVIVORS TR
NELVA E BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

Your Edward Jones financial advisor

DOUG WILLIAMS

713-464-6071

9525 KATY FREEWAY SUITE 122

HOUSTON TX 77024

Other contact information:

Edward Jones
Attention: Client Reporting
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Maryland Heights, MO 63043

Client Relations: 800-441-2357
Monday-Friday 7am-7pm Central time

www.edwardjones.com/access

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Edward Jones VISA debit card: 888-289-6635

P11116

Account number: 609-91956-1-9
Statement type: Preferred
April 28 - May 25, 2012

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DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON TX 77024
713-464-6071

Value Summary

Value on May 25	**$199.20**
Value on Apr 28	$199.20
Value one year ago	$153.72

Summary of Your Assets

Held at Edward Jones	Value on May 25	Value on Apr 28	Dollar change
Cash, Insured Bank Deposit & Money Market funds	$199.20	$199.20	$0.00
Total at Edward Jones	**$199.20**	$199.20	$0.00

Your Retirement Account Summary

	This period	Cumulative
2012 Contributions	$0.00	$0.00
2011 Contributions	$0.00	$0.00
Fee paid by this account	$0.00	$40.00

Balancing Retirement and Education Goals

Saving for your retirement and a child's college education can be challenging. Many consider saving for retirement and then borrowing for education costs, but that approach can substantially increase the cost of a college education and potentially derail your retirement. Edward Jones can help you develop an investment strategy to help you work toward achieving both goals. The key, however, is to start now, so call your financial advisor today.

Your Assets at Edward Jones

Cash, Insured Bank Deposit & Money Market funds	Current Yield/Rate	Current value
Cash		$199.20
Total Cash, Insured Bank Deposit & Money Market funds		**$199.20**

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P11117

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Preferred Stocks	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
GENERAL MOTORS CORP ESCROW	Aggressive None	—	389.	—	—	—
Total Stocks				—	—	—
Total estimated asset value				**$199.20**		

The Importance of Social Security to Women
Social Security plays an important role in the lives of most retirees, but this source of retirement income is especially important to women, who often earn less and spend fewer years in the workforce than their male counterparts. Learn more about the role Social Security can play in your retirement and steps you can take to help ensure you are properly prepared for retirement at www.edwardjones.com/socialsecuritywomen.

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Portfolio for Nelva E Brunsting

Financial Advisor Doug Williams, 713-464-6071
9525 Katy Freeway Suite 122, Houston, TX 77024
Statement Period Apr 28 - May 25, 2012

00029625 02 AV 0.347 02 TR 00127 EJADD252 000000

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
NELVA E BRUNSTING SURVIVORS TR
NELVA E BRUNSTING
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Portfolio Summary

Total Portfolio Value

$236,556.47

1 Month Ago	$250,643.35
1 Year Ago	$396,269.98

Edward Jones can help meet your financial needs.

Edward Jones offers a variety of investments and services to help you meet your financial needs and goals. We are your local source for certificates of deposit; municipal, government and corporate bonds; common stocks; mutual funds; insurance; fixed and variable annuities and saving, spending and borrowing solutions. We can also help you develop a strategy for saving for a college education and retirement and can assist you with your estate considerations. Contact your financial advisor to learn more.

Overview of Investment Accounts

Investment Accounts	Account Holder	Account Number	Value 1 Year Ago	Current Value
Living Trust	Nelva E Brunsting	653-13555-1-6	$130,285.57	$1.05
Individual Retirement Account	Nelva E Brunsting	609-91956-1-9	$153.72	$199.20
Living Trust Advisory Solutions Fund Model	Elmer H Brunsting Decedents Tr	653-13579-1-8	$265,830.69	$236,356.22
Total Investment Accounts			**$396,269.98**	**$236,556.47**

Although account information is provided on this page, it does not guarantee an actual statement was produced. Refer to your account statement for the exact registration and more specific details regarding each account.

029625 EJADD252 013247

Important disclosures; such as Statement of Financial Condition, Conditions that Govern Your Account, Account Safety, Errors, Complaints, Withholding, Free Credit Balance, Fair Market Value or Terminology; relating to your account(s) are available on the last page of this package or at www.edwardjones.com/statementdisclosures.

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P11121

Living Trust

Anita Kay Brunsting TTEE
U/A DTD 10/10/1996
Elmer H Brunsting Decedents Tr

The Importance of Social Security to Women

Social Security plays an important role in the lives of most retirees, but this source of retirement income is especially important to women, who often earn less and spend fewer years in the workforce than their male counterparts. Learn more about the role Social Security can play in your retirement and steps you can take to help ensure you are properly prepared for retirement at www.edwardjones.com/socialsecuritywomen.

Account Value

$236,356.22

1 Month Ago	$250,443.10
1 Year Ago	$265,830.69

Value Summary

	This Period	This Year
Beginning value	$250,443.10	$232,412.32
Assets added to account	0.00	0.00
Income	170.69	1,399.11
Assets withdrawn from account	0.00	0.00
Change in value	-14,257.57	2,544.79
Ending Value	**$236,356.22**	

Summary of Assets (as of May 25, 2012) — Advisory Solutions Fund Model

Cash & Money Market					**Ending Balance**
Money Market 0.01%*					**$2,091.08**

* The average yield on the money market fund for the past seven days.

Mutual Funds	**Price**	**Quantity**	**Cost Basis**	**Unrealized Gain/Loss**	**Value**
Brandywine Blue	24.28	296.59	—	—	**7,201.21**
Columbia Mid Cap Value	13.41	552.605	—	—	**7,410.43**
Credit Suisse Comm Ret Strat	7.70	1,080.556	—	—	**8,320.28**
Dodge & Cox Income	13.61	1,414.866	—	—	**19,256.33**
Dodge & Cox Intl Stock	28.61	785.129	—	—	**22,462.54**
DWS Small Cap Value	33.98	143.03	—	—	**4,860.16**
Fidelity New Insights	21.65	578.962	—	—	**12,534.53**
ING Global Real Estate	15.89	459.086	—	—	**7,294.88**
Investment Co of America	28.19	612.848	—	—	**17,276.19**
JP Morgan Core Bond	11.99	1,193.289	13,375.30	932.24	**14,307.54**
JP Morgan Fed Mon Mkt	1.00	2,572.95	—	—	**2,572.95**
JP Morgan High Yield	7.81	629.574	—	—	**4,916.97**
Loomis Sayles Inv Grade Bd	12.20	588.714	—	—	**7,182.31**
MFS Research International	13.47	1,160.136	—	—	**15,627.03**

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Summary of Assets (continued)

Mutual Funds	Price	Quantity	Cost Basis	Unrealized Gain/Loss	Value
New World	46.71	97.559	—	—	**4,556.98**
Oppenheimer Intl Bd	6.20	1,114.667	—	—	**6,910.94**
Pimco Total Return IV	10.82	674.705	—	—	**7,300.31**
Pioneer Fund	39.36	484.685	—	—	**19,077.20**
T. Rowe Price Equity Income	23.92	722.759	—	—	**17,288.40**
T. Rowe Price New Income	9.75	1,956.531	—	—	**19,076.18**
Thornburg Value	29.39	300.503	—	—	**8,831.78**
Total Account Value					**$236,356.22**

Summary of Realized Gain/Loss

	This Period	This Year
Short Term (assets held 1 year or less)	$89.43	**$89.45**
Long Term (held over 1 year)	3,546.46	**3,546.48**
Total	**$3,635.89**	**$3,635.93**

Summary totals may not include proceeds from uncosted securities or certain corporate actions.

Detail of Realized Gain/Loss from Sale of Securities

	Purchase Date	Sale Date	Quantity	Cost Basis	Proceeds	Realized Gain/Loss	
Oppen Comm Strat Ttl Ret	—	05/09	1,270.513	$3,885.92	$4,205.40	$319.48	LT
Oppen Comm Strat Ttl Ret	12/22/2011	05/09	85.652	261.97	283.51	21.54	ST
Brandywine Blue	06/09/2010	05/24	280.684	5,821.73	6,815.01	993.28	LT
Brandywine Blue	09/09/2011	05/24	15.906	329.91	386.20	56.29	ST
Credit Suisse Comm Ret Strat	09/09/2011	05/24	162.128	1,243.52	1,243.52	0.00	
Dodge & Cox Intl Stock	06/09/2010	05/24	378.421	10,739.08	10,834.19	95.11	LT
DWS Small Cap Value	06/09/2010	05/24	4.737	146.62	161.12	14.50	LT
Dodge & Cox Income	06/09/2010	05/24	383.36	5,070.95	5,217.53	146.58	LT
Investment Co of America	06/09/2010	05/24	195.346	4,701.66	5,510.72	809.06	LT
ING Global Real Estate	06/09/2010	05/24	16.961	227.39	270.52	43.13	LT
JP Morgan Core Bond	06/09/2010	05/24	21.067	240.38	252.38	12.00	LT
JP Morgan High Yield	—	05/24	587.197	4,513.62	4,585.99	72.37	LT
JP Morgan High Yield	—	05/24	42.377	325.75	330.97	5.22	ST
Loomis Sayles Inv Grade Bd	09/09/2011	05/24	13.16	163.23	160.55	-2.68	ST

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Detail of Realized Gain/Loss from Sale of Securities (continued)

	Purchase Date	Sale Date	Quantity	Cost Basis	Proceeds	Realized Gain/Loss	
MFS Research International	06/09/2010	05/24	118.569	1,484.08	1,594.75	110.67	LT
Pioneer Fund	06/09/2010	05/24	127.549	4,332.35	5,034.35	702.00	LT
Oppenheimer Intl Bd	06/09/2010	05/24	359.589	2,199.58	2,233.05	33.47	LT
Pimco Total Return IV	09/09/2011	05/24	24.678	257.71	266.77	9.06	ST
T. Rowe Price Equity Income	06/09/2010	05/24	34.511	701.72	826.20	124.48	LT
T. Rowe Price New Income	06/09/2010	05/24	273.29	2,594.25	2,664.58	70.33	LT

Investment and Other Activity

Date	Description	Quantity	Amount
5/01	Dividend on JP Morgan Core Bond on 1,190.398 Shares @ 0.029		$34.52
5/01	Reinvestment into JP Morgan Core Bond @ 11.94	2.891	-34.52
5/01	Dividend on JP Morgan High Yield on 626.568 Shares @ 0.038		23.81
5/01	Reinvestment into JP Morgan High Yield @ 7.92	3.006	-23.81
5/01	Dividend on Oppenheimer Intl Bd on 1,111.073 Shares at Daily Accrual Rate		22.93
5/01	Reinvestment into Oppenheimer Intl Bd @ 6.38	3.594	-22.93
5/01	Dividend on Pimco Total Return IV on 673.353 Shares at Daily Accrual Rate		14.59
5/01	Reinvestment into Pimco Total Return IV @ 10.79	1.352	-14.59
5/01	Dividend on T. Rowe Price New Income on 1,951.674 Shares at Daily Accrual Rate		47.45
5/01	Reinvestment into T. Rowe Price New Income @ 9.77	4.857	-47.45
5/02	Dividend on Loomis Sayles Inv Grade Bd on 586.509 Shares @ 0.046		27.39
5/02	Reinvestment into Loomis Sayles Inv Grade Bd @ 12.42	2.205	-27.39
5/04	Redeemed JP Morgan Fed Mon Mkt @ 1.00	-272.29	272.29
5/04	Advisory Solutions Program Fee		-272.29
5/14	Sell Oppen Comm Strat Ttl Ret @ 3.31 as of 05/09/12	-1,356.165	4,488.91
5/14	Buy Credit Suisse Comm Ret Strat @ 7.87 as of 05/09/12	570.382	-4,488.91

Pending Trades

Date	Description	Settlement Date	Total Amount
5/24	Pending buy of JP Morgan Fed Mon Mkt 2,116.08 @ 1.00	5/30/2012	$2,116.08
5/24	Pending sell of Brandywine Blue 296.59 @ 24.28	5/30/2012	7,201.21
5/24	Pending buy of Blackrock Cap App 305.806 @ 23.00	5/30/2012	7,033.54
5/24	Pending buy of Baron Small Cap 190.611 @ 24.60	5/30/2012	4,689.03
5/24	Pending buy of Capital World Bond 227.182 @ 20.64	5/30/2012	4,689.03
5/24	Pending buy of Capital World Growth & Income 137.103 @ 32.74	5/30/2012	4,488.74

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Pending Trades (continued)

Date	Description	Settlement Date	Total Amount
5/24	Pending buy of Capital World Growth & Income 219.951 @ 32.74	5/30/2012	7,201.21
5/24	Pending sell of Credit Suisse Comm Ret Strat 162.128 @ 7.67	5/30/2012	1,243.52
5/24	Pending buy of Columbia Mid Cap Value 323.039 @ 13.40	5/30/2012	4,328.72
5/24	Pending sell of Dodge & Cox Intl Stock 378.421 @ 28.63	5/30/2012	10,834.19
5/24	Pending sell of DWS Small Cap Value 4.737 @ 34.01	5/30/2012	161.12
5/24	Pending sell of Dodge & Cox Income 383.36 @ 13.61	5/30/2012	5,217.53
5/24	Pending buy of Fidelity New Insights 69.024 @ 21.70	5/30/2012	1,497.82
5/24	Pending sell of Investment Co of America 195.346 @ 28.21	5/30/2012	5,510.72
5/24	Pending sell of ING Global Real Estate 16.961 @ 15.95	5/30/2012	270.52
5/24	Pending sell of JP Morgan Core Bond 21.067 @ 11.98	5/30/2012	252.38
5/24	Pending sell of JP Morgan High Yield 629.574 @ 7.81	5/30/2012	4,916.97
5/24	Pending sell of Loomis Sayles Inv Grade Bd 13.16 @ 12.20	5/30/2012	160.55
5/24	Pending buy of Mainstay High Yield Corp Bd 757.183 @ 5.90	5/30/2012	4,467.38
5/24	Pending buy of Mainstay High Yield Corp Bd 833.385 @ 5.90	5/30/2012	4,916.97
5/24	Pending sell of MFS Research International 118.569 @ 13.45	5/30/2012	1,594.75
5/24	Pending buy of New World 52.895 @ 46.71	5/30/2012	2,470.71
5/24	Pending sell of Pioneer Fund 127.549 @ 39.47	5/30/2012	5,034.35
5/24	Pending sell of Oppenheimer Intl Bd 359.589 @ 6.21	5/30/2012	2,233.05
5/24	Pending sell of Pimco Total Return IV 24.678 @ 10.81	5/30/2012	266.77
5/24	Pending sell of T. Rowe Price Equity Income 34.511 @ 23.94	5/30/2012	826.20
5/24	Pending sell of T. Rowe Price New Income 273.29 @ 9.75	5/30/2012	2,664.58
5/24	Pending buy of Thornburg Value 16.571 @ 29.52	5/30/2012	489.18

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Understanding Risk

While few people enjoy taking risk, it's a normal part of investing. In fact, some risk is actually beneficial and serves a valuable purpose. If investors didn't accept some risk, there wouldn't be the potential to achieve higher returns. However, it's important to ensure you're not taking on unnecessary risk. The goal is to determine what level of risk you're comfortable accepting and then balance it with the required risk necessary to achieve your long-term goals.

What Is Risk?

Risk in the investment world is usually associated with volatility. At its most basic level, risk refers to uncertainty and is much broader than volatility and the potential for (and size of) losses. Perhaps the biggest risk you may face is not reaching your financial goals. For example, a portfolio that is all in cash may have little volatility, but it also won't provide any growth potential or inflation protection. For retirees, not keeping up with inflation or not having the right withdrawal strategy can lead to another major risk: the risk of outliving your money. Ultimately, the key is to determine what level of risk is appropriate to help you achieve your goals.

Determining the Right Level of Risk

While risk may come in many forms, the process of determining what level of risk you're comfortable with covers three main areas.

1. Risk tolerance refers to your comfort level with taking risk. Gauging risk tolerance is important because you're unlikely to reach your long-term goals if you abandon your strategy due to short-term market volatility.
2. Risk capacity considers your ability to handle risk. Your investment time horizon is one of the biggest factors in determining risk capacity. If you're young and saving for retirement, you have a long time to make up for losses. Other factors, such as income needs, may also influence your risk capacity. Investors with substantial fixed expenses may be unable to tolerate much volatility.
3. Required risk refers to the level of risk necessary to achieve your investment goals. The higher the return necessary to reach your goals, the more potential risk you'll need to take to achieve them.

The Balancing Act

The next step is a balancing act, as there may be a discrepancy between how much risk you are comfortable taking and how much you actually must take to achieve your goals. Meet with your financial advisor to discuss your goals and the amount of risk you're willing to take to reach them. You may need to make some difficult decisions, but ultimately, these decisions can help you find the proper balance and may help you avoid the biggest risk you face: not reaching your financial goals.

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Edward Jones
MAKING SENSE OF INVESTING

About Edward Jones
Edward D. Jones & Co., L.P. is dually registered with the Securities and Exchange Commission (SEC) as a broker-dealer and an investment adviser. Edward Jones is also a member of FINRA.
Statement of Financial Condition — Edward Jones' statement of financial condition is available for your personal review:

- at your local branch office
- at www.edwardjones.com/en_US/company/index.html
- by mail upon written request

About Your Account
Account Information — Your Account Agreement contains the complete conditions that govern your account. Please contact your financial advisor if you have any changes to your financial situation, contact information or investment objectives.
Account Safety — Please review your statement carefully. If you believe there are errors on your account, you must notify us promptly of your concerns. You may either contact our Client Relations department or your financial advisor. You should re-confirm any oral communication by sending us a letter within 30 days to protect your rights, including your rights under the Securities Investor Protection Act (SIPA).
Errors or Questions about your Electronic Transfers — Contact Client Relations at (800) 441-2357.
Complaints about Your Account — If you have a complaint please send a letter to Edward Jones, Attn: Complaints Dept., 1245 JJ Kelley Memorial Dr., St. Louis, MO 63131.

Withholding on Distributions or Withdrawals — Federal law requires Edward Jones to withhold income tax on distribution(s) from your retirement accounts and other plans unless you elect not to have withholding apply. You may elect a percentage to be withheld from your distribution or not to have the withholding apply by signing and dating the appropriate form and returning it to the address specified on the form. Your election will remain in effect until you change or revoke it by returning another signed and dated form. If you do not return the form by the date your distributions are scheduled to begin, Federal income tax will be withheld. If you do not have enough income tax withheld from your distributions, you may need to pay estimated tax. You may incur penalties if the amounts withheld and your estimated tax payments are not equal to the tax you owe. State withholding, if applicable, is subject to the state's withholding requirements.
Fair Market Value for Individual Retirement Accounts — Your fair market value as of December 31st will be reported to the IRS as required by law.
Rights to Your Free Credit Balance — You may ask to withdraw your free credit balance during normal business hours, subject to any indebtedness in your account. While your funds are not segregated, they are properly accounted for on our books. Edward Jones may use your free credit balance to conduct business.

Learn More about Your Statement, Review Additional Disclosures and Terminology — Visit http://www.edwardjones.com/en_US/resources/knowledge_center/index.html

Go Green! Did you know you can receive your statements and other documents online instead of on paper? Visit www.edwardjones.com/edelivery for more information.

Contact Information

Client Relations		Online Access		Other Contacts	
Toll Free Phone	Monday-Friday 7am -7pm CST	Online Account Access	www.edwardjones.com/access	Edward Jones MasterCard	800-362-6299
800-441-2357					
201 Progress Parkway		Edward Jones Online Support		Edward Jones VISA Debit Card	
Maryland Heights, MO 63043		800-441-5203		888-289-6635	

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EDWARD JONES ADVISORY SOLUTIONS®

Core Plus Balanced toward Growth II

Account Name ELMER H BRUNSTING DECEDENTS TRUST
Account Number 65313579

Doug Williams
Financial Advisor

9525 Katy Freeway
Suite 122
Houston, TX 77024
713-464-6071

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Report Created: 04/06/12

Market Commentary as of March 31, 2012

Volatility Subsides as Economic Data Improves

Volatility, as measured by the VIX index, declined sharply during the first quarter and touched its lowest levels since April 2011 late in the quarter. This continues a trend which began at the start of the fourth quarter 2011 and has lead to one of the steepest declines in volatility on record. Contributing to the drop-off in volatility has been continued improvement in the U.S. economy, as labor markets have improved, manufacturing data has been healthy, consumer spending has been resilient and corporate profits and dividends have both been rising. During the first quarter of 2012, 122 S&P 500 companies raised their dividend by an average of 20% versus just 84 companies raising their dividend at this point in 2011, and only 58 at this point in 2010.

Equity Markets Surge to Kickoff 2012

As a result of the improving U.S. economic backdrop and less concern over European debt issues, equity markets had their best first quarter since 1998, with the S&P 500 up 12.6%. The S&P 500 is now up 28% since the market bottomed in early October of last year. Within the broader equity markets, emerging international markets rose 14.1%, mid-cap stocks rose 13.5%, small cap was up 12.4% and developed international markets rose 11.0%. From a style allocation standpoint, value continued to underperform growth, with value equities up 11.1% during the quarter versus growth equities which rose 14.7%.

Bond Market is Looking Tired after a Strong 30-year Run

Bond markets took a breather with the BarCap U.S. Aggregate Bond Index up only 0.3% during the quarter and up only 1.4% over the past 6 months. The yield on the benchmark 10-year treasury rose to 2.2% from 1.9% at the end of 2011, sending U.S. Treasuries down 1.3%. Within the broader fixed income space, high yield bonds rose 5.3%, corporate bonds rose 2.1% and municipals were up 1.8%. These relatively weaker bond market results come after the period ending December 2011 marked the first time in history that bonds had outperformed stocks over each of the trailing 1, 5, 10, 20 and 30 year rolling periods.

Stock Market is Likely to take a Breather at Some Point

According to Ned Davis Research, since 1900 we have seen a 5% or more decline in the S&P 500 3 times a year on average and a 10% or more correction about once a year. With rising oil prices, an uncertain political environment heading into the elections in November, concerns over slowing growth in China, and European debt concerns all still weighing on investor's minds, it is likely that markets will experience some type of pullback during the year. When the inevitable pullback occurs, it is important for you to be mentally prepared so you have a better chance of maintaining a disciplined approach and achieving your longer-term objectives. As we have been reminded of here again recently, some of the best periods in the market come immediately following steep declines so it is important to stay invested when volatility does occur.

Edward Jones Advisory Solutions: Staying Disciplined

One of the key benefits of the Edward Jones Advisory Solutions Program is the disciplined approach to investing that will broadly diversify your portfolio within your overall asset allocation and keep you invested with discipline through both up and down markets. An investor that panicked during the third quarter of last year and moved to the sidelines would have missed the subsequent 28% rise in equities that occurred over the past six months. You can rest assured that our program will help keep you invested throughout market cycles in an effort to help you achieve your overall objectives.

Art Russell, CFA, Principal, Investment Advice

Source: Ned Davis Research, Bloomberg, Standard & Poors. The S&P 500 is unmanaged and unavailable for direct investment.

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Update: Edward Jones Advisory Solutions Fund Models Brochure as of March 30, 2012
Rule 206(4) of the Investment Advisers Act of 1940 requires that Edward Jones provide clients with an annual summary of material changes to the Edward Jones Advisory Solutions Fund Models Brochure. These changes are reflected below and can also be found in Item 2 of the brochure.

Item 2: Material Changes

This section describes specific material changes that have been made to the brochure as of March 30, 2012. The last update to the brochure was made on December 9, 2011.

- Item 4: Advisory Business. The amount of assets under management at Edward Jones has been updated. As of December 31, 2011, we managed $63,319,263,930 in discretionary assets and $5,319,454,110 in non-discretionary assets in our advisory programs.

- Item 9: Disciplinary Information. This section contains the current disciplinary information of the firm. To learn more about this Item or to obtain a copy of the fully updated brochure, contact your financial advisor or visit the United States Securities and Exchange Commission's website at **www.adviserinfo.sec.gov.**

- Item 16: Investment Discretion. This item has been updated with additional information regarding how to terminate your participation in Advisory Solutions. To learn more about this Item or to obtain a copy of the fully updated brochure, contact your financial advisor or visit the United States Securities and Exchange Commission's website at **www.adviserinfo.sec.gov.**

- Item 17: Voting of Client Securities. As of December 9, 2011, Edward Jones may vote proxies for securities in client accounts, except for Benefit Plan Accounts. To learn more about this Item or to obtain a copy of the fully updated brochure, contact your financial advisor or visit the United States Securities and Exchange Commission's website at **www.adviserinfo.sec.gov.**

If you are interested in learning more about these changes, please contact your financial advisor.

Update: Edward Jones Brochure Supplements for Home Office Associates

Please note that there has been a change to the contact referenced in the Supervision section of the brochure supplements of our Home Office Associates. If you have any questions regarding the supervision of these associates, the new contact is Chris T. Blum, Principal, who can be reached at 800-771-2069.

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Changes to Your Quarterly Performance Report - Portfolio Growth Page

Your Quarterly Performance Report provides you with a detailed analysis of your Advisory Solutions account. To ensure the information contained in this report is clearly presented, changes were recently made to the Portfolio Growth page (pg. 8).

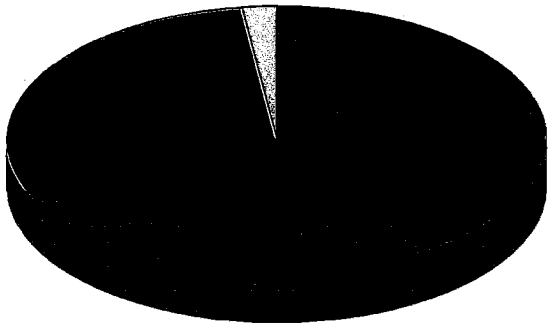
The Portfolio Growth page helps you easily track your portfolio's value and the fees you have paid over time. Changes were made to the page, allowing you to view:

- The value of your portfolio over various time periods (last quarter, year to date, 3 years, 5 years and 10 years), instead of only quarterly, to provide a long-term perspective of your portfolio
- Your portfolio's gain or loss, inclusive of all fees associated with your account, over various time periods
- The Advisory Solutions Fee, which is now displayed separately, for the last quarter, year to date and trailing 12 months

Please contact your Edward Jones financial advisor if you have any questions about the changes to your Quarterly Performance Report.

Account Summary as of March 31, 2012

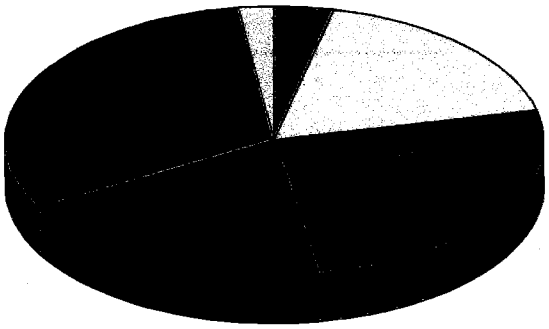
Asset Categories as of 03/31/12



	Asset Category	Market Value	% of Total Portfolio
■	Equities	$167,464	66.7%
■	Fixed Income	78,520	31.2
▨	Cash and Money Market	5,209	2.1
	Your Total Portfolio	**$251,193**	**100.0%**

Actual vs. Target Allocation as of March 31, 2012

Your Asset Class Allocation as of 03/31/12



Asset Class	Market Value	Actual	Target	Difference
Aggressive	$8,988	3.6%	4.0%	(0.4%)
Growth	44,865	17.9	17.0	0.9
Growth & Income	65,022	25.9	25.0	0.9
International Equity	48,589	19.3	19.0	0.3
Income	78,520	31.2	33.0	(1.8)
Cash and Money Market	5,209	2.1	2.0	0.1
Your Total Portfolio	**$251,193**	**100.0%**	**100.0%**	

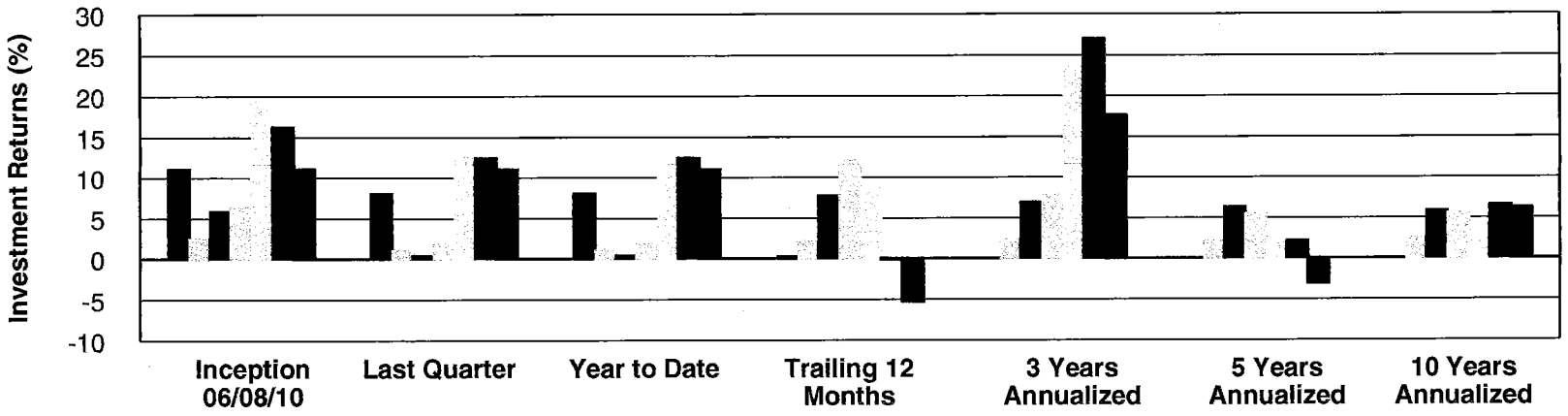
Asset Class Performance through March 31, 2012

Your Asset Class	Inception Date	Since Inception Annualized*	Last Quarter	Year to Date	Trailing 12 Months	3 Years Annualized	5 Years Annualized	10 Years Annualized
Aggressive	06/08/10	9.97%	3.11%	3.11%	(14.41%)	n/a	n/a	n/a
Growth	06/08/10	16.42	14.74	14.74	0.83	n/a	n/a	n/a
Growth & Income	06/08/10	16.69	10.88	10.88	3.30	n/a	n/a	n/a
International Equity	06/08/10	13.34	12.08	12.08	(5.78)	n/a	n/a	n/a
Income	06/08/10	6.72	2.31	2.31	6.68	n/a	n/a	n/a
Cash and Money Market	06/08/10	0.02	0.00	0.00	0.00	n/a	n/a	n/a
Your Total Portfolio	**06/08/10**	**11.04**	**8.03**	**8.03**	**0.24**	**n/a**	**n/a**	**n/a**

Your Asset Class performance is illustrated gross of the Advisory Solutions Fee. Your Total Portfolio performance is illustrated net of the net Advisory Solutions Fee and internal mutual fund fees and expenses.

* Returns of less than 12 months are not annualized.

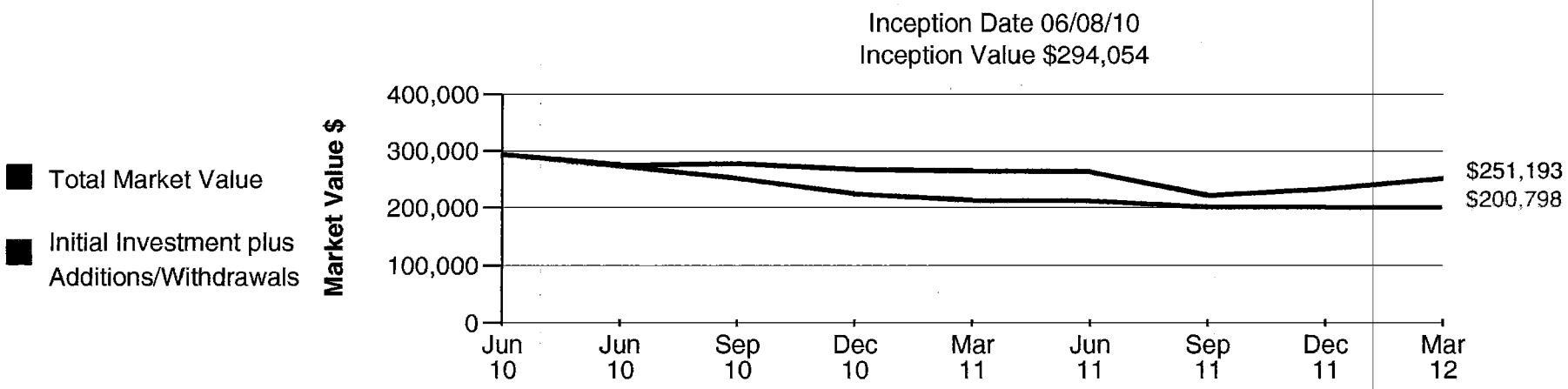
Portfolio Performance vs. Market Indices through March 31, 2012



	Since Inception Annualized**	Last Quarter	Year to Date	Trailing 12 Months	3 Years Annualized	5 Years Annualized	10 Years Annualized
Your Portfolio	11.04%	8.03%	8.03%	0.24%	n/a	n/a	n/a
US CPI (Inflation)*	2.51	1.09	1.09	2.09	2.36%	2.13%	2.47%
BarCap Aggregate (Taxable Fixed Income)	5.75	0.30	0.30	7.70	6.83	6.24	5.80
BarCap Municipal (Muni Fixed Income)	6.28	1.75	1.75	12.04	7.70	5.42	5.46
S&P 500 Total (Large U.S. Equities)	19.29	12.59	12.59	8.53	23.41	2.01	4.12
Russell 2000 (Small U.S. Equities)	16.26	12.44	12.44	(0.18)	26.90	2.13	6.45
MSCI EAFE (International Equities)	11.03	10.98	10.98	(5.30)	17.68	(3.04)	6.16

*The rate of inflation includes an estimated rate for the last month in the reporting periods. **Returns of less than 12 months are not annualized.

Portfolio Growth through March 31, 2012



	Since Inception	Last Quarter	Year to Date	Trailing 12 Months	3 Years	5 Years	10 Years
Beginning Market Value	294,054	232,523	232,523	264,625	n/a	n/a	n/a
Additions/Withdrawals	(93,256)	0	0	(12,778)	n/a	n/a	n/a
*** Gain/Loss - Net of Fees**	50,395	18,670	18,670	(655)	n/a	n/a	n/a
Ending Market Value	251,193	251,193	251,193	251,193	n/a	n/a	n/a
*** Advisory Solutions Fee**		757	757	3,197			

* Gain/Loss is shown net of any internal expenses of mutual funds and ETFs held in the account and net of fees assessed by Edward Jones including the Advisory Solutions Fee which is comprised of a Program Fee and an Administrative Fee, less any Fee Offset.

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Account Holdings as of March 31, 2012

Fund Description	Fund Style	Current Shares	Current Price	Market Value	% of Total Portfolio
Aggressive					
Credit Suisse Comm Ret Strat	Commodity	510	$8.26	$4,214	1.7
Oppen Comm Strat Ttl Ret	Natural Resources	1,356	3.52	4,774	1.9
Total Aggressive				**8,988**	**3.6**
Growth					
Brandywine Blue	Large Cap Growth	297	26.92	7,984	3.2
Columbia Mid Cap Value	Mid Cap Value	553	14.29	7,897	3.1
DWS Small Cap Value	Small Cap Value	143	36.96	5,286	2.1
Fidelity New Insights	All Cap Growth	579	22.90	13,258	5.3
Thornburg Value	Large Cap Core	301	34.74	10,439	4.2
Total Growth				**44,865**	**17.9**
Growth and Income					
ING Global Real Estate	Real Estate	457	16.80	7,671	3.1
Investment Co Of America	Large Cap Value	613	29.92	18,336	7.3
Pioneer Fund	Large Cap Core	485	42.44	20,570	8.2
T. Rowe Price Equity Income	Large Cap Value	723	25.52	18,445	7.3
Total Growth and Income				**65,022**	**25.9**

Account Name ELMER H BRUNSTING DECEDENTS TRUST
Account Number 65313579

Account Holdings as of March 31, 2012

Fund Description	Fund Style	Current Shares	Current Price	Market Value	% of Total Portfolio
International Equity					
Dodge & Cox Intl Stock	Foreign Large Value	785	32.96	25,878	10.3
MFS Research International	Foreign Large Core	1,160	15.25	17,692	7.0
New World	Emerging Markets	98	51.45	5,019	2.0
Total International Equity				**48,589**	**19.3**
Income					
Dodge & Cox Income	Interm Term Taxable Bond	1,415	13.56	19,186	7.6
JP Morgan Core Bond	Interm Term Taxable Bond	1,187	11.84	14,056	5.6
JP Morgan High Yield	High Yield Bond	623	7.89	4,915	2.0
Loomis Sayles Inv Grade Bd	Interm Term Taxable Bond	584	12.40	7,245	2.9
Oppenheimer Intl Bd	International Bond	1,107	6.33	7,006	2.8
PIMCO Total Return IV	Interm Term Taxable Bond	672	10.67	7,167	2.9
T. Rowe Price New Income	Interm Term Taxable Bond	1,946	9.70	18,879	7.5
Total Income				**78,454**	**31.2**

Account Holdings as of March 31, 2012

Fund Description	Fund Style	Current Shares	Current Price	Market Value	% of Total Portfolio
Cash and Money Market					
Cash	Cash / Money Market			2,080	0.8
JP Morgan Fed Mon Mkt	Money Market	3,129	1.00	3,129	1.2
Total Cash and Money Market				**5,209**	**2.1**
Your Total Portfolio				**$251,193**	**100.0%**

Disclosures and Definitions as of March 31, 2012

IMPORTANT INFORMATION REGARDING EDWARD JONES ADVISORY SOLUTIONS:

DISCLOSURES:

If there have been changes in your financial situation or investment objectives, or if you wish to restrict certain mutual funds or ETFs in your Advisory Solutions account, please notify your Edward Jones financial advisor.

The Edward Jones Advisory - Solutions Fund Models Brochure (Brochure) provides important information about the qualifications and business practices of Edward Jones. Brochures and annual updates, if applicable, are provided to Clients. Brochures are also available from your financial advisor or through **www.adviserinfo.sec.gov.**

- The investments in Advisory Solutions, including money market funds, are offered by prospectus. You should consider the investment objectives, risks, and charges and expenses carefully before investing. The prospectus contains this and other information. Your Edward Jones financial advisor can provide a prospectus that should be read carefully before investing.
- As described in the Advisory Solutions Disclosure Document, Edward Jones and Edward Jones Trust Company may serve as custodian of client assets, depending on the type of account. This report is not a brokerage statement and is only intended for illustrative purposes. To review your Edward Jones investment holdings, please refer to your brokerage statement.
- Clients participating in Advisory Solutions pay certain fees to Edward Jones as described below. In addition, Clients indirectly bear the internal fees and expenses of mutual funds, ETFs and money market funds. These internal fees vary depending on the investment and share class.
- Performance information represents past performance and is not an indication of future results. The account value is subject to market fluctuations such that it may be worth more or less than its original value. Current performance may be lower or higher than the performance figures quoted. Performance information is derived from unaffiliated third parties and is believed to be accurate but is not independently verified by Edward Jones. Net returns reflect the deduction of Advisory Solutions Fees and the internal fees and expenses of mutual funds, ETFs and money market funds. Net returns also reflect the reinvestment of dividends and earnings. Gross returns do not reflect the deduction of Advisory Solutions Fees.
- Rebalancing of assets within an account participating in Advisory Solutions will be at the sole discretion of Edward Jones and occurs when an asset class drifts from its target allocation by more than a specified percentage.
- Indices listed are used as a general measure of market performance for a particular asset class or type. Securities indices assume reinvestment of all distributions and interest payments and do not take into account brokerage fees, taxes or investment management fees. If such fees and taxes were taken into account, they would have the effect of reducing performance. Securities in Your Portfolio will not be identical to those in the indices, and performance of Your Portfolio will differ. An index is not managed and is unavailable for direct investment.
- The rates of inflation (U.S. CPI) includes an estimate for the last month in the reporting period.
- Money market funds are not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although the fund is managed to preserve your investment at $1 per share, it is possible to lose money by investing in the fund. Money market funds are offered by prospectus. You should consider the investment objectives, risks, and charges and expenses carefully before investing. The prospectus contains this and other information. Your Edward Jones financial advisor can provide a prospectus that should be read carefully before investing.
- Equity investments generally involve greater risk than fixed-income investments, including greater volatility. Diversification does not ensure a profit or protect against loss. All investments involve risk, including loss of principal amount invested.
- Investments in small- and mid-capitalization and emerging growth companies involve greater-than-average risk. Such securities may have limited marketability, and the issues may have limited product lines, markets, and financial resources. The value of such investments may fluctuate more widely than investments in larger, more established companies.
- International stocks contain additional risks that are not associated with U.S. domestic issues, such as changes in currency exchange rates and different governmental regulations, economic conditions, and accounting standards. For a complete discussion of the risks, please read the prospectus.
- Some mutual fund or ETF investments categorized as Niche Assets may include real estate investment trusts (REITs), natural resources such as gold or commodities, emerging markets and alternative investments registered under the Investment Company Act of 1940. Niche Assets may be less liquid and contain a higher risk of loss of principal than other forms of equity investments. There are additional risks (including currency, political,

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Disclosures and Definitions as of March 31, 2012

social and economic risks) and the potential for greater price swings associated with Niche Assets.

- High-yield bond funds invest in fixed-income securities that, at the time of purchase, are noninvestment-grade, involve greater price volatility and present greater risks than higher-rated fixed-income securities.

FEE INFORMATION:

Advisory Solutions Fee - Clients pay certain fees for participating in Advisory Solutions ("Advisory Solutions Fee"). The Advisory Solutions Fee for Clients who own taxable accounts and individual retirement accounts, other than tax-qualified accounts and accounts subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), will be comprised of a Program Fee and an Administrative Fee, less any Fee Offset that may be applied by Edward Jones. The Program Fee is for advisory services provided by Edward Jones under the terms of the Client Agreement. The Administrative Fee is for record-keeping, accounting services and other administrative services provided by Edward Jones.

The Advisory Solutions Fee for Clients who own employee benefit plans subject to ERISA pay only the Program Fee subject to the applicable fee schedule set forth in the Client Agreement.

Fee Offset - As described in Item 5 of the Advisory Solutions Brochure, compensation may be received by Edward Jones from mutual fund companies, such as payments for marketing and distribution (referred to as Rule 12b-1 fees) and for shareholding accounting services. Such compensation will be used to satisfy or otherwise offset the Program Fee or the Administrative Fee, if applicable ("Fee Offset").

Compensation received from Rule 12b-1 fees will be applied as a Fee Offset against a Client's Advisory Solutions Fee equal to the amount of Rule 12b-1 fees received by Edward Jones with respect to the Account's actual investments.

Compensation for shareholder accounting services received by Edward Jones on taxable accounts and IRAs that are not subject to ERISA will be collected and then allocated as a Fee Offset proportionately to all taxable accounts and IRAs based upon the value of the account's holding of Program Funds. Compensation for shareholder accounting services received by Edward Jones on tax qualified accounts (other than IRAs) and IRAs subject to ERISA, will be applied against the account equal to the amount of shareholder accounting fees received by Edward Jones with respect to the Account's actual investments.

REPORT INFORMATION:

Market Commentary - Brief analysis of some of the factors impacting the performance of Your Portfolio during the quarter.

Account Summary - Basic representation of Your Portfolio, divided between Equities, Fixed Income, and Cash Equivalents.

Actual vs. Target Allocation - Comparison by Asset Class of the Actual Asset Allocation against its Target Allocation. Target Allocation is based upon the Portfolio Objective selected. The actual and target asset allocation weightings are based on the overarching mandate of the mutual funds/ETFs and may not be representative of the actual underlying holdings of the funds, as the underlying holdings may vary on a daily basis.

Asset Class Performance - This page illustrates performance returns for each Asset Class (gross of the Advisory Solutions Fee and net of associated fund fees) along with that of Your Portfolio (net of the Advisory Solutions Fee and associated fund fees). Please note that if you are enrolled in Alternate Account Billing, Your Portfolio will reflect performance gross of the Advisory Solutions Fee rather than net. Asset Class performance is calculated on Program List funds only. Performance is calculated on a time-weighted rate of return basis.

Portfolio Performance vs. Market Indices - This page discloses the performance returns for Your Portfolio and multiple benchmarks. Performance is calculated on a time-weighted rate of return basis.

Portfolio Growth - Tracks the change in value of Your Portfolio on an ongoing basis and discloses net additions/withdrawals, Advisory Solutions Fees paid and the gain/loss of the account. The gain/loss and market value figures are illustrated net of the Advisory Solutions Fee and associated fund fees and expenses. If you have chosen Alternate Account Billing for your account, your market value and gain/loss figures are shown gross of the Advisory Solutions Fee and you will need to refer to the alternate billed account for the Fee amounts.

Account Holdings - List of the securities held within the account as of quarter end. Information is grouped by Asset Class. Other details provided include fund style, market value and percent of total portfolio. Note that in some instances, the market value summation of each individual asset class may not equal Your Total Portfolio amount. This is because Your Total Portfolio amount includes income earned but not yet paid (accrued income) while the individual security and asset class values only include income paid.

INDICES INFORMATION:

The following indices are used as benchmarks. Below you will find an explanation for each benchmark.

Disclosures and Definitions as of March 31, 2012

Consumer Price Index (CPI) - Measure of the average change in prices of a fixed "basket" of goods and services. The CPI is calculated monthly by the government to give insight on inflationary or deflationary trends.

BarCap Aggregate Bond Index - Measures the performance of government, mortgage-backed, asset-backed and corporate securities with at least one year to maturity.

BarCap Municipal Bond Index - This market-cap-weighted index includes investment-grade, tax-exempt bonds and is classified into four main sectors: General Obligation, Revenue, Insured and Pre-refunded. Bonds with floating rates (including derivative and residual interest securities) are excluded.

MSCI EAFE - A market weighted index maintained by Morgan Stanley Capital International comprised of foreign stocks from 21 developed markets (excluding US & Canada). Source: MSCI. MSCI makes no express or implied warranties or representations and shall have no liability whatsoever with respect to any MSCI data contained herein. The MSCI data may not be further redistributed or used to create indices or financial products. This report is not approved or produced by MSCI.

Russell 2000 Index - Following the Russell 1000 measurement of the 1,000 largest U.S. companies, this index measures the performance of the next 2,000 largest U.S. companies based on total market capitalization, representing approximately 8% of the invested U.S. equity market.

S&P 500 Total Index - A broad-based measurement of changes in stock market conditions based on the average performance of 500 widely held common stocks. While many of the stocks are among the largest, this index also includes many relatively small companies. It is a capitalization-weighted index (stock price times number of shares outstanding), calculated on a total return basis with dividends reinvested.

P11145

EDWARD JONES
201 PROGRESS PARKWAY
ST LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

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U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/09/2012 FOR SETTLEMENT DATE 05/14/2012

YOU SOLD	1,356.165	SHARES	PRICE	$	3.3100
DESCRIPTION: OPPENHEIMER COMMODITY STRATEGY TOTAL RETURN FUND CL Y UNSOLICITED AS OF 05/09/12			PRINCIPAL AMOUNT	$	4,488.91
			TOTAL	$	4,488.91

ORDER 653657690 PROCESSED ON 05/09/2012 @ 23:55:52 CUSIP 68380Y409 (QRAYX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

001267 EJCNA401 003758

P11146

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11147

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Edward Jones

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VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/09/2012 FOR SETTLEMENT DATE 05/14/2012

YOU BOUGHT	570.382	SHARES	PRICE	$	7.8700
DESCRIPTION: CREDIT SUISSE COMMODITY RETURN STRATEGY FUND UNSOLICITED AS OF 05/09/12			PRINCIPAL AMOUNT	$	4,488.91
			TOTAL	$	4,488.91

ORDER 653657689 PROCESSED ON 05/09/2012 @ 23:55:52 CUSIP 22544R305 (CRSOX)

IF YOU DO NOT RECEIVE A REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

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P11148

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11149

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Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011 [1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$_ [2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

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VICTORIA TX 77904-3049

May 22, 2012

Thank you for continuing to let Edward Jones help you prepare for your financial future. In order to provide you with quality service, we are required to verify the information we have on file related to this account. This helps Edward Jones better assist you in making financial decisions.

We're contacting you because either your financial advisor recently updated your account information or it has been three years since we last verified your information.

Please review the enclosed pages, which list your account information. If the information is correct, you do not need to return this letter. However, if changes are needed, please print the new information on the attached pages and sign and return them in the postage-paid return envelope or fax to 877-888-0981 so that we can update our records. **Please do not enclose cash, checks or other securities with this letter.** Please note that any information you share with Edward Jones is confidential. For more information on our privacy policy, please visit www.edwardjones.com. We have also enclosed information titled "Account Safety" that provides helpful reminders for maintaining account records.

As the primary account holder, you will receive all correspondence. You may elect to access all your Edward Jones accounts, updated every day with the latest information, through Edward Jones Online Account Access. This free service, available at www.edwardjones.com, allows you to select electronic delivery for certain types of information, specifically statements, proxies, etc.

Again, thank you for your business and your confidence in Edward Jones. We look forward to serving your investment needs.

Sincerely,

Ronald L. Gorgen
Principal, Compliance Division

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P11152

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(314) 515-6240
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Edward Jones®

Account Type: TRUST
Account Number: 653-13579
Branch Number: 06539

Date: May 22, 2012

Enter current information for all persons listed on the account. Please sign and return in the postage-paid envelope or fax to 877-888-0981 only those pages requiring updates to the information you see printed. For your protection, do not enclose cash, checks, securities or other material.

1. **Name and MAILING Address (first, middle, last):**
ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

2. **Account Objectives** (see definition of terms):
You have selected an Edward Jones Advisory Solutions - Fund Model account. Your account objectives were determined by information provided when you completed the Advisory Solutions Investment Objective Questionnaire and are contained on your Advisory Solutions Client Agreement. If you do not believe you have selected an Edward Jones Advisory Solutions - Fund Model account, or your objectives have changed, please make a note on this letter and return in the postage paid envelope.

3. **Net Worth** (must exclude value of primary residence):
$1,700,000

4. **Annual Income**:
$64,000

5. **Prior Investment Experience** (see definition of terms):
(4)Extensive Experience

*6. **Risk Profile** (see definition of terms):
(3)MODERATE

7. **Approximate dollar amount of assets held in the account expected to be withdrawn within three years:**
$0

*8. **Investment Time Horizon** (see definition of terms):
(C)6-10 Years

9. **Is any account holder:**
a. an Edward Jones employee or related to an Edward Jones employee? NO

b. employed or related to someone employed by an NYSE (New York Stock Exchange) member financial institution? NO

c. employed or related to someone employed by an NASD (National Association of Security Dealers) member financial institution? NO

Client's Signature:_____ Date:_____ **P11154**

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(314) 515-6240
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Edward Jones®

Account Type: TRUST
Account Number: 653-13579
Branch Number: 06539

Date: May 22, 2012

Enter current information for all persons listed on the account. Please sign and return in the postage-paid envelope or fax to 877-888-0981 only those pages requiring updates to the information you see printed. For your protection, do not enclose cash, checks, securities or other material.

1. **Legal Name & Home Address, no PO Box:**
(first, middle, last)

ANITA KAY BRUNSTING

203 BLOOMINGDALE CIRCLE

VICTORIA, TX 779043049

2. **Date of Birth:** 08/07/1963

3. **Home Telephone Number:** 361-550-7132

4. **Current Occupation:** HOMEMAKER

5. **Current Employer Name:** NA

Client's Signature:_____ Date:_____

P11155

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ACCOUNT SAFETY

You've worked hard for your assets. Here are some tips for keeping your account secure:

- Edward Jones does not accept cash deposits.
- Always make your checks payable to Edward Jones, not to your financial advisor or another Edward Jones associate. Ask for receipts when you deposit checks or securities.
- Review statements and trade confirmations for accuracy, making sure they reflect the activity you have authorized. Keep these documents in a file or binder.
- Your statement is mailed quarterly, or monthly if there has been activity in your account. If you have signed up for e-delivery of your statements, you will be notified via e-mail that your statement is ready to be viewed online. All transactions, including deposits and withdrawals, should appear on your statement.

Please promptly report any inaccuracy, discrepancy or concern by calling Customer Relations at (800) 441-2357. If you have a complaint, please notify us at Edward Jones, Attn: Complaint Dept., 1245 JJ Kelley Memorial Dr., St. Louis MO 63131. Any oral communications should be re-confirmed in writing to further protect your rights, including your rights under Securities Investor Protection Act (SIPA).

ACCOUNT PROTECTION

Edward Jones provides account protection for your securities, except annuities and insurance, held in your brokerage account. The Securities Investor Protection Corporation (SIPC) provides $500,000 of coverage for missing securities, including $250,000 for claims of cash awaiting reinvestment. Edward Jones purchases additional protection from underwriters at Lloyd's. This policy covers only theft, misplacement, destruction, burglary, embezzlement or abstraction. Market losses are not covered by SIPC or the additional protection. The aggregate protection limit for all claims is $900 million. For more information about SIPC, visit www.sipc.org or call (202) 371-8300.

INFORMATION FOR INVESTORS

Edward Jones is a member of the New York Stock Exchange and the Chicago Stock Exchange. Edward Jones also transacts business with a variety of dealers in securities including listed and over-the-counter stocks and bonds, government and agency issues and municipal securities. With regard to equity securities, Edward Jones monitors the performance of competing market centers and dealers and routes orders to those that consistently complete transactions in a timely manner and at a reasonable cost and that guarantee execution at the national best bid or offer or better. Routed market orders are generally directed to market centers or dealers that offer opportunity for price improvement through either automated or manual systems.

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Definition of Terms

Account Objectives:

BALANCED TOWARD GROWTH: This portfolio emphasizes growth potential with a secondary goal of current income. Over the long term, it should have moderate to higher risk.

GROWTH FOCUS: This portfolio emphasizes higher growth potential while providing modest current income. Over the long term, it should have higher risk than portfolios with a more income-oriented objective.

BALANCED TOWARD INCOME: This portfolio emphasizes current income with a secondary goal of growth potential. Over the long term, it should have a lower to moderate risk.

BALANCED GROWTH AND INCOME: This portfolio blends current income with long-term growth potential. Over the long term, it should have a moderate risk.

ALL-EQUITY FOCUS: This portfolio offers the highest growth potential. The majority of investments in the portfolio are equity-based, which are likely to carry the highest level of risk. This portfolio seeks long-term capital appreciation and provides very little or no current income.

INCOME FOCUS: This portfolio emphasizes current income with little growth potential or inflation protection. Over the long term, it should have lower risk than portfolios with a more growth-oriented objective.

Prior Investment Experience:

0 None
1 Limited
2 Moderate
3 Considerable
4 Extensive

Risk Profile:

1 Conservative
2 Moderately Conservative
3 Moderate
4 Moderately Aggressive
5 Speculative

Investment Time Horizon:

A 0-2 Years
B 3-5 Years
C 6-10 Years
D 11-15 Years
E 16-20 Years
F More than 20 Years

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FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	21.067	SHARES	PRICE	$	11.9800
DESCRIPTION: JPMORGAN CORE BOND FUND SELECT CLASS UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	252.38
			TOTAL	$	252.38

ORDER 653662541 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 4812C0381 (WOBDX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013038

P11158

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING003988

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
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- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11159

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	296.59 SHARES	PRICE	$ 24.2800
DESCRIPTION: BRANDYWINE BLUE FUND UNSOLICITED AS OF 05/24/12		PRINCIPAL AMOUNT	$ 7,201.21
		TOTAL	$ 7,201.21

ORDER 653662960 PROCESSED ON 05/25/2012 @ 00:28:51 CUSIP 10532B101 (BLUEX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
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000354 EJCNB601 013039

P11160

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING003990

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
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- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11161

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

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203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE	05/24/2012		FOR SETTLEMENT DATE	05/30/2012	
YOU BOUGHT	219.951	SHARES	PRICE	$	32.7400
DESCRIPTION: CAPITAL WORLD GROWTH & INCOME FUND CL F1 UNSOLICITED PROSPECTUS REQUIRED AS OF 05/24/12			PRINCIPAL AMOUNT	$	7,201.21
			TOTAL	$	7,201.21

ORDER 653662962 PROCESSED ON 05/25/2012 @ 00:28:51 CUSIP 140543406 (CWGFX)

IF YOU DO NOT RECEIVE A FINAL PROSPECTUS AND REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

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- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013040

P11162

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING003992

It is agreed between Edward Jones ("Broker") and the client

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  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11163

BRUNSTING003993

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

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529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

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ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	118.569	SHARES	PRICE	$	13.4500
DESCRIPTION: MFS RESEARCH INTERNATIONAL FUND CL I UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	1,594.75
			TOTAL	$	1,594.75

ORDER 653662543 PROCESSED ON 05/24/2012 @ 22:30:54 CUSIP 552983470 (MRSIX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
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000354 EJCNB601 013042

P11166

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING003996

It is agreed between Edward Jones ("Broker") and the client

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  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
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P11167

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HOUSTON, TX 77024

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IN YOUR CASH ACCOUNT 653-13579-1-8
ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	69.024	SHARES	PRICE	$	21.7000
DESCRIPTION: FIDELITY ADVISOR NEW INSIGHTS FUND INSTITUTIONAL CLASS UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	1,497.82
			TOTAL	$	1,497.82

ORDER 653662537 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 316071604 (FINSX)

IF YOU DO NOT RECEIVE A REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

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000354 EJCNB601 013043

P11168

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING003998

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  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11169

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

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529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011 [1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$_ [2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

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Edward Jones

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YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	13.16 SHARES	PRICE	$	12.2000
DESCRIPTION: LOOMIS SAYLES INVESTMENT GRADE BOND FUND CL Y UNSOLICITED AS OF 05/24/12		PRINCIPAL AMOUNT	$	160.55
		TOTAL	$	160.55

ORDER 653662542 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 543487136 (LSIIX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013045

P11172

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004002

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
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  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
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- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11173

BRUNSTING004003

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YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	4.737	SHARES	PRICE	$	34.0100
DESCRIPTION: DWS SMALL CAP VALUE FUND INSTITUTIONAL CLASS UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	161.12
			TOTAL	$	161.12

ORDER 653662534 PROCESSED ON 05/24/2012 @ 22:30:52 CUSIP 23338F754 (KDSIX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013046

P11174

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004004

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
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P11175

BRUNSTING004005

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FINANCIAL ADVISOR #: 408182
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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	195.346 SHARES	PRICE	$	28.2100
DESCRIPTION: INVESTMENT COMPANY OF AMERICA CL F1 UNSOLICITED AS OF 05/24/12		PRINCIPAL AMOUNT	$	5,510.72
		TOTAL	$	5,510.72

ORDER 653662539 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 461308405 (AICFX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013047

P11176

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004006

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
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P11177

BRUNSTING004007

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HOUSTON, TX 77024

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FINANCIAL ADVISOR #: 408182
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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	34.511	SHARES	PRICE	$	23.9400
DESCRIPTION: T ROWE PRICE EQUITY INCOME FUND UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	826.20
			TOTAL	$	826.20

ORDER 653662548 PROCESSED ON 05/24/2012 @ 22:30:54 CUSIP 779547108 (PRFDX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
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- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013048

P11178

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004008

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
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P11179

BRUNSTING004009

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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	383.36 SHARES	PRICE	$ 13.6100
DESCRIPTION: DODGE & COX INCOME FUND UNSOLICITED AS OF 05/24/12		PRINCIPAL AMOUNT	$ 5,217.53
		TOTAL	$ 5,217.53

ORDER 653662536 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 256210105 (DODIX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013049

P11180

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004010

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- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
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- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11181

BRUNSTING004011

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	359.589	SHARES	PRICE	$	6.2100
DESCRIPTION: OPPENHEIMER INTERNATIONAL BOND FUND CL Y UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	2,233.05
			TOTAL	$	2,233.05

ORDER 653662545 PROCESSED ON 05/24/2012 @ 22:30:54 CUSIP 68380T509 (OIBYX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013050

P11182

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004012

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

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  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
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P11183

BRUNSTING004013

EDWARD JONES
201 PROGRESS PARKWAY
ST. LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

RETAIN FOR YOUR PERMANENT TAX RECORDS

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U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	24.678	SHARES	PRICE	$	10.8100
DESCRIPTION: PIMCO FUNDS TOTAL RETURN FUND IV INST CL UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	266.77
			TOTAL	$	266.77

ORDER 653662546 PROCESSED ON 05/24/2012 @ 22:30:54 CUSIP 72201W717 (PTUIX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013051

P11184

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004014

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
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P11185

BRUNSTING004015

EDWARD JONES
201 PROGRESS PARKWAY
ST. LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	305.806 SHARES	PRICE	$	23
DESCRIPTION: BLACKROCK CAPITAL APPRECIATION FUND INSTITUTIONAL CLASS UNSOLICITED PROSPECTUS REQUIRED AS OF 05/24/12		PRINCIPAL AMOUNT	$	7,033.54
		TOTAL	$	7,033.54

ORDER 653662552 PROCESSED ON 05/24/2012 @ 22:30:55 CUSIP 09251R503 (MAFGX)

IF YOU DO NOT RECEIVE A FINAL PROSPECTUS AND REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
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- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013052

P11186

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004016

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
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P11187

BRUNSTING004017

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

000354 EJCNB601 013053

529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

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Edward Jones

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FINANCIAL ADVISOR #: 408182
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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	629.574	SHARES	PRICE	$	7.8100

DESCRIPTION:
JPMORGAN HIGH YIELD FUND
SELECT CL
UNSOLICITED
AS OF 05/24/12

PRINCIPAL AMOUNT	$	4,916.97
TOTAL	$	4,916.97

ORDER 653662961 PROCESSED ON 05/25/2012 @ 00:28:51 CUSIP 4812C0803 (OHYFX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
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000354 EJCNB601 013054

P11190

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004020

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- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
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P11191

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TEL 314-515-2000

Edward Jones

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9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

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IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	127.549	SHARES	PRICE	$	39.4700
DESCRIPTION: PIONEER FUND CL Y UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	5,034.35
			TOTAL	$	5,034.35

ORDER 653662547 PROCESSED ON 05/24/2012 @ 22:30:54 CUSIP 723682407 (PYODX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
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000354 EJCNB601 013055

P11192

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004022

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11193

BRUNSTING004023

EDWARD JONES
201 PROGRESS PARKWAY
ST. LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

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RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	16.571	SHARES	PRICE	$	29.5200
DESCRIPTION: THORNBURG VALUE FUND CL I UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	489.18
			TOTAL	$	489.18

ORDER 653662550 PROCESSED ON 05/24/2012 @ 22:30:55 CUSIP 885215632 (TVIFX)

IF YOU DO NOT RECEIVE A REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013056

P11194

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004024

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
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- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11195

BRUNSTING004025

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

000354 EJCNB601 013057

529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

EDWARD JONES
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ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

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VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	227.182	SHARES	PRICE	$	20.6400
DESCRIPTION: CAPITAL WORLD BOND FUND CL F1 UNSOLICITED PROSPECTUS REQUIRED AS OF 05/24/12			PRINCIPAL AMOUNT	$	4,689.03
			TOTAL	$	4,689.03

ORDER 653662553 PROCESSED ON 05/24/2012 @ 22:30:55 CUSIP 140541400 (WBFFX)

IF YOU DO NOT RECEIVE A FINAL PROSPECTUS AND REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

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- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013058

P11198

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004028

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- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
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  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11199

BRUNSTING004029

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Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

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Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

000354 EJCNB601 013059

529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

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Edward Jones

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BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	273.29 SHARES	PRICE	$ 9.7500
DESCRIPTION: T ROWE PRICE NEW INCOME FUND UNSOLICITED AS OF 05/24/12		PRINCIPAL AMOUNT	$ 2,664.58
		TOTAL	$ 2,664.58

ORDER 653662549 PROCESSED ON 05/24/2012 @ 22:30:54 CUSIP 779570100 (PRCIX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013060

P11202

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004032

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
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  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11203

BRUNSTING004033

EDWARD JONES
201 PROGRESS PARKWAY
ST. LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	162.128	SHARES	PRICE	$	7.6700
DESCRIPTION: CREDIT SUISSE COMMODITY RETURN STRATEGY FUND UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	1,243.52
			TOTAL	$	1,243.52

ORDER 653662533 PROCESSED ON 05/24/2012 @ 22:30:52 CUSIP 22544R305 (CRSOX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013061

P11204

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004034

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11205

BRUNSTING004035

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	833.385	SHARES	PRICE	$ 5.9000
DESCRIPTION: MAINSTAY HIGH YIELD CORPORATE BOND FUND CL I UNSOLICITED PROSPECTUS REQUIRED AS OF 05/24/12			PRINCIPAL AMOUNT	$ 4,916.97
			TOTAL	$ 4,916.97

ORDER 653662963 PROCESSED ON 05/25/2012 @ 00:28:52 CUSIP 56062X708 (MHYIX)

IF YOU DO NOT RECEIVE A FINAL PROSPECTUS AND REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013062

P11206

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004036

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11207

BRUNSTING004037

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

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529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

EDWARD JONES
201 PROGRESS PARKWAY
ST. LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

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ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	323.039	SHARES	PRICE	$	13.4000
DESCRIPTION: COLUMBIA MID CAP VALUE FUND CL Z UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	4,328.72
			TOTAL	$	4,328.72

ORDER 653662532 PROCESSED ON 05/24/2012 @ 22:30:52 CUSIP 19765J830 (NAMAX)

IF YOU DO NOT RECEIVE A REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013064

P11210

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004040

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
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- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11211

BRUNSTING004041

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

000354 EJCNB601 013065

529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

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Edward Jones

TRADE CONFIRMATION

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U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	757.183	SHARES	PRICE	$	5.9000
DESCRIPTION: MAINSTAY HIGH YIELD CORPORATE BOND FUND CL I UNSOLICITED PROSPECTUS REQUIRED AS OF 05/24/12			PRINCIPAL AMOUNT	$	4,467.38
			TOTAL	$	4,467.38

ORDER 653662555 PROCESSED ON 05/24/2012 @ 22:30:55 CUSIP 56062X708 (MHYIX)

IF YOU DO NOT RECEIVE A FINAL PROSPECTUS AND REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013066

P11214

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004044

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11215

BRUNSTING004045

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

000354 EJCNB601 013067

529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

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U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	16.961	SHARES	PRICE	$	15.9500
DESCRIPTION: ING GLOBAL REAL ESTATE FUND CL I UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$	270.52
			TOTAL	$	270.52

ORDER 653662538 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 44980Q302 (IGLIX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013068

P11218

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004048

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

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- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11219

BRUNSTING004049

EDWARD JONES
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ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

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YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	137.103 SHARES	PRICE	$	32.7400
DESCRIPTION: CAPITAL WORLD GROWTH & INCOME FUND CL F1 UNSOLICITED PROSPECTUS REQUIRED AS OF 05/24/12		PRINCIPAL AMOUNT	$	4,488.74
		TOTAL	$	4,488.74

ORDER 653662554 PROCESSED ON 05/24/2012 @ 22:30:55 CUSIP 140543406 (CWGFX)

IF YOU DO NOT RECEIVE A FINAL PROSPECTUS AND REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

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- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013069

P11220

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004050

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
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- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11221

BRUNSTING004051

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

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529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011 [1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$_ [2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

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Edward Jones

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U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	2,116.08 SHARES	PRICE	$	1
DESCRIPTION: JPMORGAN FEDERAL MONEY MARKET FUND INSTITUTIONAL CLASS UNSOLICITED AS OF 05/24/12		PRINCIPAL AMOUNT	$	2,116.08
		TOTAL	$	2,116.08

ORDER 653662540 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 4812A2785 (JFMXX)

IF YOU DO NOT RECEIVE A REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
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000354 EJCNB601 013071

P11224

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004054

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11225

Edward Jones receives payments known as revenue sharing from certain mutual fund companies, 529 plan program managers, insurance companies and retirement plan providers (collectively referred to as "product partners"). Virtually all of Edward Jones' transactions relating to mutual funds, 529 plans, insurance products and retirement plans involve product partners that pay revenue sharing to Edward Jones. We want you to understand that Edward Jones' receipt of revenue sharing payments creates a potential conflict of interest in the form of an additional financial incentive and financial benefit to the firm, its financial advisors and equity owners in connection with the sale of products from these products partners. For the year ended December 31, 2011 Edward Jones received revenue sharing payments of approximately $98.1 million from mutual fund and 529 product partners and $54.1 million from insurance product partners. For that same period, Edward Jones' net income was $481.8 million.

Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

Other product partners may pay Edward Jones a one-time fee based on the amount of the product sold. This approach is referred to as a sales-based fee and is based on the dollar value of your purchase. For example, the product partner may pay Edward Jones .25% or 25 basis points for each dollar you invest or use to purchase a product. Therefore, if you made a $10,000 investment, the product partner would pay Edward Jones $25 for that transaction. Finally, some insurance companies pay annual servicing fees or similar compensation to Edward Jones in connection with insurance products.

Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

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529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011 [1]
American Funds Distributors, Inc.	$2.04 [2]	$ [2]	$ [2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

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RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	190.611	SHARES	PRICE	$ 24.6000
DESCRIPTION: BARON SMALL CAP FUND INSTITUTIONAL CL UNSOLICITED PROSPECTUS REQUIRED AS OF 05/24/12			PRINCIPAL AMOUNT	$ 4,689.03
			TOTAL	$ 4,689.03

ORDER 653662551 PROCESSED ON 05/24/2012 @ 22:30:55 CUSIP 068278803 (BSFIX)

IF YOU DO NOT RECEIVE A FINAL PROSPECTUS AND REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013073

P11228

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004058

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

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- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
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- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11229

BRUNSTING004059

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Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

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Most, but not all, of the product partners that pay revenue sharing to Edward Jones have been designated as preferred product partners by Edward Jones. This designation means that Edward Jones has determined these product partners have a broad spectrum of investment and insurance solutions designed to meet a variety of client needs. Edward Jones grants preferred product partners greater access to certain information about its business practices. In addition, these product partners have frequent interactions with our financial advisors to provide training, marketing support and educational presentations. Non-preferred product partners that pay revenue sharing may receive similar treatment. With regard to insurance, Edward Jones' financial advisors have limited access to the products and services of other insurance carriers. Additionally, while Edward Jones financial advisors may sell, and our clients are free to select, funds from many mutual fund families, we exclusively promote mutual fund preferred product partners on our website. The vast majority of mutual funds, 529 plans, insurance products and retirement plans sold by Edward Jones involve preferred product partners, and, as noted above, each of these product partners pays revenue sharing to Edward Jones. The names of preferred product partners are shown in bold on the following revenue sharing summary tables.

Detailed information and disclosures concerning revenue sharing received from product partners are included in the following revenue sharing summary tables.

For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04 [2]	$_ [2]	$32.5 million
Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc. [4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc. [4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

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529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
American Funds Distributors, Inc.	$2.04[2]	$_[2]	$_[2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

EDWARD JONES
201 PROGRESS PARKWAY
ST. LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

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ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU BOUGHT	52.895	SHARES	PRICE	$ 46.7100
DESCRIPTION: NEW WORLD FUND CL F1 UNSOLICITED AS OF 05/24/12			PRINCIPAL AMOUNT	$ 2,470.71
			TOTAL	$ 2,470.71

ORDER 653662544 PROCESSED ON 05/24/2012 @ 22:30:54 CUSIP 649280401 (NWFFX)

IF YOU DO NOT RECEIVE A REVENUE SHARING DISCLOSURE, PLEASE CALL OUR CLIENT RELATIONS DEPARTMENT AT 1-800-441-2357.

SHORT TERM TRADING FEES MAY BE CHARGED ON SALES OR EXCHANGES. PLEASE SEE THE FUND PROSPECTUS FOR DETAILED INFORMATION.

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013075

P11232

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004062

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

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- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11233

BRUNSTING004063

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Revenue sharing, as received by Edward Jones, involves a payment from a mutual fund company's adviser or distributor, a 529 plan program manager, an insurance company or the entity that markets an insurance contract, or a retirement plan provider. It is not an additional charge to you. These payments are in addition to standard sales loads, annual sales fees, expense reimbursements, sub-transfer agent fees for maintaining client account information and providing other administrative services for mutual funds (shareholder accounting and networking fees), and reimbursements for education, marketing support and training-related expenses.

Some product partners pay Edward Jones a fee based on the value of assets under management, known as an asset-based fee. For example, if you made a $10,000 purchase of an investment, held it for a year, and its value remained the same, Edward Jones would be paid by the product partner .075% or 7.5 basis points. That would translate to a $7.50 payment from the product partner to Edward Jones for the $10,000 investment in your account. For every subsequent year you held that $10,000 investment in your Edward Jones account, the product partner would make a $7.50 payment to Edward Jones, assuming no change in the value of your investment. Asset-based payments will increase or decrease from year to year with changes in the value of the related assets held by Edward Jones' clients.

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For additional information on a particular product partner's payment and compensation practices, please review the applicable prospectus, statement of additional information or offering statement.

Mutual Fund Companies: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011[1]
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Federated Securities Corp.[3,4]	$10.00	$0	$0.4 million
Franklin Templeton Distributors, Inc.[4]	$5.00	$8.00	$16.2 million
Goldman Sachs Asset Management, L.P.[4,5]	$13.00	$0	$4.5 million
Hartford Investment Financial Services, LLC	$13.00	$0	$13.9 million
Invesco Distributors, Inc.[4]	$13.00	$0	$10.4 million
Lord Abbett Distributor LLC[4]	$10.00	$0	$13.4 million
MFS Fund Distributors, Inc.	$9.00	$0	$2.5 million
OppenheimerFunds Distributor, Inc.[4]	$13.00	$0	$3.7 million
Pioneer Funds Distributor, Inc.	$13.00	$0	$0.5 million

000354 EJCNB601 013076

529 Plan Program Managers: Revenue Sharing Summary			
Paid by	Maximum Annual Asset Fees (Based on $10,000 of fund assets owned)	Maximum Sales Fees (Per $10,000 of fund assets purchased)	Total Earned during 2011 [1]
American Funds Distributors, Inc.	$2.04 [2]	$ [2]	$ [2]
Upromise Investments, Inc.	$12.50	$0	$96,900

The names of preferred product partners are shown in bold in both tables.

[1] The amounts earned have been reported under the accrual basis of accounting in conformity with generally accepted accounting principles (GAAP).

[2] For the purposes of computing the annualized amount per $10,000 of assets, Edward Jones has categorized the entire revenue sharing arrangement with American Funds Distributors, Inc. ("American Funds") as an asset fee because American Funds has not distinguished to Edward Jones the breakdown of the revenue arrangement between asset fees and sales fees. If the entire revenue sharing arrangement was categorized as sales fees, the amount would be $28.18 per $10,000 purchased. American Funds has not distinguished the portion of its annual revenue sharing payment that is attributable to Edward Jones' sales of interests in the 529 plan for which American Funds is the program manager.

[3] Federated and Edward Jones jointly own the investment adviser to the taxable Edward Jones Money Market Fund and the Edward Jones Tax-Free Money Market Fund, with Edward Jones holding a 49.5% limited partnership interest. The foregoing table does not include any amounts earned by or paid to Edward Jones related to its or Federated's ownership of the adviser. Please refer to the funds' prospectuses for further information.

[4] As reflected in the Total Earned during 2011 column, Edward Jones receives revenue sharing payments in connection with retirement plans sponsored by Federated, Franklin Templeton, Goldman Sachs, Invesco, Lord Abbett and Oppenheimer, or for holdings in these entities' mutual funds that are included in other retirement plans sold by Edward Jones.

[5] Goldman Sachs was removed as a preferred product partner on April 28, 2011.

Detailed information concerning revenue sharing payments received from insurance and annuity product providers is available at www.edwardjones.com.

EDWARD JONES
201 PROGRESS PARKWAY
ST.LOUIS, MO. 63043-3042
TEL 314-515-2000

Edward Jones

TRADE CONFIRMATION

RETAIN FOR YOUR PERMANENT TAX RECORDS

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
ELMER H BRUNSTING DECEDENTS TR
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

YOUR FINANCIAL ADVISOR:

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON, TX 77024

BRANCH NUMBER : 06539
FINANCIAL ADVISOR #: 408182
ANY QUESTIONS CALL (713)464-6071

WE ARE PLEASED TO CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE INFORMATION, DISCLOSURES, AND TERMS ON THE FRONT AND REVERSE SIDES OF THIS DOCUMENT:

IN YOUR CASH ACCOUNT 653-13579-1-8

ON TRADE DATE 05/24/2012 FOR SETTLEMENT DATE 05/30/2012

YOU SOLD	378.421 SHARES	PRICE	$	28.6300
DESCRIPTION: DODGE & COX INTERNATIONAL STOCK FUND UNSOLICITED AS OF 05/24/12		PRINCIPAL AMOUNT	$	10,834.19
		TOTAL	$	10,834.19

ORDER 653662535 PROCESSED ON 05/24/2012 @ 22:30:53 CUSIP 256206103 (DODFX)

- If the phrase "we make a mkt in this security" appears on this confirmation, we have acted as principal functioning as a secondary market maker.
- If the phrase "unsolicited" appears on this confirmation, the transaction was conducted pursuant to an unsolicited order to buy or sell placed by the client.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.

000354 EJCNB601 013077

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THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

BRUNSTING004066

It is agreed between Edward Jones ("Broker") and the client

- That all orders are received and executed subject to the rules and customs of the market or exchange (and its clearing house, if any) where order is executed.
- All securities purchased or received for the client's account and not paid for in full may be loaned by the Broker or used by it in making deliveries or substitutions, or may be pledged by the Broker either separately or together with other client securities for the sum due hereon without further notice to the client.
- Should payment for purchases or delivery of sold securities be delayed beyond the settlement date or when in the Broker's judgment it appears necessary for its protection, the Broker at its option, without notice to the client may cancel, sell out or buy in the described security and the client shall be held liable for any loss incurred.
- All statements of account rendered to the client from time to time are acknowledged by the client to be correct unless written notice of exception thereto be given Edward Jones within five days after their receipt.
- Unless you indicate your non-acquiescence in writing, this agreement shall also inure to the benefit of the successors of Edward Jones.

Please note the following:

- We confirm the above transaction subject to the disclosures on the front and reverse side. This confirm shall be deemed correct in all aspects unless written notice of any inaccuracy is promptly sent to us. Failure to notify us constitutes your acceptance of this transaction.
- For odd-lot transactions, an odd-lot differential may have been charged and such amount will be furnished upon request.
- For debt securities transactions, call features may exist which could affect yield; additional information available upon request.
- For zero coupon transactions, no periodic payment and callable below maturity value, without notice by mail to holder unless registered.
- For agency transactions, the name of the other broker or party to the transaction will be furnished upon request; for agency and principal transactions, the time of execution will be furnished upon request.
- For asset backed security transactions, the actual yield of the security may vary according to the rate at which the underlying receivables or other financial assets are prepaid. A statement concerning the factors that affect yield (including estimated yield, weighted average life and prepayment assumptions underlying yield) will be furnished upon request.
- From time to time we may receive other remuneration on agency trades from other sources.
- For purchases of FNMA and Freddie Mac securities, additional pool information is available by contacting the appropriate issuer:
  Fannie Mae: 1-800-237-8627 or email: bestmbs@fanniemae.com
  Freddie Mac: 1-800-336-3672 or email: Investor_Inquiry@FreddieMac.com
- For municipal securities transactions, you can obtain the official statement through the EMMA website. Simply enter the cusip number into the following internet address: http://emma.msrb.org/securityview/securitydetails.aspx?cusip=(enter the 9-digit cusip). We will, upon your request, provide you with a paper copy of the official statement for your new issue municipal securities purchase, or, if you would like to establish a standing request for copies of official statements for all of your new issue municipal securities purchases. Please contact us with your explicit request at (800)441-2357.

P11237

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Bank of America

P.O. Box 619005
Dallas, TX 75261-9005

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
February 20 through March 31, 1997
Account Number: **85192-06643**

At Your Service:
1-800-432-1000 Toll-free
1-800-833-0805 Speech/hearing impaired
Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

Summary of Your Regular Savings Account

Beginning Balance on 02/20/97	$0.00
Total Deposits	+ 8,000.00
Total Withdrawals	- 7,675.00
Interest Paid	+ 6.61
Ending Balance	$331.61

Annual Percentage Yield earned this period	2.02%
Interest paid year-to-date	$6.61

Important Information About Your Account

Get a fresh new look with a home improvement loan from Bank of America. Rates are lower than most credit cards and other types of loans. Your interest may be tax deductible. To apply, call one of our loan specialists today! 1-800-THE-BofA. Consult your financial advisor about tax deductibility of interest.

Bank of America News

Check out our new VERSATEL Check Card. The VERSATEL Check Card is an enhanced ATM Card which has the VISA logo on it and can be used to make purchases at over 12 million merchant locations. For more information or to apply, call Customer Service or visit your nearest BofA office.

Account Activity

Date Posted	Description	Reference Number	Amount
	Deposits and Credits		
02/20	Deposit		$8,000.00
	Withdrawals and Transfers		
03/06	Withdrawal		$7,675.00
	Interest Paid		
02/28	Interest		$3.95
03/31	Interest		2.66
	Total Interest Paid		*$6.61*

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MEMBER FDIC

Bank of America

P.O. Box 619005
Dallas, TX 75261-9005

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
April 1 through June 30, 1997
Account Number: **85192-06643**

At Your Service:
1-800-432-1000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

❑ Summary of Your Regular Savings Account

Beginning Balance on 04/01/97	$331.61
Interest Paid	+ 1.66
Ending Balance	$333.27

Annual Percentage Yield earned this period	2.02%
Interest paid year-to-date	$8.27

❑ Important Information About Your Account

Now banking from home is as easy as point & click! Starting this month you can check current balances, review account activity, pay bills and transfer money, all through your computer and modem! To find out how to get HomeBanking for free, just call us at 1-800-363-BofA.

❑ Bank of America News

MoneyTalk options allow you to access Pay by Phone, transfer funds between accounts, open a new account and change your personal access code. Enjoy the convenience of MoneyTalk 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio, call 730-6000. All other locations 1-800-730-6000.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
04/30	Interest		$.55
05/31	Interest		.56
06/30	Interest		.55
	Total Interest Paid		*$1.66*

❑ Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
04/01	$ 331.61	05/31	332.72		
04/30	332.16	06/30	333.27		

Continued on next page

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MEMBER FDI

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period: April 1 through June 30, 1997
Account Number: **85192-06643**

☐ FACTS - Insured Account Disclosure Information

It is important to notify us if you change your address. If we receive notice from the Post Office or one of its agents that your address has changed, we may send statements and other notices regarding your accounts to the address specified by the Post Office.

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MEMBER FDI

Bank of America

P.O. Box 619005
Dallas, TX 75261-9005

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
July 1 through September 20, 1997
Account Number: **85192-06643**

At Your Service:
1-800-432-1000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

❑ Summary of Your Regular Savings Account

Beginning Balance on 07/01/97	$333.27
Interest Paid	+ 1.50
Ending Balance	$334.77

Annual Percentage Yield earned this period	2.02%
Interest paid year-to-date	$9.77

❑ Important Information About Your Account

MoneyTalk options allow you to access Pay by Phone, transfer funds between accounts, open a new account and change your personal access code. Enjoy the convenience of MoneyTalk 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio, call 730-6000. All other locations 1-800-730-6000.

Effective September 1, 1997, your personal savings statement will be issued quarterly on the day of the month your account was originally opened, rather than at the end of the quarter. The exception will be for accounts opened on the 29th, 30th or 31st. These accounts will now receive their statement on the 26th, 25th and 23rd, respectively.

Effective July 1, 1997, service charges continue to be assessed monthly, and now coincide with the day of the month the account was opened. If you have electronic transactions, you will receive a monthly statement.

❑ Bank of America News

Now banking from home is as easy as point & click! With HomeBanking you can check current balances, review account activity, pay bills and transfer money, all through your computer and modem! To find out how to get HomeBanking for free, just call us at 1-800-363-BofA.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
07/20	Interest		$.36
08/20	Interest		.57
09/20	Interest		.57
	Total Interest Paid		*$1.50*

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period: July 1 through September 20, 1997
Account Number: **85192-06643**

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
07/01	$ 333.27	08/20	334.20		
07/20	333.63	09/20	334.77		

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203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
September 21 through December 20, 1997
Account Number: **85192-06643**

At Your Service:
1-800-432-1000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

❑ Summary of Your Regular Savings Account

Beginning Balance on 09/21/97	$334.77
Interest Paid	+ 1.67
Ending Balance	$336.44

Annual Percentage Yield earned this period	2.01%
Interest paid year-to-date	$11.44

❑ Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Become a Lone Star Santa and make sure Santa comes to children who otherwise might not have Christmas. Just bring a new, unwrapped toy to any Bank of America branch.

❑ Bank of America News

Did you wish for more space today? Whether you're expanding the kitchen or adding a room, a Bank of America Home Equity Loan can help. Call 1-800-THE-BofA for information. Bank of America. Put Your Future In Motion.

Manage your money without moving an inch. With Bank of America's HomeBanking you can get account info, pay bills, and transfer funds online. All without leaving your favorite chair. Call 1-800-363-BofA today. Bank of America. Put Your Money in Motion.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
10/20	Interest		$.55
11/20	Interest		.57
12/20	Interest		.55
	Total Interest Paid		*$1.67*

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period: September 21 through December 20, 1997
Account Number: **85192-06643**

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
09/21	$ 334.77	11/20	335.89		
10/20	335.32	12/20	336.44		

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
March 21 through June 20, 1998
Account Number: **85192-06643**

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

❑ Summary of Your Regular Savings Account

Beginning Balance on 03/21/98	$8,046.13
Total Withdrawals, Transfers, Account Fees	- 7,675.00
Interest Paid	+ 5.68
Ending Balance	$376.81

Annual Percentage Yield earned this period	2.02%
Interest paid year-to-date	$15.37

❑ Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Turn a call into cash: 1-888-BUSINESS. Small Business Loans up to $50,000. It's easy: Apply by phone, seven days a week. No tax returns or financials required. Subject to credit approval.

❑ Bank of America News

Bank of America has 20 years experience in home equity lending. Our fixed-rate equity loans come with no points and no fees and an Instant Decision. Call 1-800-THE-BofA for more information. Bank of America, Put Your Future in Motion.

Tell us where you want to be in the future, and we'll show you the right savings and investment plan to help get you there. And now you can take advantage of our special CD bonus offer! Call 1-800-TRY-BofA for more information.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Withdrawals, Transfers, Account Fees		
03/30	Withdrawal		$7,675.00

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period: March 21 through June 20, 1998
Account Number: **85192-06643**

Account Activity Continued

Date Posted	Description	Reference Number	Amount
	Interest Paid		
04/20	Interest		$4.42
05/20	Interest		.62
06/20	Interest		.64
	Total Interest Paid		*$5.68*

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
03/21	$ 8,046.13	04/20	375.55	06/20	376.81
03/30	371.13	05/20	376.17		

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
June 21 through September 20, 1998
Account Number: **85192-06643**

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

❑ Summary of Your Regular Savings Account

Beginning Balance on 06/21/98	$376.81
Interest Paid	+ 1.87
Ending Balance	$378.68

Annual Percentage Yield earned this period	1.98%
Interest paid year-to-date	$17.24

❑ Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Turn a call into cash: 1-888-BUSINESS. Small Business Loans up to $50,000. It's easy: Apply by phone, seven days a week. No tax returns or financials required. Subject to credit approval.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
07/20	Interest		$.62
08/20	Interest		.64
09/20	Interest		.61
	Total Interest Paid		*$1.87*

❑ Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
06/21	$ 376.81	08/20	378.07		
07/20	377.43	09/20	378.68		

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
September 21 through December 20, 1998
Account Number: **85192-06643**

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

❑ Summary of Your Regular Savings Account

Beginning Balance on 09/21/98	$378.68
Interest Paid	+ 1.54
Ending Balance	$380.22

Annual Percentage Yield earned this period	1.64%
Interest paid year-to-date	$18.78

❑ Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
10/20	Interest		$.54
11/20	Interest		.54
12/20	Interest		.46
	Total Interest Paid		*$1.54*

❑ Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
09/21	$ 378.68	11/20	379.76		
10/20	379.22	12/20	380.22		

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BRUNSTING004078

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
December 21, 1998 through March 20, 1999
Account Number: **85192-06643**

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

Summary of Your Regular Savings Account

Beginning Balance on 12/21/98	$380.22
Total Deposits	+ 7,700.00
Interest Paid	+ 4.04
Ending Balance	$8,084.26

Annual Percentage Yield earned this period	1.25%
Interest paid year-to-date	$4.04

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Branch/ATM Deposits

Date Posted	Amount
03/10	$7,700.00

Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
01/20	Interest		$.40
02/20	Interest		.40
03/20	Interest		3.24
	Total Interest Paid		*$4.04*

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
12/21	$ 380.22	02/20	381.02	03/20	8,084.26
01/20	380.62	03/10	8,081.02		

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EQUAL HOUSING LENDER

BRUNSTING004079

MEMBER FDIC

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period: December 21, 1997
through March 20, 1998
Account Number: 85192-06643

Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
01/20	Interest		$.57
02/20	Interest		.58
03/20	Interest		8.54
	Total Interest Paid		*$9.69*

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
12/21	$ 336.44	02/20	337.59	03/20	8,046.13
01/20	337.01	03/02	8,037.59		

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BRUNSTING004080

MEMBER FDIC

1099-INT, Interest Income, OMB No. 1545-0112
1099-Div, Dividends and Distribution, OMB No. 1545-0110
1099-OID, Original Issue Discount, OMB No. 1545-0117
1099-MISC, Miscellaneous Income, OMB No. 1545-0115
1099-A, Acquisition or Abandonment of Secured Property, OMB No. 1545-0877
1099-B, Proceeds from Broker and Barter Exchange Transactions, OMB No. 1545-0715
1099-C, Cancellation of Debt, OMB No. 1545-1424
1098 Mortgage Interest Statement, OMB No. 1545-0901

BANK OF AMERICA TEXAS, N.A.
DEPT 04426
P.O. BOX 16290
PHOENIX, AZ 85011

0825763L

TAX YEAR 1998

E.I.N. 76-0337968

AT YOUR SERVICE CALL: 972-730-6000 OR
1-800-730-6000

THIS DOCUMENT ISSUED AS A 1998 TAX STATEMENT FOR A 1099 INFORMATION RETURN OR 1098 MORTGAGE INTEREST STATEMENT

THE BRUNSTING FAMILY IRREVOCABLE TR
ANITA K RILEY TR FOR VOCABLE TRUST D
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

FOR TAX YEAR
1998

TAXPAYER ID NUMBER
76-6124195

Deed

1998 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
SAVINGS	8519206643	
BOX 1	INTEREST INCOME	18.78
	TOTAL INTEREST	18.78

1099-INT 1099-OID 1099-B
1099-DIV 1099-MISC

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.

1099-A 1099-C

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

1098 - MORTGAGE P11251

The information next to boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this amount of interest on your return.

* The amount shown next to Box 1 may not be fully deductible by you on your Federal Income Tax Return. Limitations based on the cost and value of the secured property may apply. In addition, you may only deduct an amount of mortgage interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

Bank of America

P.O. Box 619005
Dallas, TX 75261-9005

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
March 21 through March 31, 1999
Account Number: **85192-06643**

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you

❑ Summary of Your Regular Savings Account

Beginning Balance on 03/21/99	$8,084.26
Total Withdrawals, Transfers, Account Fees	- 7,675.00
Ending Balance	$409.26

Annual Percentage Yield earned this period	1.25%
Interest paid year-to-date	$4.04
Interest earned this period	$1.20

❑ Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Withdrawals, Transfers, Account Fees		
03/25	ACH Withdrawal Jefferson-Pilot Ins.Prem 03/25/99 Jp4432833		$7,675.00

❑ Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
03/21	$ 8,084.26	03/25	409.26		

Recycled Paper
Printed on Recycled Paper
EQUAL HOUSING LENDER
BRUNSTING004082
MEMBER FDIC

Bank of America

P.O. Box 619005
Dallas, TX 75261-9005

E0-1

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Your Bank of America Regular Savings Statement

Statement Period:
April 1 through April 8, 1999
Account Number: **85192-06643**

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your business and we enjoy serving you.

❑ Summary of Your Regular Savings Account

Beginning Balance on 04/01/99	$409.26
Interest Paid	+ 1.31
Ending Balance	$410.57

Annual Percentage Yield earned this period	1.23%
Interest paid year-to-date	$5.35
Interest earned this period	$.11

❑ Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

❑ Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
04/08	Interest		$1.31

❑ Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
04/01	$ 409.26	04/08	410.57		

Recycled Paper
Printed on Recycled Paper
EQUAL HOUSING LENDER
BRUNSTING004083
MEMBER FDIC

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
06-12-99 through 09-14-99
Number of checks enclosed: 0
B 09 0 A 23 0038416

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
1-800-247-6262 Express Service/Customer Service
1-800-332-3977 Hearing Impaired Customer Service

Or you may write to:
Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-12-99	$	411.46
Deposits and Other Additions	+	1.11
Ending Balance on 09-14-99	$	412.57

Annual Percentage Yield Earned this Statement Period: 1.04%
Interest Paid Year to Date: $7.35

Year 2000 Update: We are ready for year 2000. We have tested key processes and technology and have complied with federal regulatory requirements. The rest of 1999 will be spent retesting our systems and fine-tuning our business continuity plans. For more information, call us toll-free at 1.888.960.1111 or visit us at www.bankofamerica.com/y2k.

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-14	0.41
Interest Earned	08-12	0.33
Interest Earned	09-14	0.37
Total Deposits and Other Additions		**$1.11**

P11254

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
06-12-99 through 09-14-99
Number of checks enclosed: 0
B 09 0 A 23 0038417

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	411.46	08-12	412.20
07-14	411.87	09-14	412.57

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
09-15-99 through 12-13-99
Number of checks enclosed: 0
B 09 0 A 23 0038188

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
1-800-247-6262 Express Service/Customer Service
1-800-332-3977 Hearing Impaired Customer Service
1-800-443-2711 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-15-99	$	412.57
Deposits and Other Additions	+	1.02
Ending Balance on 12-13-99	$	413.59

Annual Percentage Yield Earned this Statement Period: 1.01%
Interest Paid Year to Date: $8.37

YEAR 2000 UPDATE: You can expect the same level of service from Bank of America now and into the next millennium. The systems and software that support this account statement have already been made ready for year 2000. Statements will continue to come to you as they have before.

For more information, visit us at www.bankofamerica.com/y2k or call toll-free, 1.888.960.1111, 7am-10pm.

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-14	0.34
Interest Earned	11-12	0.33
Interest Earned	12-13	0.35
Total Deposits and Other Additions		**$1.02**

P11256

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
09-15-99 through 12-13-99
Number of checks enclosed: 0
B 09 0 A 23 0038189

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	412.57	11-12	413.24
10-14	412.91	12-13	413.59

P11257

Bank of America

FIRST CLASS MAIL

Customer Service: 1-800-247-6262

Date of Notice: 12/13/1999 CE099

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Notice of Inactive Account: Regular Savings

It has been some time since we have had contact with you concerning the account listed below, which means your account is about to become dormant under the terms of the Deposit Agreement and Disclosures. Dormant accounts may be subject to a non-refundable dormant account fee and/or all applicable fees described in the Schedule of Fees. Please note that your account may be considered abandoned property under state law, and your balance sent to the appropriate unclaimed property department of the state of your last known address.

To avoid having your account closed and the balance sent to the state of your last known address, please sign, date and return this notice to us as soon as possible. For your convenience, we have enclosed a postage-paid envelope. If you have any questions about your account, please call Customer Service at the number listed above. Thank you.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT	DESCRIPTION
0008519206643		02/20/1997	$412.91	SAVINGS

SSN/EIN: 766-12-4195

Please sign below to reinstate the active status of your account.

_____ _____

Authorized Customer Signature Date

Change of Address Information.
(Please complete if your address is different from the one listed on this notice.)

_____

_____

_____

P11258

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

H

Statement Period
03-14-00 through 04-13-00
Number of checks enclosed: 0
B 09 0 A 23 0009113

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.443.2711 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-14-00	$	8,096.09
Deposits and Other Additions	+	0.99
Other Subtractions	-	7,675.00
Ending Balance on 04-13-00	$	422.08

Interest Paid Year to Date: $3.49

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	0.99
Total Deposits and Other Additions		**$0.99**

P11259

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
03-14-00 through 04-13-00
Number of checks enclosed: 0
B 09 0 A 23 0009114

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jefferson-Pilot ;Des=ins.Prem ;ID=JP4432833 Eff Date: 000317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,096.09	03-17	421.09	04-13	422.08

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
03-14-00 through 06-15-00
Number of checks enclosed: 0
B 09 0 A 23 0010136

Account Number: 0085 1920 6643

16099 001 SCM999 I 3
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.443.2711 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-14-00	$	8,096.09
Deposits and Other Additions	+	1.72
Other Subtractions	-	7,675.00
Ending Balance on 06-15-00	$	422.81

Annual Percentage Yield Earned this Statement Period: 1.00%
Interest Paid Year to Date: $4.22

Effective June 9, 2000 when you make a deposit at a Bank of America ATM the amount from the deposit that may be available for immediate withdrawal or other use with the ATM card or Check Card will be up to $100 per banking day but not exceeding the amount of the deposit. The change does not apply to Gold Check Cards or Platinum Check Cards.

Please see the enclosed Access Identifier Agreement and Disclosure brochure for important information about Bank of America Telephone Banking.

Thank you for banking with Bank of America.

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
03-14-00 through 06-15-00
Number of checks enclosed: 0
B 09 0 A 23 0010137

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	0.99
Interest Earned	05-15	0.37
Interest Earned	06-15	0.36
Total Deposits and Other Additions		**$1.72**

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jefferson-Pilot ;Des=ins.Prem ;ID=JP4432833 Eff Date: 000317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,096.09	04-13	422.08	06-15	422.81
03-17	421.09	05-15	422.45		

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

H

Statement Period
06-16-00 through 09-14-00
Number of checks enclosed: 0
B 09 0 A 23 0006363

Account Number: 0085 1920 6643

15099 001 SCM999 I 2
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-16-00	$	422.81
Deposits and Other Additions	+	1.06
Ending Balance on 09-14-00	$	423.87

Annual Percentage Yield Earned this Statement Period: 1.00%
Interest Paid Year to Date: $5.28

Your Regular Savings monthly maintenance fee is not changing. But, starting 11/1/00, you can avoid the fee by keeping a $500 minimum daily balance in Regular Savings. Talk with us to make sure your account still meets your needs. Thank you for banking with Bank of America.

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-14	0.34
Interest Earned	08-16	0.38
Interest Earned	09-14	0.34
Total Deposits and Other Additions		**$1.06**

P11263

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
06-16-00 through 09-14-00
Number of checks enclosed: 0
B 09 0 A 23 0006364

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	422.81	08-16	423.53
07-14	423.15	09-14	423.87

Bank of America

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Statement Period
09-15-00 through 12-13-00
Number of checks enclosed: 0
B 09 0 A *23 0008325

Account Number: 0085 1920 6643

00003888 1 AB 0.270 12 14099 001 SCM999 I 2
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-15-00	$	423.87
Deposits and Other Additions	+	1.05
Service Charges and Other Fees	-	3.00
Ending Balance on 12-13-00	$	421.92

Annual Percentage Yield Earned this Statement Period: 1.00%
Interest Paid Year to Date: $6.33

When VISA converts a Check Card transaction made in non-US$ to US$, VISA adds 1% and, unless you have an Advantage or Money Manager Account or you are a Private or Premier Banking Client, we add 2% of the original transaction amount.

On your statement, the transaction US$ amount and conversion rate includes Visa's 1%. Our 2% appears separately as a Foreign Currency Conversion Adjustment.

Thank you for banking with Bank of America.

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Bank of America

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Statement Period
09-15-00 through 12-13-00
Number of checks enclosed: 0
B 09 0 A 23 0008326

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-16	0.37
Interest Earned	11-14	0.34
Interest Earned	12-13	0.34
Total Deposits and Other Additions		**$1.05**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	12-13	3.00
Total Service Charges and Other Fees		**$3.00**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	423.87	11-14	424.58
10-16	424.24	12-13	421.92

Sent Fax
By
12/22/00 DD

Bank of America

Dormant / Escheat / Reg D
P.O. Box 414867
Kansas City, MO 64141-4867

FIRST CLASS MAIL

Customer Service: 1.800.299.2265

Date of Notice: 12/08/2000 CE099

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Notice of Inactive Account: Regular Savings

Dear Bank of America Customer:

Thank you for banking with us. We appreciate the opportunity to assist you with your financial needs. It has been some time since we have had direct contact with you concerning the account noted below, which means that your account is about to become dormant. Certain transactions - such as automatic deposits, pre-authorized transfers, interest payments and Certificate of Deposit renewals - are not considered to be direct contact with you.

To reactivate your account, simply sign below and return this letter to us in the enclosed postage-paid envelope. Or, visit a nearby banking center. If you have any questions about your account, or if there is anything that we can do to better serve your needs, please call us at the number listed above. Thank you again for banking with us.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT	DESCRIPTION
0008519206643		02/20/1997	$424.24	SAVINGS

Please sign below to reinstate the active status of your account.

Anita K. Riley
Authorized Customer Signature

12/21/00
Date

Change of Address Information.
(Please complete if your address is different from the one listed on this notice.)

_____

_____

_____

P11267

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

H

Statement Period
12-14-99 through 03-13-00
Number of checks enclosed: 0
B 09 0 A 23 0038403

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
1.800.274.6262 Express Service/Customer Service
1.800.288.4408 TDD Hearing Impaired
1.800.443.2711 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-14-99	$	413.59
Deposits and Other Additions	+	7,682.50
Ending Balance on 03-13-00	$	8,096.09

Annual Percentage Yield Earned this Statement Period: 1.00%
Interest Paid Year to Date: $2.50

Prepare and file your taxes the convenient way - - online. Bank of America announces Quicken TurboTax for the Web '99 - - a secure and easy way to prepare and file your taxes electronically. No software required! Visit us at www.bankofamerica.com to take advantage of this convenience.

Houston, TX - April 14-16 - Through dedication and a quest for perfection, Olympians raise competitve sports to new levels. Bank of America brings you our Down Under Tour, an Australian exhibit and tribute to Olympians. In honoring athletes who succeed like never before, it is our hope that the Down Under Tour will bring inspiration to our lives.

Thank you for banking with Bank of America.

P11268

Bank of America

Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Statement Period
12-14-99 through 03-13-00
Number of checks enclosed: 0
B 09 0 A 23 0038404

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-13	0.35
Interest Earned	02-11	0.33
Counter Credit	03-07	7,680.00
Interest Earned	03-13	1.82
Total Deposits and Other Additions		**$7,682.50**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	413.59	02-11	414.27	03-13	8,096.09
01-13	413.94	03-07	8,094.27		

Bank of America

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Statement Period
12-14-00 through 03-15-01
Number of checks enclosed: 0
B 09 0 A 23 0006593

Account Number: 0085 1920 6643

00003207 1 AB 0.278 13 16099 001 SCM999 I 2
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-14-00	$	421.92
Deposits and Other Additions	+	7,754.24
Service Charges and Other Fees	-	9.00
Ending Balance on 03-15-01	$	8,167.16

Annual Percentage Yield Earned this Statement Period: 1.00%
Interest Paid Year to Date: $4.24

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-16	0.39
Interest Earned	02-12	0.31
Counter Credit	03-01	7,750.00
Interest Earned	03-15	3.54
Total Deposits and Other Additions		**$7,754.24**

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Statement Period
12-14-00 through 03-15-01
Number of checks enclosed: 0
B 09 0 A 23 0006594

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	01-16	3.00
Monthly Maintenance Fee	02-12	3.00
Monthly Maintenance Fee	03-15	3.00
Total Service Charges and Other Fees		**$9.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	421.92	02-12	416.62	03-15	8,167.16
01-16	419.31	03-01	8,166.62		

Bank of America

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Statement Period
03-16-01 through 04-13-01
Number of checks enclosed: 0
B 09 0 A 23 0008509

Account Number: 0085 1920 6643

00004099 1 AB 0.278 12 14099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-16-01	$	8,167.16
Deposits and Other Additions	+	1.02
Service Charges and Other Fees	-	3.00
Other Subtractions	-	7,675.00
Ending Balance on 04-13-01	$	490.18

Interest Paid Year to Date: $5.26

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	1.02
Total Deposits and Other Additions		**$1.02**

P11272

Bank of America

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Statement Period
03-16-01 through 04-13-01
Number of checks enclosed: 0
B 09 0 A 23 0008510

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	04-13	3.00
Total Service Charges and Other Fees		**$3.00**

Other Subtractions	Date Posted	Amount($)
Jefferson-Pilot ;Des=ins.Prem ;ID=JP4432833 Eff Date: 010319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,167.16	03-19	492.16	04-13	490.18

Bank of America

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

H

Statement Period
03-16-01 through 06-14-01
Number of checks enclosed: 0
B 09 0 A 23 0007285

Account Number: 0085 1920 6643

00003493 1 AB 0.278 12 15099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
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1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español

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Wichita, KS 67201

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-16-01	$	8,167.16
Deposits and Other Additions	+	1.85
Service Charges and Other Fees	-	9.00
Other Subtractions	-	7,675.00
Ending Balance on 06-14-01	**$**	**485.01**

Annual Percentage Yield Earned this Statement Period: 1.00%
Interest Paid Year to Date: $6.09

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	1.02
Interest Earned	05-15	0.43
Interest Earned	06-14	0.40
Total Deposits and Other Additions		**$1.85**

Bank of America, N.A.
P.O. Box 798
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Statement Period
03-16-01 through 06-14-01
Number of checks enclosed: 0
B 09 0 A 23 0007286

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	04-13	3.00
Monthly Maintenance Fee	05-15	3.00
Monthly Maintenance Fee	06-14	3.00
Total Service Charges and Other Fees		**$9.00**

Other Subtractions	Date Posted	Amount($)
Jefferson-Pilot ;Des=ins.Prem ;ID=JP4432833 Eff Date: 010319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,167.16	04-13	490.18	06-14	485.01
03-19	492.16	05-15	487.61		

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Wichita, KS 67201

Statement Period
06-15-01 through 09-13-01
Number of checks enclosed: 0
B 09 0 A 23 0005556

Account Number: 0085 1920 6643

00002911 1 AB 0.280 12 14099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-15-01	$	485.01
Deposits and Other Additions	+	1.21
Service Charges and Other Fees	-	9.00
Ending Balance on 09-13-01	**$**	**477.22**

Annual Percentage Yield Earned this Statement Period: 1.00%
Interest Paid Year to Date: $7.30

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-16	0.43
Interest Earned	08-16	0.41
Interest Earned	09-13	0.37
Total Deposits and Other Additions		**$1.21**

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Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Statement Period
06-15-01 through 09-13-01
Number of checks enclosed: 0
B 09 0 A 23 0005557

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	07-16	3.00
Monthly Maintenance Fee	08-16	3.00
Monthly Maintenance Fee	09-13	3.00
Total Service Charges and Other Fees		**$9.00**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	485.01	08-16	479.85
07-16	482.44	09-13	477.22

Bank of America

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Tampa, FL 33622-5118

Statement Period
03-15-02 through 04-15-02
Number of checks enclosed: 0
B 09 0 A 23 0007891

Account Number: 0085 1920 6643

00003865 1 AB 0.280 12 16099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
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Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-15-02	$	8,137.48
Deposits and Other Additions	+	0.62
Service Charges and Other Fees	-	3.00
Other Subtractions	-	7,675.00
Ending Balance on 04-15-02	**$**	**460.10**

Interest Paid Year to Date: $2.99

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.62
Total Deposits and Other Additions		**$0.62**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	04-15	3.00
Total Service Charges and Other Fees		**$3.00**

Other Subtractions	Date Posted	Amount($)
Jefferson-Pilot ;Des=ins.Prem ;Id=jp4432833 Eff Date: 020319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,137.48	03-19	462.48	04-15	460.10

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Statement Period
03-15-02 through 06-13-02
Number of checks enclosed: 0
B 09 0 A 23 0005165

Account Number: 0085 1920 6643

00002505 1 AB 0.280 13 14099 001 SCM999 I 34
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Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-15-02	$	8,137.48
Deposits and Other Additions	+	0.99
Service Charges and Other Fees	-	9.00
Other Subtractions	-	7,675.00
Ending Balance on 06-13-02	**$**	**454.47**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $3.36

Effective August 5, 2002, a $1.50 fee will be charged to your account for each withdrawal, transfer, denial or balance inquiry made at a non-Bank of America ATM. A denial occurs when the request to withdraw funds exceeds your available balance or daily cash withdrawal limit. Avoid these fees by using any of our 13,000 Bank of America ATMs.

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.62
Interest Earned	05-15	0.19
Interest Earned	06-13	0.18
Total Deposits and Other Additions		**$0.99**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	04-15	3.00
Monthly Maintenance Fee	05-15	3.00
Monthly Maintenance Fee	06-13	3.00
Total Service Charges and Other Fees		**$9.00**

Other Subtractions	Date Posted	Amount($)
Jefferson-Pilot ;Des=ins.Prem ;Id=jp4432833 Eff Date: 020319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,137.48	04-15	460.10	06-13	454.47
03-19	462.48	05-15	457.29		

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Statement Period
06-14-02 through 09-13-02
Number of checks enclosed: 0
B 09 0 A 23 0004901

Account Number: 0085 1920 6643

00002376 1 MB 0.309 04 14099 001 SCM999 I1 4
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Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-14-02	$	454.47
Deposits and Other Additions	+	0.58
Service Charges and Other Fees	-	9.00
Ending Balance on 09-13-02	**$**	**446.05**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $3.94

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-16	0.21
Interest Earned	08-15	0.19
Interest Earned	09-13	0.18
Total Deposits and Other Additions		**$0.58**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	07-16	3.00
Monthly Maintenance Fee	08-15	3.00
Monthly Maintenance Fee	09-13	3.00
Total Service Charges and Other Fees		**$9.00**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	454.47	08-15	448.87
07-16	451.68	09-13	446.05

Bank of America

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Tampa, FL 33622-5118

Statement Period
09-14-02 through 12-13-02
Number of checks enclosed: 0
B 09 0 A 23 0002386

Account Number: 0085 1920 6643

00001229 1 MB 0.309 04 14099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
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Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-14-02	$	446.05
Deposits and Other Additions	+	0.55
Service Charges and Other Fees	-	9.00
Ending Balance on 12-13-02	**$**	**437.60**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $4.49

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-16	0.20
Interest Earned	11-13	0.17
Interest Earned	12-13	0.18
Total Deposits and Other Additions		**$0.55**

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	10-16	3.00
Monthly Maintenance Fee	11-13	3.00
Monthly Maintenance Fee	12-13	3.00
Total Service Charges and Other Fees		**$9.00**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	446.05	11-13	440.42
10-16	443.25	12-13	437.60

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Statement Period
12-14-02 through 03-14-03
Number of checks enclosed: 0
B 09 0 A 23 0003908

Account Number: 0085 1920 6643

00001896 1 MB 0.309 04 15099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
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Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-14-02	$	437.60
Deposits and Other Additions	+	7,701.60
Service Charges and Other Fees	-	9.00
Ending Balance on 03-14-03	**$**	**8,130.20**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $1.60

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions		Date Posted	Amount($)
Interest Earned		01-15	0.20
Interest Earned		02-12	0.17
Customer Credit 03/05/03 From Checking Town & Country	00159 TX	03-05	7,700.00
Interest Earned		03-14	1.23
Total Deposits and Other Additions			**$7,701.60**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	01-15	3.00
Monthly Maintenance Fee	02-12	3.00
Monthly Maintenance Fee	03-14	3.00
Total Service Charges and Other Fees		**$9.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	437.60	02-12	431.97	03-14	8,130.20
01-15	434.80	03-05	8,131.97		

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Statement Period
03-15-03 through 04-15-03
Number of checks enclosed: 0
B 09 0 A 23 0007046

Account Number: 0085 1920 6643

00003513 1 MB 0.309 03 16099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
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Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-15-03	$	8,130.20
Deposits and Other Additions	+	0.51
Service Charges and Other Fees	-	3.00
Other Subtractions	-	7,675.00
Ending Balance on 04-15-03	**$**	**452.71**

Interest Paid Year to Date: $2.11

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.51
Total Deposits and Other Additions		**$0.51**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	04-15	3.00
Total Service Charges and Other Fees		**$3.00**

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 030318;Indn:Anita K Riley-Trustee	03-18	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,130.20	03-18	455.20	04-15	452.71

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Statement Period
03-15-03 through 06-13-03
Number of checks enclosed: 0
B 09 0 A P 23 0005013

Account Number: 0085 1920 6643

00002406 1 MB 0.309 04 14099 001 SCM999 I 2
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Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-15-03	$	8,130.20
Deposits and Other Additions	+	0.87
Service Charges and Other Fees	-	9.00
Other Subtractions	-	7,675.00
Ending Balance on 06-13-03	**$**	**447.07**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $2.47

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.51
Interest Earned	05-14	0.18
Interest Earned	06-13	0.18
Total Deposits and Other Additions		**$0.87**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	04-15	3.00
Monthly Maintenance Fee	05-14	3.00
Monthly Maintenance Fee	06-13	3.00
Total Service Charges and Other Fees		**$9.00**

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 030318;Indn:Anita K Riley-Trustee	03-18	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,130.20	04-15	452.71	06-13	447.07
03-18	455.20	05-14	449.89		

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Tampa, FL 33622-5118

H

Statement Period
06-14-03 through 09-15-03
Number of checks enclosed: 0
B 09 0 A P 23 0005696

Account Number: 0085 1920 6643

00002791 1 MB 0.309 04 16099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
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Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-14-03	$	447.07
Deposits and Other Additions	+	0.33
Service Charges and Other Fees	-	9.00
Ending Balance on 09-15-03	**$**	**438.40**

Annual Percentage Yield Earned this Statement Period: 0.29%
Interest Paid Year to Date: $2.80

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-16	0.14
Interest Earned	08-14	0.09
Interest Earned	09-15	0.10
Total Deposits and Other Additions		**$0.33**

Bank of America

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period
06-14-03 through 09-15-03
Number of checks enclosed: 0
B 09 0 A P 23 0005697

Account Number: 0085 1920 6643

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	07-16	3.00
Monthly Maintenance Fee	08-14	3.00
Monthly Maintenance Fee	09-15	3.00
Total Service Charges and Other Fees		**$9.00**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	447.07	08-14	441.30
07-16	444.21	09-15	438.40

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-16-03 through 12-15-03
Number of checks enclosed: 0
B 09 0 A P 23 0008016

Account Number: 0085 1920 6643

00003640 1 MB 0.309 04 16099 001 SCM999 I1 3
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check account balances, transfer funds and more. Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-16-03	$	438.40
Deposits and Other Additions	+	0.27
Service Charges and Other Fees	-	9.00
Ending Balance on 12-15-03	**$**	**429.67**

Annual Percentage Yield Earned this Statement Period: 0.25%
Interest Paid Year to Date: $3.07

P11294

The current fee for each overdraft, returned check, insufficient funds item and unavailable funds item (each referred to as an "O/D item") is $30. Effective April 9, 2004, this fee will vary, based on the number of days during the current and preceding 12 months in which your account has had at least one O/D item (each of these days is an "occurrence").

If your account has had 2 or fewer occurrences during the current and preceding 12 months, the fee is $17 per item. If your account has had at least 3, but no more than 5, occurrences during the current and preceding 12 months, the fee is $30 per item.

If your account has had 6 or more occurrences during the current and preceding 12 months, the fee is $33 per item. You may contact us to confirm the number of occurrences on your account. You can avoid this fee by taking advantage of one of our overdraft protection plans.

If you do not currently have overdraft protection, please call the Customer Service number that appears on this account statement or visit one of our banking centers for assistance.

Now, banking by phone is even easier. Call our new number - 1.800.432.1000 to access your accounts with us using an Access ID and telephone PIN and you can even speak your requests. The User Guide introduces our new voice guided service. If you use our Spanish service or communicate with us via a TTY, our number and service have not changed.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-16	0.09
Interest Earned	11-12	0.08
Interest Earned	12-15	0.10
Total Deposits and Other Additions		**$0.27**

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	10-16	3.00
Monthly Maintenance Fee	11-12	3.00
Monthly Maintenance Fee	12-15	3.00
Total Service Charges and Other Fees		**$9.00**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	438.40	11-12	432.57
10-16	435.49	12-15	429.67

Happy Holidays from the Online Banking and Bill Pay team at Bank of America. Our holiday hint: See all of your savings account activity online anytime with Bank of America's Online Banking. It's simple and secure. Enroll today or sign in at www.bankofamerica.com.

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-04 through 04-15-04
Number of checks enclosed: 0
B 09 0 A PS 23 0006792

Account Number: 0085 1920 6643

00003284 1 MB 0.309 03 16099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-04	$	8,175.10
Deposits and Other Additions	+	0.10
Other Subtractions	-	7,675.00
Ending Balance on 04-15-04	**$**	**500.20**

Interest Paid Year to Date: $1.53

If you, or someone you know, send money to Mexico, sign up for the SafeSend Transfer Card today. You can transfer money 24/7. The money gets there in less than 6 minutes. Your family can access their funds at a RED/Plus ATM or use the card for purchases wherever VISA is accepted. To sign up, call 1-866-723-3736 or visit your neighborhood Bank of America.

NO PURCHASE NECESSARY. You could win $10,000 contributed to a 529 College Savings Plan (subject to applicable taxes) and a trip to L.A. to be on a game show in the Get Schooled Games Tour. Must be a U.S. resident 16 or older. Subject to official rules available at gsn.com/win. Void where prohibited. Sweepstakes scheduled to end May 9, 2004.

P11296

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.10
Total Deposits and Other Additions		**$0.10**

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 040317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,175.10	03-17	500.10	04-15	500.20

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-04 through 06-15-04
Number of checks enclosed: 0
B 09 0 A P 23 0007422

Account Number: 0085 1920 6643

00003622 1 MB 0.309 04 16099 001 SCM999 I12
ANITA K RILEY TR FOR VOCABLE TRUST
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-04	$	8,175.10
Deposits and Other Additions	+	0.31
Other Subtractions	-	7,675.00
Ending Balance on 06-15-04	**$**	**500.41**

Annual Percentage Yield Earned this Statement Period: 0.25%
Interest Paid Year to Date: $1.74

On the move? Whether you're just getting started or moving up in life - we'll help you get going with the right mortgage, free checking with direct deposit, and savings accounts to achieve your goals. Visit us at www.bankofamerica.com or stop by your local banking center today for more details.

We'll help you get moving. Open a free checking account with direct deposit. No minimum balance requirement. Visit us at www.bankofamerica.com or stop by your local banking center today for more details.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.10
Interest Earned	05-13	0.10
Interest Earned	06-15	0.11
Total Deposits and Other Additions		**$0.31**

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 040317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,175.10	04-15	500.20	06-15	500.41
03-17	500.10	05-13	500.30		

Want a way to store your important valuables away from home? Visit any Bank of America banking center to inquire about various safe deposit box sizes available to meet your needs.

Taking a summer vacation? Don't forget your American Express Traveler's Cheques. They are backed by American Express 24/7/365 Customer Service, including refunds usually within 24 hours, plus credit card and passport replacement assistance. Visit www.bankofamerica.com or stop by any Bank of America banking center to purchase some today!

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
06-16-04 through 09-15-04
Number of checks enclosed: 0
B 09 0 A P 23 0015069

Account Number: 0085 1920 6643

00003737 1 MB 0.309 13 16099 001 SCM999 I123
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-16-04	$	500.41
Deposits and Other Additions	+	0.31
Ending Balance on 09-15-04	**$**	**500.72**

Annual Percentage Yield Earned this Statement Period: 0.25%
Interest Paid Year to Date: $2.05

P11300

Recycled Paper

Statement Period
06-16-04 through 09-15-04
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Effective November 19, 2004, we charge a $5 international ATM fee for each withdrawal, transfer, and balance inquiry made at a non-Bank of America ATM located in a foreign country. You can avoid this fee by using an international ATM that is owned by a bank that participates in the Global ATM Alliance.

For more information on the Global ATM Alliance and a listing of the Alliance banks, see the insert enclosed in this statement. Please retain this insert for future reference when traveling outside the U.S. If you have questions, please call the number on this account statement.

Catch the rising rate with the new Opt-Up CD. Start with a great APY and if rates rise during the term of this 30-month CD, you can raise your rate once anytime after the first 6 months by an amount equal to 1/2 the difference between the opening rate and the then-current rate on a new Opt-Up CD. There's nowhere to go but up! $10,000 minimum. Visit us today.

You may have noticed that your Bank of America statement looks different. Your account details will now print on the front and back of your statement pages. This is just one of the many ways Bank of America is committed to conserving resources. We hope you like the new statement format and if you have any questions, please call Customer Service.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-15	0.10
Interest Earned	08-16	0.11
Interest Earned	09-15	0.10
Total Deposits and Other Additions		**$0.31**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	500.41	08-16	500.62
07-15	500.51	09-15	500.72

Do you send money to loved ones in Mexico? Celebrate Hispanic Heritage Month this September by opening a Bank of America SafeSend account today. It's fast, safe and easy! And your first transfer is free! To open an account, visit a local Bank of America branch or call 1.866.723.3736 (1.866.SAFESEND) today!

Bank of America

0015071

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your ACCOUNT STATEMENT:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals:

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal. This balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and the fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front side of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic fund transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for, the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11302

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-16-04 through 12-16-04
Number of checks enclosed: 0
B 09 0 A P 23 0011729

Account Number: 0085 1920 6643

00003129 1 MB 0.309 13 17099 001 SCM999 I123
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-16-04	$	500.72
Deposits and Other Additions	+	0.32
Ending Balance on 12-16-04	**$**	**501.04**

Annual Percentage Yield Earned this Statement Period: 0.25%
Interest Paid Year to Date: $2.37

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-14	0.10
Interest Earned	11-12	0.10
Interest Earned	12-16	0.12
Total Deposits and Other Additions		**$0.32**

P11303

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	500.72	11-12	500.92
10-14	500.82	12-16	501.04

Bank of America

How To Balance Your Bank of America Account

0019389

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11305

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-16-03 through 03-16-04
Number of checks enclosed: 0
B 09 0 A P 23 0003750

Account Number: 0085 1920 6643

00001968 1 MB 0.309 04 17099 001 SCM999 I1 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
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1.800.688.6086 En Español

Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-16-03	$	429.67
Deposits and Other Additions	+	7,751.43
Service Charges and Other Fees	-	6.00
Ending Balance on 03-16-04	**$**	**8,175.10**

Annual Percentage Yield Earned this Statement Period: 0.25%
Interest Paid Year to Date: $1.43

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-14	0.09
Interest Earned	02-11	0.08
Deposit	02-24	7,750.00
Interest Earned	03-16	1.26
Total Deposits and Other Additions		**$7,751.43**

P11306

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount($)
Monthly Maintenance Fee	01-14	3.00
Monthly Maintenance Fee	02-11	3.00
Total Service Charges and Other Fees		**$6.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	429.67	02-11	423.84	03-16	8,175.10
01-14	426.76	02-24	8,173.84		

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-17-04 through 03-16-05
Number of checks enclosed: 0
B 09 0 A P 23 0019387

Account Number: 0085 1920 6643

00004816 1 MB 0.309 13 17099 001 SCM999 I1 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-17-04	$	501.04
Deposits and Other Additions	+	7,676.37
Ending Balance on 03-16-05	**$**	**8,177.41**

Annual Percentage Yield Earned this Statement Period: 0.25%
Interest Paid Year to Date: $1.37

P11308

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

The following changes to the insufficient funds fee take effect June 1, 2005. If your account has had one occurrence during the current month or the preceding 12-month period, the fee for each insufficient funds item is $19; for at least 2, but no more than 4 occurrences during the current month and the preceding 12-month period, the fee is $31 per item;

for 5 or more occurrences during the current month and the preceding 12-month period, the fee is $34 per item. Each day in which your account had at least one insufficient funds item is considered an "occurrence". The insufficient funds fee applies to a maximum of 5 items per day.

You can avoid this fee by taking advantage of one of our overdraft protection plans. Our associates will be happy to assist you, if you have any questions.

Effective April 2, 2005, if you use your Check Card or ATM Card to purchase goods or services (or to obtain cash from an ATM) in currency other than U.S. dollars, the currency conversion exchange rate used by Visa will be:

a rate selected by Visa from a range of rates available in wholesale currency markets for the applicable central processing date, which rate may differ from the rate Visa receives, or the government-mandated rate in effect for the central processing date. Visa will no longer add a 1% adjustment factor and show it as part of the U.S. dollar amount.

Please call the number on this statement with questions regarding this change.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-13	0.10
Interest Earned	02-10	0.10
Deposit	02-25	1,615.00
5466100207 V4 Cr Bk Adjustment	03-11	6,060.00
Credit Interest Adjustment Fdes Naz 0004426 Nbk6S18	03-14	0.58
Interest Earned	03-16	0.59
Total Deposits and Other Additions		**$7,676.37**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	501.04	02-25	2,116.24	03-16	8,177.41
01-13	501.14	03-11	8,176.24		
02-10	501.24	03-14	8,176.82		

Bank of America

HH

How To Balance Your Bank of America Account

0012890

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11310

Bank of America

FSC11001

ADVICE OF CREDIT

REFERENCE #: NBK644260028

AMOUNT: $ .58 DATE: 03/14/05

ACCOUNT NUMBER: 00008519206643

AN INTEREST ADJUSTMENT HAS BEEN CREDITED TO YOUR ACCOUNT. PLEASE UPDATE YOUR RECORDS.

PREPARED BY: NBK6S18

CO NO: 0333 COST CENTER: 0004426

THIS IS YOUR ONLY COPY. PLEASE RETAIN THIS INFORMATION FOR USE IN RECONCILING YOUR ACCOUNT.

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

Bank of America

AZ1-101-17-01
2727 S 48TH ST
TEMPE, AZ 85282

303 FCH 00:30 03/1

PRESORTED FIRST CLASS

UNITED STATES POSTAGE PITNEY BOWES

02 1A $ 00.29
0004319958 MAR 15 2005
MAILED FROM ZIPCODE 30587

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

P11311

BRUNSTING004141

A*VHAM3 77904

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-05 through 04-14-05
Number of checks enclosed: 0
B 09 0 A PS 23 0012888

Account Number: 0085 1920 6643

00004234 1 MB 0.309 12 15099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-05	$	8,177.41
Deposits and Other Additions	+	0.17
Other Subtractions	-	7,675.00
Ending Balance on 04-14-05	**$**	**502.58**

Interest Paid Year to Date: $1.54

Make saving free and easy. Simply set up a monthly scheduled transfer, from your checking to your Regular Savings account, and watch your money grow. When your transfer is for $25 or more each month, there is no monthly maintenance fee on your Regular Savings account. Just sign up in a banking center. Learn more, visit: www.bankofamerica.com/buildyoursavings

Join us for the Bank of America Colonial, May 16-22 in Ft. Worth, TX to witness some of golf's greatest compete for the $5.6MM purse against defending champion, Steve Flesch. Go to bankofamericacolonial.com or call 1.817.927.4280 to purchase your tickets today. Or, tune into USA Network for early round coverage and CBS for final round coverage.

Are your student loans running out of steam? Apply for the Bank of America Education Maximizer loan. It's for the expenses your other student loans don't cover. Go to www.educationmaximizer.com or call 1.877.370.2372 to apply.

Statement Period
03-17-05 through 04-14-05
Number of checks enclosed: 0
B 09 0 A PS 23

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-14	0.17
Total Deposits and Other Additions		**$0.17**

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 050317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,177.41	03-17	502.41	04-14	502.58

Bank of America

H
H

How To Balance Your Bank of America Account

0018729

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11314

Bank of America
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

H
H

Statement Period
03-17-05 through 06-15-05
Number of checks enclosed: 0
B 09 0 A P 23 0018727

Account Number: 0085 1920 6643

00004715 1 MB 0.309 12 16099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-05	$	8,177.41
Deposits and Other Additions	+	0.60
Other Subtractions	-	7,675.00
Ending Balance on 06-15-05	**$**	**503.01**

Annual Percentage Yield Earned this Statement Period: 0.48%
Interest Paid Year to Date: $1.97

While you enjoy the outdoors this summer, think about what should be inside- inside your safe deposit box. Use one to hold your important possessions and paperwork. To learn more, visit your nearest Bank of America today. To find the banking center nearest to you, visit: web http://bankofamerica.com/atmlocator

Want to take advantage of rising rates? Open an Opt-Up CD and you could increase your rate one time during the term! Or, select from a range of CD terms that offer competitive interest rates. For details, visit your local banking center today.

P11315

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-14	0.17
Interest Earned	05-13	0.20
Interest Earned	06-15	0.23
Total Deposits and Other Additions		**$0.60**

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 050317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,177.41	04-14	502.58	06-15	503.01
03-17	502.41	05-13	502.78		

Because your summer job can only pay for so much. Prepare your finances for the fall semester with the Bank of America Education Maximizer loan. Go to www.educationmaximizer.com or call 1.877.370.2372 to apply.

Banking by phone has become more convenient than ever. You can now hear the most recent transactions that you have performed, whether they were done over the weekend or even today. This includes ATM transactions, debit card purchases and more! You can hear this information by selecting "Recent Transactions" in the checking or savings account menu.

Bank of America

How To Balance Your Bank of America Account

0019425

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

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Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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P11317

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING004147

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

H

Statement Period
06-16-05 through 09-15-05
Number of checks enclosed: 0
B 09 0 A P 23 0019423

Account Number: 0085 1920 6643

00004911 1 MB 0.309 12 16099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information
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For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-16-05	$	503.01
Deposits and Other Additions	+	0.64
Ending Balance on 09-15-05	**$**	**503.65**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $2.61

Did you know that you can open a Certificate of Deposit (CD) for as little as $1,000? CDs are a safe, secure way to invest your money. Whether you're saving for that special purchase, a dream vacation, or want to complement your retirement, we have the solution for you. To find out more, visit your local banking center or call the number on this statement.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-14	0.20
Interest Earned	08-16	0.23
Interest Earned	09-15	0.21
Total Deposits and Other Additions		**$0.64**

P11318

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	503.01	08-16	503.44
07-14	503.21	09-15	503.65

A Bank of America home equity line is a flexible and easy way to borrow. And, you get a special rate reduction just for being a valued Bank of America customer. Use your line for just about anything, anytime you need it. Come in and speak with a Personal Banker, call 1.800.900.9000 or log on to www.bankofamerica.com/homeequity. Equal Housing Lender.

Prepare for the extra costs of college in one easy step. Apply for the Bank of America Education Maximizer loan and use it for books, laptops, lab costs - you name it. Go to www.educationmaximizer.com or call 1.877.664.4846 to apply.

Bank of America

0015281

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		**Checks, ATM, Check Card, Electronic Withdrawals**		**Checks, ATM, Check Card, Electronic Withdrawals**	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

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P11320

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING004150

Bank of America

Unclaimed Property
MO8-050-01-45
P.O. Box 214867
Kansas City, MO 64121-4867

FIRST CLASS MAIL

IMPORTANT NOTICE ABOUT YOUR BANK OF AMERICA ACCOUNT

CTSY
Date of Notice: 11/25/2005 CE099
Customer Service: 1.800.432.1000

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Dear Bank of America Customer:

We value you as a customer at Bank of America and want to let you know that our records indicate your account appears inactive. Your account is considered inactive when there has been no direct contact with you such as from non-automatic deposits and withdrawals or from utilizing online banking.

If you would like to ensure your account remains active, please complete one of the following within 30 days of the date of this letter:

* Log onto Online Banking at www.bankofamerica.com
* Make any deposit or withdrawal on your account
* Call Customer Service at the number listed above and speak to a customer service representative
* Complete, sign and return this entire notice in the enclosed return envelope or to your nearest Bank of America banking center.

We apologize for any inconvenience this may cause. However, if we do not hear from you, your account could be considered abandoned by state law. We appreciate your understanding and want to work with you to ensure this does not happen. If you have any questions, or if we can do anything to better serve your needs, please call us.

Thank you again for banking with Bank of America.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT	DESCRIPTION
0008519206643		02/20/1997	$504.06	SAVINGS W/INT

_____ The above address information is correct and I am aware of the account.

_____ Please update the address information on my account as follows:

_____
Street Address (include number) City

_____
State Zip Phone Number

_____
Authorized Customer Signature (required) Date

P11321

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-16-05 through 12-14-05
Number of checks enclosed: 0
B 09 0 A P 23 0015279

Account Number: 0085 1920 6643

00003835 1 MB 0.309 13 15099 001 SCM999 I12
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-16-05	$	503.65
Deposits and Other Additions	+	0.62
Ending Balance on 12-14-05	**$**	**504.27**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $3.23

P11322

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Effective February 7, 2006, the fee for processing a legal order (such as a tax levy or garnishment) that we receive, regarding your account, changes to $100. For questions, please contact the customer service number on this statement.

Reminder: Plan ahead to avoid an excess withdrawal fee on your Regular Savings account. You may make three withdrawals each monthly statement cycle with no excess withdrawal fee. If you maintain a minimum daily balance of $2,500, you may make additional withdrawals with no excess withdrawal fee.

Otherwise, a $3.00 excess withdrawal fee applies to each withdrawal in excess of three.

Effective with statement cycles that begin on or after February 7, 2006, the minimum daily balance required to waive a monthly maintenance fee for a Regular Savings account has been reduced to only $300. We also waive the fee with a monthly automatic transfer from a Bank of America checking account of $25 or more.

Setting up a transfer is easier than ever through our online banking service at bankofamerica.com.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-14	0.20
Interest Earned	11-14	0.21
Interest Earned	12-14	0.21
Total Deposits and Other Additions		**$0.62**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	503.65	11-14	504.06
10-14	503.85	12-14	504.27

Tax-Advantaged Savings - Start Today. With a Bank of America Individual Retirement Account (IRA), you could be on your way to a secure retirement. With tax season right around the corner, consider opening an IRA for potential tax-advantaged savings.

Even if your employer offers a retirement savings plan, an IRA may offer you additional benefits while contributing additional savings dollars to your future financial security. To start saving today, visit www.bankofamerica.com or call 1.888.827.1812.

Bank of America

HI

How To Balance Your Bank of America Account

0011943

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

P11324

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING004154

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-06 through 04-13-06
Number of checks enclosed: 0
B 09 0 A PT 23 0011941

Account Number: 0085 1920 6643

00003743 01 MB 0.326 12 14099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-06	$	8,262.71
Deposits and Other Additions	+	0.23
Other Subtractions	-	7,675.00
Ending Balance on 04-13-06	**$**	**587.94**

Interest Paid Year to Date: $2.67

P11325

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

NOTICE: Effective 6/9/06, fees for overdraft & returned items are changing. The 1st day your account has an occurrence (an occurrence is a day with at least 1 overdraft item or 1 returned item), the fee for each item remains $19.

The 2nd day - 4th day that your account has an occurrence during the current month & preceding 12 months, the fee for each overdraft item & each returned item changes to $33. For the 5th & subsequent days that your account has an occurrence during the current month & preceding 12 months, the fee for each overdraft item & each returned item changes to $35.

For a brochure about fees, pick up "Our account fees explained" at your banking center. To help you better identify transactions on your account, we are changing the name of this fee. On 5/19/06, "Overdraft Fee" changes to "NSF: Returned Item Fee" if the item is returned unpaid. If the item is paid, the name changes to "Overdraft Item Fee."

Experience the 60th Anniversary of the Bank of America Colonial. As the title sponsor of this event, we are able to offer tickets to our customers at a discount. Take advantage of this special customer pricing by purchasing tickets at any participating Dallas/Fort Worth Banking Center. Or visit www.bankofamericacolonial.com for retail priced tickets.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	0.23
Total Deposits and Other Additions		**$0.23**

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 060317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,262.71	03-17	587.71	04-13	587.94

Bank of America

How To Balance Your Bank of America Account

0072755

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

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Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11327

BRUNSTING004157

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-06 through 06-15-06
Number of checks enclosed: 0
B 09 0 A P 23 0072753

Account Number: 0085 1920 6643

00018337 01 MB 0.326 12 16099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-06	$	8,262.71
Deposits and Other Additions	+	0.74
Other Subtractions	-	7,675.00
Ending Balance on 06-15-06	**$**	**588.45**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $3.18

Deposit and Win Sweepstakes: Make an ATM deposit and get a chance to win great prizes up to $5,000 cash. The next time you need to make a deposit, use the ATM. You'll see how secure, fast and easy the ATM is. For details, go to www.bankofamerica.com/atmsweeps. No purchase necessary. Void where prohibited.

As part of our ongoing commitment to security, Bank of America is introducing 18 new Online Banking Alerts allowing you to monitor your account activity. Set-up alerts today-they're fast, free and easy to use. Enroll or sign in to Online Banking at www.bankofamerica.com, select the Accounts Overview tab and click the Manage Alerts link.

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	0.23
Interest Earned	05-15	0.26
Interest Earned	06-15	0.25
Total Deposits and Other Additions		**$0.74**

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 060317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		**$7,675.00**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,262.71	04-13	587.94	06-15	588.45
03-17	587.71	05-15	588.20		

Bank of America

H

How To Balance Your Bank of America Account

0071441

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		**Checks, ATM, Check Card, Electronic Withdrawals**		**Checks, ATM, Check Card, Electronic Withdrawals**	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

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If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

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P11330

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING004160

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
06-16-06 through 09-14-06
Number of checks enclosed: 0
B 09 0 A P 23 0071439

Account Number: 0085 1920 6643

00018159 01 MB 0.326 13 15099 001 SCM999 I 3
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-16-06	$	588.45
Deposits and Other Additions	+	0.73
Ending Balance on 09-14-06	**$**	**589.18**

Annual Percentage Yield Earned this Statement Period: 0.50%
Interest Paid Year to Date: $3.91

Your 2006 Privacy Policy for Consumers is now available at www.bankofamerica.com/privacy. Please read the policy carefully for important updates. If you have other accounts with Bank of America you may receive more than one 2006 Privacy Policy notification.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-14	0.23
Interest Earned	08-16	0.27
Interest Earned	09-14	0.23
Total Deposits and Other Additions		**$0.73**

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	588.45	08-16	588.95
07-14	588.68	09-14	589.18

Bank of America

How To Balance Your Bank of America Account

0070513

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

P11333

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING04163

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-15-06 through 12-13-06
Number of checks enclosed: 0
B 09 0 A P 23 0070511

Account Number: 0085 1920 6643

00017435 01 MB 0.326 12 14099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Espanol

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-15-06	$	589.18
Deposits and Other Additions	+	0.50
Ending Balance on 12-13-06	**$**	**589.68**

Annual Percentage Yield Earned this Statement Period: 0.34%
Interest Paid Year to Date: $4.41

Effective 2-16-07, the fee for overdraft and returned items is changing. For the 1st day your account has an occurrence (a day with at least 1 overdraft item or 1 returned item), the fee for each item is $20. For the 2nd day, and subsequent days your account has an occurrence during the current month and preceding 12 months, the fee for each item is $35.

Fee applies to each overdraft item and each returned item with a maximum of 5 items per day. Sign up for Overdraft Protection service to transfer available funds from your Bank of America credit card or savings account to help cover overdrafts. For more information, pick up "Our account fees explained" and the deposit agreement at your banking center.

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-16	0.26
Interest Earned	11-14	0.15
Interest Earned	12-13	0.09
Total Deposits and Other Additions		**$0.50**

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	589.18	11-14	589.59
10-16	589.44	12-13	589.68

Bank of America

H

How To Balance Your Bank of America Account

0072849

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		**Checks, ATM, Check Card, Electronic Withdrawals**		**Checks, ATM, Check Card, Electronic Withdrawals**	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____

5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

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* Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

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P11336

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING004166

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-14-06 through 03-15-07
Number of checks enclosed: 0
B 09 0 A P 23 0072847

Account Number: 0085 1920 6643

00017877 01 MB 0.326 13 16099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings
ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-14-06	$	589.68
Deposits and Other Additions	+	7,676.02
Ending Balance on 03-15-07	**$**	**8,265.70**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $1.02

Please read Bank of America Privacy Policy for Consumers 2007 carefully for important information. If you have other accounts with Bank of America you may receive more than one 2007 privacy policy notification. For more information visit www.bankofamerica.com/privacy

Bank of America is proud to be the Exclusive Corporate Partner of the national tour of Matisse:Painter as Sculptor at the Dallas Museum of Art and Nasher Sculpture Center 1/21/07-4/29/07. Bank associates and customers receive a 20% discount on select museum memberships and on one item in the museum stores. For more information visit www.MatisseInDallas.org

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Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-16	0.11
Interest Earned	02-12	0.09
Deposit	02-27	7,675.00
Interest Earned	03-15	0.82
Total Deposits and Other Additions		**$7,676.02**

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	589.68	02-12	589.88	03-15	8,265.70
01-16	589.79	02-27	8,264.88		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: in case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
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Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-16-07 through 04-13-07
B 09 0 A PTPA 23 0011907
Number of checks enclosed: 0
Account Number: 0085 1920 6643

00003685 01 MB 0.326 12 14099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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P11340

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-16-07	$	8,265.70
Deposits and Other Additions	+	0.22
Other Subtractions	-	7,675.00
Ending Balance on 04-13-07	**$**	**590.92**

Interest Paid Year to Date: $1.24

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	0.22

Total Deposits and Other Additions $0.22

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 070319;Indn:Anita K Riley-Trustee	03-19	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,265.70	03-19	590.70	04-13	590.92

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

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Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

H

Statement Period
03-16-07 through 06-14-07
B 09 0 A P PA 23 0067559
Number of checks enclosed: 0
Account Number: 0085 1920 6643

00016526 01 AB 0.341 13 15099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Fund your education with more flexibility and freedom.

The Education Maximizer ® student loan from Bank of America is an affordable and convenient way to supplement federal loans & aid for college. Take advantage of competitive rates and flexible terms to cover your education-related expenses, including tuition, room & board and supplies. Learn more or apply now at bankofamerica.com/edmax. Or call 1.800.973.3139

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-16-07	$	8,265.70
Deposits and Other Additions	+	0.42
Other Subtractions	-	7,675.00
Ending Balance on 06-14-07	**$**	**591.12**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $1.44

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-13	0.22
Interest Earned	05-15	0.10
Interest Earned	06-14	0.10

Total Deposits and Other Additions $0.42

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 070319;Indn:Anita K Riley-Trustee	03-19	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,265.70	04-13	590.92	06-14	591.12
03-19	590.70	05-15	591.02		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11345

cont #
1374411006S

Bank of America

Unclaimed Property
MO8-050-01-45
P.O. Box 214867
Kansas City, MO 64121-4867

FIRST CLASS MAIL

IMPORTANT NOTICE ABOUT YOUR BANK OF AMERICA ACCOUNT

CTSY
Date of Notice: 11/28/2007 CE099
Customer Service: 1.800.432.1000

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Dear Bank of America Customer:

We value you as a customer at Bank of America and want to let you know that our records indicate your account appears inactive. Your account is considered inactive when there has been no direct contact with you such as from non-automatic deposits and withdrawals or from utilizing online banking.

If you would like to ensure your account remains active, please complete one of the following within 30 days of the date of this letter:

* Log onto Online Banking at www.bankofamerica.com and perform a transaction
* Make any deposit or withdrawal on your account
* Call Customer Service at the number listed above and speak to a customer service representative
* Complete, sign and return this entire notice in the enclosed return envelope or to your nearest Bank of America banking center.

We apologize for any inconvenience this may cause. However, if we do not hear from you, your account could be considered abandoned by state law. We appreciate your understanding and want to work with you to ensure this does not happen. If you have any questions, or if we can do anything to better serve your needs, please call us.

Thank you again for banking with Bank of America.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT	DESCRIPTION
00000000008519206643		02/20/1997	$591.61	SAVINGS W/INT

_____ The above address information is correct and I am aware of the account.

_____ Please update the address information on my account as follows:

Street Address (include number) City

State Zip Phone Number

Authorized Customer Signature (required) Date

P11346

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-14-07 through 12-13-07
B 09 0 A P PA 23 0052431
Number of checks enclosed: 0
Account Number: 0085 1920 6643

00013749 01 AB 0.341 12 14099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-14-07	$	591.41
Deposits and Other Additions	+	0.29
Ending Balance on 12-13-07	**$**	**591.70**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $2.02

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-16	0.11
Interest Earned	11-14	0.09
Interest Earned	12-13	0.09

Total Deposits and Other Additions $0.29

P11347

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	591.41	11-14	591.61
10-16	591.52	12-13	591.70

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

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5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
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Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-14-07 through 03-14-08
B 09 0 A P PA 23 0060231
Number of checks enclosed: 0
Account Number: 0085 1920 6643

00014642 01 AB 0.341 13 15099 001 SCM999 I1 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.688.6086 En Español

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P.O. Box 25118
Tampa, FL 33622-5118

Important Information

Thank you for being our customer. We want you to know we recently revised the Deposit Agreement. This is a document you initially received when you opened your account. The Deposit Agreement is part of the deposit contract for your account. From time to time, we revise the Deposit Agreement as we have recently done and this revised version governs your account. You can pick up the revised Deposit Agreement and Disclosures at any banking center or review it by going to bankofamerica.com

Notice: Important Information

Changes to overdraft and returned item fees effective 4.18.08: For the 1st day your account has an occurrence (an occurrence is a day with at least one overdraft or returned item), the fee for each overdraft item and each returned item changes from $20 to $25. For each subsequent day your account has an occurrence during the current month and prior 12 months, the fee for each item remains $35. The fee applies to a maximum of 7 items per day. These changes amend your Personal Schedule of Fees. Bank of America offers the following services to help you avoid fees: free Online Banking service, Alerts and mobile banking. You can also learn how to avoid fees by obtaining our Helpful Information for Better Banking brochure at your banking center or visiting our interactive website at bankofamerica.com/feesandprocesses. Please call the number on this statement with any questions.

P11350

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-14-07	$	591.70
Deposits and Other Additions	+	7,800.63
Ending Balance on 03-14-08	**$**	**8,392.33**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $0.63

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-15	0.11
Interest Earned	02-13	0.09
Deposit	03-04	7,800.00
Interest Earned	03-14	0.43

Total Deposits and Other Additions $7,800.63

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	591.70	02-13	591.90	03-14	8,392.33
01-15	591.81	03-04	8,391.90		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11352

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-15-08 through 04-15-08
B 09 0 A PTPA 23 0008947
Number of checks enclosed: 0
Account Number: 0085 1920 6643

00002879 01 MB 0.360 12 16099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-15-08	$	8,392.33
Deposits and Other Additions	+	0.25
Other Subtractions	-	7,675.00
Ending Balance on 04-15-08	**$**	**717.58**

Interest Paid Year to Date: $0.88

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.25

Total Deposits and Other Additions $0.25

Recycled Paper

Statement Period
03-15-08 through 04-15-08
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,392.33	03-18	717.33	04-15	717.58

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-15-08 through 06-13-08
B 09 0 A P PA 23 0060119
Number of checks enclosed: 0
Account Number: 0085 1920 6643

00015813 01 AB 0.351 12 14099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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For additional information or service, you may call:
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-15-08	$	8,392.33
Deposits and Other Additions	+	0.48
Other Subtractions	-	7,675.00
Ending Balance on 06-13-08	**$**	**717.81**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $1.11

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.25
Interest Earned	05-14	0.11
Interest Earned	06-13	0.12

Total Deposits and Other Additions $0.48

P11356

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,392.33	04-15	717.58	06-13	717.81
03-18	717.33	05-14	717.69		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11358

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
06-14-08 through 09-15-08
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 09/22 0 0099 215 0000 064 031368 #@01 AT 0.346

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118

Go paperless with your account statements and get all the same information online that you see on paper for free in Online Banking. Paperless statements keep you organized and even help you go green by reducing paper. Plus, you can see your cleared checks for eligible checking accounts. It's easy - enroll or sign into Online Banking today at www.bankofamerica.com and look for the green leaf and click Go Paperless.

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-14-08	$	717.81
Deposits and Other Additions	+	0.37
Ending Balance on 09-15-08	**$**	**718.18**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $1.48

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-16	0.13
Interest Earned	08-14	0.11
Interest Earned	09-15	0.13

Total Deposits and Other Additions $0.37

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	717.81	08-14	718.05
07-16	717.94	09-15	718.18

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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* Tell us the dollar amount of the suspected error.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11361

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-16-08 through 12-15-08
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 12/22 0 0099 348 0000000000 994 000589 #@01 AT 0.346

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Important Information for Your Account

Effective 2/9/09, we are changing the Overdraft Item Fee and the NSF: Returned Item Fee. The fee is $35 for each overdraft or returned item. However, you will be charged for no more than 10 items per day. Bank of America offers services to help you minimize or prevent fees. Sign up for Overdraft Protection service to transfer available funds from your Bank of America credit card or savings account to help cover checking overdrafts. To learn more, talk with an associate at your local banking center or call the customer service number listed.

Additional Important Information

If you have a Regular Savings account, effective with statement cycles starting after 2/8/09, the monthly maintenance fee is changing to $5. We waive this charge if you have a monthly automatic transfer of $25 or more from your Bank of America checking account to your savings account or maintain a minimum daily balance of $300 or more in your account. Questions, call the customer service number on this statement.

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Go paperless with your account statements and get all the same information online that you see on paper for free in Online Banking. Paperless statements keep you organized and even help you go green by reducing paper. Plus, you can see your cleared checks for eligible checking accounts. It's easy - enroll or sign into Online Banking today at www.bankofamerica.com and look for the green leaf and click Go Paperless.

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-16-08	$	718.18
Deposits and Other Additions	+	0.36
Ending Balance on 12-15-08	**$**	**718.54**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $1.84

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-16	0.12
Interest Earned	11-12	0.11
Interest Earned	12-15	0.13

Total Deposits and Other Additions $0.36

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	718.18	11-12	718.41
10-16	718.30	12-15	718.54

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11364

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-16-08 through 03-16-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 03/23 0 0099 483 1000000000 289 010284 #@01 AT 0.346

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

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1.800.288.4408 TDD/TTY Users Only
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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Please read Bank of America Privacy Policy for Consumers 2009 carefully for important information. If you have other accounts with Bank of America you may receive more than one 2009 privacy policy notification. For more information, visit www.bankofamerica.com/privacy.

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-16-08	$	718.54
Deposits and Other Additions	+	7,800.53
Ending Balance on 03-16-09	**$**	**8,519.07**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $0.53

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-14	0.12
Interest Earned	02-11	0.11
Counter Credit	03-13	7,800.00
Interest Earned	03-16	0.30

Total Deposits and Other Additions $7,800.53

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	718.54	02-11	718.77	03-16	8,519.07
01-14	718.66	03-13	8,518.77		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
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Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

H

Statement Period
03-17-09 through 04-15-09
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MD 04/22 0 0099 116 1000000000 719 006913 #@01 AT 0.346

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

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www.bankofamerica.com

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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Important Information Regarding Changes to our Deposit Pricing

Please see the enclosed brochure for information about upcoming pricing changes to some deposit accounts. In addition, we've included information on how to help prevent or minimize deposit fees as well as details on improvements we've made to serve you better. If you would like more information, visit bankofamerica.com/pricingchanges

P11368

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-09	$	8,519.07
Deposits and Other Additions	+	0.18
Other Subtractions	-	7,675.00
Ending Balance on 04-15-09	$	**844.25**

Interest Paid Year to Date: $0.71

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.18

Total Deposits and Other Additions $0.18

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,519.07	03-18	844.07	04-15	844.25

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-09 through 06-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 06/22 0 0099 293 223 009250 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Parents, want your teen to learn about finances?

Ask them to visit our Web site, bankofamerica.com/studentcode. It's a free and easy way to learn good money management skills, how to create a budget, etc. And by visiting a local banking center, your teen can sign up for our Student Package, featuring CampusEdge® Checking and award-winning Online Banking.

P11371

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-09	$	8,519.07
Deposits and Other Additions	+	0.36
Other Subtractions	-	7,675.00
Ending Balance on 06-15-09	$	844.43

Annual Percentage Yield Earned this Statement Period: 0.16%
Interest Paid Year to Date: $0.89

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.18
Interest Earned	05-13	0.10
Interest Earned	06-15	0.08

Total Deposits and Other Additions $0.36

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,519.07	04-15	844.25	06-15	844.43
03-18	844.07	05-13	844.35		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11373

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
06-16-09 through 09-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 09/22 0 0099 846 504 009875 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

On May 20, 2009, the temporary increase in the standard maximum deposit insurance amount to $250,000 per depositor was extended through December 31, 2013. On January 1, 2014, the standard insurance amount will return to $100,000 per depositor for all account categories except IRAs & certain retirement accounts, which will remain $250,000 per depositor.

Parents, want your teen to learn about finances?

Ask them to visit our Web site, bankofamerica.com/studentcode. It's a free and easy way to learn good money management skills, how to create a budget, etc. And by visiting a local banking center, your teen can sign up for our Student Package, featuring CampusEdge® Checking and award-winning Online Banking.

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-16-09	$	844.43
Deposits and Other Additions	+	0.21
Ending Balance on 09-15-09	**$**	**844.64**

Annual Percentage Yield Earned this Statement Period: 0.10%
Interest Paid Year to Date: $1.10

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-16	0.07
Interest Earned	08-14	0.07
Interest Earned	09-15	0.07

Total Deposits and Other Additions $0.21

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	844.43	08-14	844.57
07-16	844.50	09-15	844.64

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

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Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-16-09 through 12-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 12/22 0 0099 448 488 007573 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-16-09	$	844.64
Deposits and Other Additions	+	0.21
Ending Balance on 12-15-09	**$**	**844.85**

Annual Percentage Yield Earned this Statement Period: 0.10%
Interest Paid Year to Date: $1.31

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-15	0.07
Interest Earned	11-12	0.06
Interest Earned	12-15	0.08

Total Deposits and Other Additions $0.21

P11377

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	844.64	11-12	844.77
10-15	844.71	12-15	844.85

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-16-09 through 03-16-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 03/23 0 0099 564 4 260 024033 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
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Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 12-16-09	$	844.85
Deposits and Other Additions	+	7,800.51
Ending Balance on 03-16-10	**$**	**8,645.36**

Annual Percentage Yield Earned this Statement Period: 0.10%
Interest Paid Year to Date: $0.51

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period
12-16-09 through 03-16-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-13	0.07
Interest Earned	02-10	0.06
Deposit	03-03	7,800.00
Interest Earned	03-16	0.38

Total Deposits and Other Additions $7,800.51

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	844.85	02-10	844.98	03-16	8,645.36
01-13	844.92	03-03	8,644.98		

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-10 through 04-15-10
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MD 04/22 0 0099 741 086 025665 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
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Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-10	$	8,645.36
Deposits and Other Additions	+	0.08
Other Subtractions	-	7,675.00
Ending Balance on 04-15-10	**$**	**970.44**

Interest Paid Year to Date: $0.59

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-15	0.08

Total Deposits and Other Additions $0.08

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-17	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,645.36	03-17	970.36	04-15	970.44

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11384

P11385

BRUNSTING004215

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
06-16-10 through 09-15-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 09/22 0 0099 841 4 355 007062 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

For a Regular Savings account, you can make 3 withdrawals/transfers each monthly statement cycle with no excess withdrawal fee. If you do not maintain the required balance in your account, each additional withdrawal/transfer is subject to an excess withdrawal fee. The balance requirement and the amount of the excess withdrawal fee are not changing. However, beginning with statement cycles that start on or after 11/4/10, each Online Banking bill payment and online transfer counts towards these withdrawal/transfer limits. To understand alternatives, or if you have questions, please call the number on your deposit statement or speak with an associate at your local Bank of America.

P11386

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 06-16-10	$	970.60
Deposits and Other Additions	+	0.23
Ending Balance on 09-15-10	**$**	**970.83**

Annual Percentage Yield Earned this Statement Period: 0.09%
Interest Paid Year to Date: $0.98

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	07-15	0.08
Interest Earned	08-16	0.09
Interest Earned	09-15	0.06

Total Deposits and Other Additions $0.23

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	970.60	08-16	970.77
07-15	970.68	09-15	970.83

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

H

Statement Period
09-16-10 through 12-16-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 12/23 0 0099 618 584 026427 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Customer Service Information
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

If fraud occurs on your debit or credit card this holiday shopping season, charges will be credited to your account as soon as the next business day pending resolution of claim. To be covered, report fraud charges promptly. Don't share personal or account information. See account agreements or visit www.bankofamerica.com/solutions for details.

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 09-16-10	$	970.83
Deposits and Other Additions	+	0.13
Ending Balance on 12-16-10	**$**	**970.96**

Annual Percentage Yield Earned this Statement Period: 0.05%
Interest Paid Year to Date: $1.11

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-14	0.04
Interest Earned	11-12	0.04
Interest Earned	12-16	0.05

Total Deposits and Other Additions $0.13

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	970.83	11-12	970.91
10-14	970.87	12-16	970.96

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		**Checks, ATM, Check Card, Electronic Withdrawals**		**Checks, ATM, Check Card, Electronic Withdrawals**	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11391

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
03-17-11 through 04-14-11
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MD 04/21 0 0099 268 997 000756 #@01 AT 0.365

ANITA K RILEY TR FOR VOCABLE TRUST
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203 BLOOMINGDALE CIR
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Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number		0085 1920 6643
Beginning Balance on 03-17-11	$	8,171.43
Deposits and Other Additions	+	0.02
Other Subtractions	-	7,675.00
Ending Balance on 04-14-11	$	496.45

Interest Paid Year to Date: $0.49

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	04-14	0.02

Total Deposits and Other Additions $0.02

P11392

Recycled Paper

Statement Period
03-17-11 through 04-14-11
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-17	7,675.00

Total Other Subtractions $7,675.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,171.43	03-17	496.43	04-14	496.45

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-17-10 through 02-10-11
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MD 02/17 0 0099 875 165 014591 #@01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

At Bank of America, if fraud occurs on your debit or credit card, charges will be credited to your account as soon as the next business day pending resolution of claim. Don't share personal or account information. See account agreements or visit www.bankofamerica.com/solutions for details.

Recycled Paper

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 12-17-10	$ 970.96	*Interest Paid Year to Date: $0.09*
Deposits and Other Additions	+ 7,200.09	
Ending Balance on 02-10-11	**$ 8,171.05**	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-13	0.04
Online Banking transfer from Chk 1143 Confirmation# 6131334671	02-10	7,200.00
Interest Earned	02-10	0.05

Total Deposits and Other Additions $7,200.09

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	970.96	01-13	971.00	02-10	8,171.05

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

JP4432833

FOR MAILING PURPOSES ONLY

GREGORY J JUNGEBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

P11397

BRUNSTING004227

Important Information About Coverage Under the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association

Jefferson-Pilot
Life Insurance Company
P.O. Box 21008
Greensboro NC 27420-1008

Texas law establishes a system, administered by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association (the "Association"), to protect policyholders if their life or health insurance company fails to or cannot meet its contractual obligations. Only the policyholders of insurance companies which are members of the Association are eligible for this protection. However, even if a company is a member of the Association, protection is limited and policyholders must meet certain guidelines to qualify. (The law is found in the Texas Insurance Code, Article 21.28-D.)

BECAUSE OF STATUTORY LIMITATIONS ON POLICYHOLDER PROTECTION, IT IS POSSIBLE THAT THE ASSOCIATION MAY NOT COVER YOUR POLICY OR MAY NOT COVER YOUR POLICY IN FULL.

Eligibility for Protection by the Association

When an insurance company which is a member of the Association is designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

* **residents of Texas** at the time that their insurance company is impaired
* **residents of other states**, ONLY if the following conditions are met:

1. The policyholder has a policy with a company based in Texas;
2. The company has never held a license in the policyholder's state of residence;
3. The policyholder's state of residence has a similar guaranty association; and
4. The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

* up to a total of $200,000 for one or more policies for each individual covered.

Life Insurance:

* net cash surrender value up to a total of $100,000 under one or more policies on any one life; or
* death benefits up to a total of $300,000 under one or more policies on any one life.

Individual Annuities:

* net cash surrender amount up to a total of $100,000 under one or more policies owned by one contractholder.

Group Annuities:

* net cash surrender amount up to $100,000 in allocated benefits under one or more policies owned by one contractholder; or
* net cash surrender amount up to $5,000,000 in unallocated benefits under one contractholder regardless of the number of contracts.

THE INSURANCE COMPANY AND ITS AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE ASSOCIATION FOR THE PURPOSE OF SALES, SOLICITATION, OR INDUCEMENT TO PURCHASE ANY FORM OF INSURANCE.

When you are selecting an insurance company, you should not rely on coverage by the Association.

Texas Life, Accident, Health and Hospital
Service Insurance Guaranty Association
301 Congress, Suite 500
Austin, Texas 78701
800-982-6362

Texas Department of Insurance
P. O. Box 149104
Austin, Texas 78714-9104
800-252-3439

LIFE INSURANCE BUYER'S GUIDE

This guide can help you get the most for your money when you shop for life insurance. It can help you answer questions about:

Buying Life Insurance

Deciding How Much You Need

Finding a Low Cost Policy

Things to Remember

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

Reprinted by

Jefferson-Pilot
Life Insurance Company
P.O. Box 21008
Greensboro NC 27420-1008

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs and doesn't cost too much.

First, decide how much you need - and for how long - and what you can afford to pay.

Next, find out what kinds of policies are available to meet your needs and pick the one that best suits you.

Then, find out what different companies charge for that kind of policy - for the amount of insurance you want. You can find important cost differences between life insurance policies by using **cost comparison indexes** as described in this guide.

It makes good sense to ask a life insurance agent or company to help you. An agent can be particularly useful in reviewing your insurance needs and in giving you information about the kinds of policies that are available. If one kind doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or at your public library.

What About Your Present Policy? Think twice before dropping a life insurance policy you already have to buy a new one.

It can be costly because much of what you paid in the early years of the policy you now have was used for the company's expense of selling and issuing the policy. The expense will be incurred again for a new policy.

If you are older or your health has changed, premiums for the new policy will often be higher.

You may have valuable rights and benefits in your present policy that are not in the new one.

You might be able to change your present policy or even add to it to get the coverage or benefits you now want.

Check with the agent or company that issued your present policy - get both sides of the story. In any case, don't give up your present policy until you are covered by a new one.

How Much Do You Need?

To decide how much life insurance you need, figure out what your dependents would have if you were to die now, and what they would actually need. Your new policy should come as close to making up the difference as you can afford.

In figuring what you have, count your present insurance - including any group insurance where you work, social security, or veteran's insurance. Add other assets you have - savings, investments, real estate, and personal property.

In figuring what you need, think of income for your dependents - for family living expenses, educational costs and any other future needs. Think also of cash needs - for the expenses of a final illness and for paying taxes, mortgages or other debts.

What is the Right Kind?

All life insurance policies agree to pay an amount of money when you die. But all policies are not the same. Some provide permanent coverage and others temporary coverage. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Your choice should be based on your needs and what you can afford.

A wide variety of plans is being offered today. Here is a brief description of two basic kinds-term and whole life-and some combinations and variations. You can get detailed information from a life insurance agent or company.

Term Insurance covers you for a **term** of one or more years. It pays a death benefit only if you die in that term. Term insurance generally provides the largest immediate death protection for your premium dollar.

Most term insurance policies are **renewable** for one or more additional terms, even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. Check the premiums at older ages and how long the policy can be continued.

Many term insurance policies can be traded before the end of a **conversion period** for a whole life policy - even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

P11399

Whole Life Insurance covers you for as long as you live. The most common type is called **straight life** or **ordinary life** insurance - you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay at first for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as twenty years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Whole life policies develop cash values. If you stop paying premiums, you can take the cash - or you can use the cash value to buy continuing insurance protection for a limited time or a reduced amount. (Some term policies that provide coverage for a long period also have cash values.)

You may borrow against the cash values by taking a policy loan. Any loan and interest on the loan that you do not pay back will be deducted from the benefits if you die, or from the cash value if you stop paying premiums.

Combinations and Variations. You can combine different kinds of insurance. For example, you can buy whole life insurance for lifetime coverage and add term insurance for the period of your greatest insurance need. Usually the term insurance is on your life - but it can also be bought for your spouse or children.

Endowment insurance policies pay a sum or income to you if you live to a certain age. If you die before then, the death benefit is paid to the person you named as beneficiary.

Other policies may have special features which allow flexibility as to premiums and coverage. Some let you choose the death benefit you want and the premium amount you can pay. The kind of insurance and coverage period are determined by these choices.

One kind of flexible premium policy, often called **universal life**, lets you vary your premium payments every year, and even skip a payment if you wish. The premiums you pay (less expense charges) go into a policy account that earns interest, and charges for the insurance are deducted from the account. Here, insurance continues as long as there is enough money in the account to pay the insurance charges.

Variable life is a special kind of insurance where the death benefits and cash values depend upon investment performance of one or more separate accounts. Be sure to get the prospectus provided by the company when buying this kind of policy. The method of cost comparison outlined in this Guide does not apply to policies of this kind.

Finding a Low Cost Policy

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

Do premiums or benefits vary from year to year?

How much cash value builds up under the policy?

What part of the premiums or benefits is not guaranteed?

What is the effect of interest on money paid and received at different times on the policy?

Cost Comparison Index numbers, which you get from life insurance agents or companies, take these sorts of items into account and can point the way to better buys.

Cost Comparison Indexes. There are two types of cost comparison index numbers. Both assume you will live and pay premiums for the next 10 or 20 years.

1. **The Surrender Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you give up (surrender) the policy and take its cash value at the end of the period. It is useful if you consider the level of cash values to be of special importance to you.

2. **The Net Payment Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you will continue to pay premiums on your policy and do not take its cash value. It is useful if your main concern is the benefits that are to be paid at your death.

The two index numbers are the same for a policy without cash values.

Guaranteed and Illustrated Figures.

Many policies provide benefits on a more favorable basis than the minimum guaranteed basis in the policy. They may do this by paying dividends, or by charging less than the maximum premium specified. Or they may do this in other ways, such as by providing higher cash values or death benefits than the minimums guaranteed in the policy. In these cases the index numbers are shown on both a guaranteed and currently illustrated basis. The currently illustrated basis reflects the company's current scale of dividends, premiums or benefits. These scales can be changed after the policy is issued, so that the actual dividends, premiums or benefits over the years can be higher or lower than those assumed in the indexes on the currently illustrated basis.

Some policies are sold only on a **guaranteed** or **fixed cost** basis. These policies do not pay dividends; the premiums and benefits are fixed at the time you buy the policy and will not change.

Using Cost Comparison Indexes. The most important thing to remember is that a policy with smaller index numbers is generally a better buy than a similar policy with larger index numbers.

Compare index numbers only for similar policies - those which provide essentially the same benefits, with premiums payable for the same length of time. Make sure they are for your age, and for the kind of policy and amount you intend to buy. Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance.

Small differences in index numbers should be disregarded, particularly where there are dividends or nonguaranteed premiums or benefits. Also, small differences could easily be offset by other policy features, or differences in the quality of service from the agent or company. When you find small differences in the indexes, your choice should be based on something other than cost.

Finally, keep in mind that index numbers cannot tell you the whole story. You should also consider:

The pattern of policy benefits. Some policies have low cash values in the early years that build rapidly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a Policy Summary that will show benefits and premiums for selected years.)

Any special policy features that may be particularly suited to your needs.

The methods by which nonguaranteed values are calculated. For example, interest rates are an important factor in determining policy dividends. In some companies dividends reflect the average interest earnings on all policies whenever issued. In others, the dividends for policies issued in a recent year, or group of years, reflect the interest earnings on those policies; in this case, dividends are likely to change more rapidly when interest rates change.

Things to Remember

Review your particular insurance needs and circumstances. Choose the kind of policy with benefits that most closely fit your needs. Ask an agent or company to help you.

Be sure that the premiums are within your ability to pay. Don't look only at the initial premium, but take account of any later premium increase.

Ask about cost comparison index numbers and check several companies which offer similar policies. Remember, smaller index numbers generally represent a better buy.

Don't buy life insurance unless you intend to stick with it. It can be very costly if you quit during the early years of the policy.

Read your policy carefully. Ask your agent or company about anything that is not clear to you.

Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

P11401

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

IMPORTANT INFORMATION TO POLICYHOLDERS

ANY CORRESPONDENCE REGARDING THIS POLICY MAY BE FORWARDED EITHER TO OUR HOME OFFICE OR TO THE AGENT LISTED BELOW.

JEFFERSON-PILOT
LIFE INSURANCE COMPANY
P.O. BOX 21008
GREENSBORO, NC 27420

TELEPHONE: (910) 691-3000

GREGORY J JUNGEBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

TELEPHONE: (713) 827-0491

THIS POLICY SUMMARY WAS PREPARED ON MAR 11, 1997 FOR THE LIFE OF
NELVA E BRUNSTING (FEMALE) ISSUE AGE 70 AND
ELMER H BRUNSTING (MALE) ISSUE AGE 75.

POLICY LOAN INTEREST IS 8.00% IN ARREARS.

PERCENT OF PREM LOAD-EACH NET PREMIUM WILL BE COMPUTED BY DEDUCTING
A 2.50% LOAD FROM EACH GROSS PREMIUM.

OTHER CHARGES-IN ADDITION TO COST OF INSURANCE AND COST OF OTHER BENEFITS,
A CHARGE OF $10.00 IS DEDUCTED EACH POLICY MONTH.

YOUR COVERAGE CONSISTS OF AN ADJUSTABLE LIFE (VIS20A) INSURANCE POLICY.

P11402

BRUNSTING004232

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

THE VALUES ILLUSTRATED BELOW ARE BASED ON PAYMENT OF PLANNED PREMIUMS. THE CASH VALUES AND DEATH BENEFITS MAY VARY DEPENDING ON WHEN YOU PAY PREMIUMS AND HOW MUCH YOU PAY. THEY WILL NOT BE AS FAVORABLE IF YOU HAVE AN OUTSTANDING POLICY LOAN.

THE VALUES BASED ON GUARANTEED FACTORS ARE CALCULATED USING THE GUARANTEED COST OF INSURANCE FROM YOUR POLICY AND AN INTEREST RATE OF 3.50% FOR THE FIRST 10 POLICY YEARS AND 4.00% THEREAFTER. THE VALUES BASED ON CURRENT FACTORS ARE CALCULATED USING THE CURRENT COST OF INSURANCE AND THE CURRENT INTEREST RATE OF 6.00% FOR THE FIRST 10 POLICY YEARS AND 6.50% THEREAFTER. THE CURRENT FACTORS MAY BE CHANGED AT OUR SOLE DISCRETION, BUT WILL NOT BE LESS FAVORABLE THAN THOSE GUARANTEED IN THE POLICY.

			PROJECTED POLICY VALUES BASED ON GUARANTEED FACTORS				PROJECTED POLICY VALUES BASED ON CURRENT FACTORS			
AGE END OF YEAR	YEAR	PLANNED PREMIUM FOR YEAR	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT
71	1	7,675	6,698	7,604	0	250,000	7,604	7,604	0	250,000
72	2	7,675	11,855	13,258	0	250,000	15,243	13,258	1,985	250,000
73	3	7,675	15,490	12,516	2,974	250,000	22,897	12,516	10,381	250,000
74	4	7,675	17,588	11,788	5,800	250,000	30,541	11,788	18,753	250,000
75	5	7,675	18,101	11,046	7,055	250,000	38,152	11,046	27,106	250,000
76	6	7,675	16,956	10,304	6,652	250,000	45,709	10,304	35,405	250,000
77	7	7,675	14,061	9,576	4,485	250,000	53,218	9,576	43,642	250,000
78	8	7,675	9,305	8,834	471	250,000	60,687	8,834	51,853	250,000
79	9	7,675	2,540	8,092	0	250,000	68,135	8,092	60,043	250,000
80	10	7,675	*			*	75,593	7,364	68,229	250,000
81	11	7,675	*			*	83,508	6,622	76,886	250,000
82	12	7,675	*			*	91,560	5,894	85,666	250,000
83	13	7,675	*			*	99,803	5,152	94,651	250,000
84	14	7,675	*			*	108,299	4,410	103,889	250,000
85	15	7,675	*			*	117,139	3,682	113,457	250,000
86	16	7,675	*			*	126,436	2,940	123,496	250,000
87	17	7,675	*			*	136,257	2,198	134,059	250,000
88	18	7,675	*			*	146,749	1,470	145,279	250,000
89	19	7,675	*			*	158,098	728	157,370	250,000
90	20	7,675	*			*	170,517	0	170,517	250,000
91	21	7,675	*			*	184,586	0	184,586	250,000
92	22	7,675	*			*	200,275	0	200,275	250,000
93	23	7,675	*			*	218,000	0	218,000	250,000
94	24	7,675	*			*	238,322	0	238,322	250,000
95	25	7,675	*			*	261,461	0	261,461	250,000

EXPIRATION YEAR 10 (AGE 80)

* THE POLICY WILL TERMINATE DURING THE YEAR SHOWN UNDER THESE ASSUMPTIONS. AN INCREASE IN PREMIUMS WOULD BE REQUIRED IN SUCH A CASE TO KEEP THE POLICY IN FORCE.

P11403

BRUNSTING004233

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

	GUARANTEED VALUES			CURRENT VALUES		
	5 YEAR	10 YEAR	20 YEAR	5 YEAR	10 YEAR	20 YEAR
SURRENDER COST (SC) INDEX	25.84	30.70				
NET PAYMENT (NP) INDEX	30.70	30.70		30.70	30.70	30.70

AN EXPLANATION OF THE INTENDED USES OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDEXES ARE USEFUL ONLY FOR COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES. THE PLANNED ANNUAL PREMIUM LESS ANNUAL CHARGES FOR RIDERS AND SUPPLEMENTAL BENEFITS IS USED FOR THE BASIC POLICY PREMIUM IN CALCULATING THE INDEXES ABOVE.

SURRENDER COST INDEXES BASED ON CURRENT FACTORS MAY INCREASE OR DECREASE DEPENDING ON FUTURE MORTALITY CHARGES, INTEREST RATES AND TIME OF SURRENDER.

P11404

BRUNSTING004234

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

IMPORTANT INFORMATION TO POLICYHOLDERS

ANY CORRESPONDENCE REGARDING THIS POLICY MAY BE FORWARDED EITHER TO OUR HOME OFFICE OR TO THE AGENT LISTED BELOW.

JEFFERSON-PILOT
LIFE INSURANCE COMPANY
P.O. BOX 21008
GREENSBORO, NC 27420

TELEPHONE: (910) 691-3000

GREGORY J JUNGEBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

TELEPHONE: (713) 827-0491

THIS POLICY SUMMARY WAS PREPARED ON MAR 11, 1997 FOR THE LIFE OF
NELVA E BRUNSTING (FEMALE) ISSUE AGE 70 AND
ELMER H BRUNSTING (MALE) ISSUE AGE 75.

POLICY LOAN INTEREST IS 8.00% IN ARREARS.

PERCENT OF PREM LOAD-EACH NET PREMIUM WILL BE COMPUTED BY DEDUCTING
A 2.50% LOAD FROM EACH GROSS PREMIUM.

OTHER CHARGES-IN ADDITION TO COST OF INSURANCE AND COST OF OTHER BENEFITS,
A CHARGE OF $10.00 IS DEDUCTED EACH POLICY MONTH.

YOUR COVERAGE CONSISTS OF AN ADJUSTABLE LIFE (VIS20A) INSURANCE POLICY.

P11405

BRUNSTING004235

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

THE VALUES ILLUSTRATED BELOW ARE BASED ON PAYMENT OF PLANNED PREMIUMS. THE CASH VALUES AND DEATH BENEFITS MAY VARY DEPENDING ON WHEN YOU PAY PREMIUMS AND HOW MUCH YOU PAY. THEY WILL NOT BE AS FAVORABLE IF YOU HAVE AN OUTSTANDING POLICY LOAN.

THE VALUES BASED ON GUARANTEED FACTORS ARE CALCULATED USING THE GUARANTEED COST OF INSURANCE FROM YOUR POLICY AND AN INTEREST RATE OF 3.50% FOR THE FIRST 10 POLICY YEARS AND 4.00% THEREAFTER. THE VALUES BASED ON CURRENT FACTORS ARE CALCULATED USING THE CURRENT COST OF INSURANCE AND THE CURRENT INTEREST RATE OF 6.00% FOR THE FIRST 10 POLICY YEARS AND 6.50% THEREAFTER. THE CURRENT FACTORS MAY BE CHANGED AT OUR SOLE DISCRETION, BUT WILL NOT BE LESS FAVORABLE THAN THOSE GUARANTEED IN THE POLICY.

			PROJECTED POLICY VALUES BASED ON GUARANTEED FACTORS				PROJECTED POLICY VALUES BASED ON CURRENT FACTORS			
AGE END OF YEAR	YEAR	PLANNED PREMIUM FOR YEAR	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT
71	1	7,675	6,698	7,604	0	250,000	7,604	7,604	0	250,000
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73	3	7,675	15,490	12,516	2,974	250,000	22,897	12,516	10,381	250,000
74	4	7,675	17,588	11,788	5,800	250,000	30,541	11,788	18,753	250,000
75	5	7,675	18,101	11,046	7,055	250,000	38,152	11,046	27,106	250,000
76	6	7,675	16,956	10,304	6,652	250,000	45,709	10,304	35,405	250,000
77	7	7,675	14,061	9,576	4,485	250,000	53,218	9,576	43,642	250,000
78	8	7,675	9,305	8,834	471	250,000	60,687	8,834	51,853	250,000
79	9	7,675	2,540	8,092	0	250,000	68,135	8,092	60,043	250,000
80	10	7,675	*			*	75,593	7,364	68,229	250,000
81	11	7,675	*			*	83,508	6,622	76,886	250,000
82	12	7,675	*			*	91,560	5,894	85,666	250,000
83	13	7,675	*			*	99,803	5,152	94,651	250,000
84	14	7,675	*			*	108,299	4,410	103,889	250,000
85	15	7,675	*			*	117,139	3,682	113,457	250,000
86	16	7,675	*			*	126,436	2,940	123,496	250,000
87	17	7,675	*			*	136,257	2,198	134,059	250,000
88	18	7,675	*			*	146,749	1,470	145,279	250,000
89	19	7,675	*			*	158,098	728	157,370	250,000
90	20	7,675	*			*	170,517	0	170,517	250,000
91	21	7,675	*			*	184,586	0	184,586	250,000
92	22	7,675	*			*	200,275	0	200,275	250,000
93	23	7,675	*			*	218,000	0	218,000	250,000
94	24	7,675	*			*	238,322	0	238,322	250,000
95	25	7,675	*			*	261,461	0	261,461	250,000

EXPIRATION YEAR 10 (AGE 80)

* THE POLICY WILL TERMINATE DURING THE YEAR SHOWN UNDER THESE ASSUMPTIONS. AN INCREASE IN PREMIUMS WOULD BE REQUIRED IN SUCH A CASE TO KEEP THE POLICY IN FORCE.

P11406

BRUNSTING004236

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

	GUARANTEED VALUES			CURRENT VALUES		
	5 YEAR	10 YEAR	20 YEAR	5 YEAR	10 YEAR	20 YEAR
SURRENDER COST (SC) INDEX	25.84	30.70				
NET PAYMENT (NP) INDEX	30.70	30.70		30.70	30.70	30.70

AN EXPLANATION OF THE INTENDED USES OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDEXES ARE USEFUL ONLY FOR COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES. THE PLANNED ANNUAL PREMIUM LESS ANNUAL CHARGES FOR RIDERS AND SUPPLEMENTAL BENEFITS IS USED FOR THE BASIC POLICY PREMIUM IN CALCULATING THE INDEXES ABOVE.

SURRENDER COST INDEXES BASED ON CURRENT FACTORS MAY INCREASE OR DECREASE DEPENDING ON FUTURE MORTALITY CHARGES, INTEREST RATES AND TIME OF SURRENDER.

P11407

BRUNSTING004237

Jefferson-Pilot
Life Insurance Company
Greensboro, North Carolina

Jefferson-Pilot

Insured/Annuitant:	NELVA E BRUNSTING	Policy Date:	03-15-1997
Policy Number:	JP4432833	Age:	70
Amount:	$250,000.00	Plan:	VIS20A

Beneficiary: ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED.

Premium	Annual	Semi-Annual	Quarterly	Monthly
	$7,675.00			

Certificate For Lost Policy

Declaration has been made that this life insurance or annuity policy is lost or destroyed, and Jefferson-Pilot Life Insurance Company has been asked to issue evidence of the policy. Jefferson Pilot Life Insurance Company assumed certain policies of Kentucky Central Life Insurance Company and is the successor to Jefferson Standard Life Insurance Company and Pilot Life Insurance Company.

The Jefferson-Pilot Life Insurance Company acknowledges that as of the date of this certificate the policy with the specifications shown above is an outstanding obligation of the company.

Date: March 31, 2005 aam

Robert A Reed
Secretary

Dennis Glass
President
and Chief Executive Officer

BJ-6566-1

P11408

NELVA E BRUNSTING
ELMER HENRY BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

JEFFERSON PILOT
1-800-932-7730

JUNGEBLUT
281-556-5472
W- ~~713-827-0497~~
H- 281-492-6431

P11409

Jefferson-Pilot
Life Insurance Company

100 North Greene Street, P.O. Box 21008
Greensboro, North Carolina 27420
A Stock Company

This policy is a legal contract between the policy owner and the Company. **It is important that you read your contract carefully.**

Jefferson-Pilot Life Insurance Company will pay the proceeds of this policy to the beneficiary upon receipt of due proof that the deaths of both Insureds occurred while the policy was in force. Proof of Death of each Insured must be provided as soon as reasonably possible. Payment of the proceeds and all other rights, options and benefits will be subject to the terms of this policy.

Right to Cancel Policy. Within 20 days after you receive this policy, you may have it cancelled by returning it to us or to the agent from whom you bought it. The return of this policy will void it from the beginning and we will refund any premiums paid.

President
Chief Executive Officer

Secretary

Guide To Policy Provisions	Page No.
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Riders providing supplemental benefits or policy changes, if any, and a copy of the application follow Page 14.

Insureds	Sex	Age	Rate Class
NELVA E BRUNSTING	FEMALE	70	STANDARD NON-TOBACCO USER
ELMER HENRY BRUNSTING	MALE	75	RATED NON-TOBACCO USER

Policy Number: JP4432833

Specified Amount: $250,000

Death Benefit Option: B

Policy Date: MARCH 15, 1997

FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

Proceeds payable at second death. Flexible premiums payable while either Insured is living. Policy values determined by declared interest and risk rates. Non-Participating.

P11410

Insurance Coverage Provisions

Death Benefit The death benefit of the policy will be defined under one of the options below. Date of death means the date of the second death.

Option A The death benefit is the larger of

1. The Specified Amount on the date of death plus the policy value at the beginning of the policy month of death, or

2. The policy value at the beginning of the policy month of death times the percentage shown in the table below.

Option B The death benefit is the larger of

1. The Specified Amount on the date of death, or

2. The policy value at the beginning of the policy month of death times the percentage shown in the table below.

Attained Age of Younger Insured	Percentage	Attained Age of Younger Insured	Percentage
0-40	250%	60	130
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
		95 & over	100

Under either option, the death benefit will be reduced by any indebtedness on the date of death. The policy value at the beginning of the month of death used in calculating the death benefit above is after subtracting all parts of the monthly deduction for the month except for the cost of insurance.

If this policy is in force at the attained age 100 of the younger Insured, the Specified Amount and Death Benefit Option are subject to change automatically as described in the General Provisions under Changes in Insurance Coverage.

P11411

IMPORTANT NOTICE

You may call Jefferson-Pilot Life Insurance Company's toll-free telephone for information or to make a complaint at

1-800-932-7730

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104
Austin, Texas 78714-9104
FAX #(512) 475-1771

PREMIUM OR CLAIM DISPUTES

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Usted puede llamar al numero de telefono gratis de Jefferson-Pilot Life Insurance Company para informacion o para someter una queja al

1-800-932-7730

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, Texas 78714-9104
FAX #(512) 475-1771

DISPUTAS SOBRE PRIMAS O RECLAMOS

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

P11412

SCHEDULE OF BENEFITS AND PREMIUMS - POLICY NUMBER JP-4432833

FORM NUMBER	BENEFIT		EFFECTIVE DATE	MONTHLY DEDUCTION	YEARS PAYABLE
88-138.3	INITIAL SPECIFIED AMOUNT	250,000	MAR 15, 1997	SEE PAGE 8	30

IN CALCULATING THE GUARANTEED MAXIMUM COST OF INSURANCE RATES SHOWN ON PAGE 11, THE RATES FOR ELMER HENRY BRUNSTING WERE MULTIPLIED BY A FACTOR OF 3.00 FOR 20 YEARS.
THEREAFTER STANDARD RATES FOR ELMER HENRY BRUNSTING WERE USED.

POLICY SPECIFICATIONS

NOTE: IF YOU PAY THE PLANNED PREMIUM ON TIME AND MAKE NO POLICY LOANS OR PARTIAL SURRENDERS, COVERAGE WILL CONTINUE UNTIL MAR 15, 2007 BASED ON GUARANTEED INTEREST AND GUARANTEED COST OF INSURANCE RATES SHOWN IN THE POLICY. CHANGES IN COVERAGE OR ANY RIDERS MAY CHANGE THE ABOVE DATE.

OWNER	ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED
BENEFICIARY	ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

P11413

BRUNSTING004243

POLICY NUMBER JP-4432833

PLANNED PREMIUM $7,675.00 ANNUAL

MINIMUM MONTHLY PREMIUM $289.41

MINIMUM MONTHLY PREMIUM PERIOD MAR 15, 1997 TO MAR 15, 2007

MINIMUM SPECIFIED AMOUNT $100,000.00

FACTORS USED IN CALCULATION OF POLICY VALUE

MONTHLY ADMINISTRATIVE CHARGE
$10.00 FOR ALL POLICY MONTHS

NET PREMIUM FACTOR
97.50% FOR ALL POLICY MONTHS

MORTALITY TABLE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES -
1980 CSO MALE OR FEMALE NONSMOKER OR SMOKER

INTEREST RATE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES -
3.50% FOR THE FIRST 10 POLICY YEARS
4.00% THEREAFTER

THE ABOVE .50% INCREASE IN INTEREST RATE AFTER 10 YEARS WILL ALSO APPLY TO THE CURRENT RATE THEN IN EFFECT.

POLICY NUMBER JP-4432833

TABLE OF GUARANTEED POLICY VALUES FOR $ 250,000 INITIAL SPECIFIED AMOUNT
DEATH BENEFIT OPTION B

THE TABLE BELOW SHOWS THE MINIMUM GUARANTEED CASH AND INSURANCE VALUES OF THE POLICY. THESE VALUES ARE BASED ON 3.50% INTEREST FOR THE FIRST 10 YEARS AND 4.00% THEREAFTER, COST OF INSURANCE RATES SHOWN ON PAGE 11, NO PARTIAL SURRENDERS, AND PAYMENT OF PLANNED PREMIUM AS INDICATED ON PAGE 4 TO THE END OF THE POLICY YEAR SHOWN. A CHANGE IN ANY OF THESE ASSUMPTIONS WILL CHANGE THE STATED VALUES.

END OF POLICY YEAR	PLANNED PREMIUM FOR YEAR	CASH SURRENDER OR LOAN VALUE
1	7,675	0
2	7,675	0
3	7,675	2,974
4	7,675	5,800
5	7,675	7,055
6	7,675	6,652
7	7,675	4,485
8	7,675	471
9	7,675	0

EXPIRATION YEAR 10 (AGE 80) THIS IS THE YEAR THE POLICY WILL EXPIRE ASSUMING THE PAYMENT OF THE PLANNED PREMIUM AS SHOWN ON PAGE 4 AND BASED ON THE USE OF GUARANTEED INTEREST AND COST OF INSURANCE RATES.

POLICY NUMBER JP-4432833

TABLE OF SURRENDER CHARGES PER 1000 OF INITIAL SPECIFIED AMOUNT

POLICY YEAR	CHARGE FOR FULL SURRENDER
1	56.00
2	53.03
3	50.06
4	47.15
5	44.18
6	41.22
7	38.30
8	35.34
9	32.37
10	29.46
11	26.49
12	23.58
13	20.61
14	17.64
15	14.73
16	11.76
17	8.79
18	5.88
19	2.91
20	0.00

Definitions

Not all of the terms below appear in all policies. Where they do appear we define them as follows:

We, Our, Us Jefferson-Pilot Life Insurance Company.

You, Your The Owner of the policy.

Home Office Home Office of Jefferson-Pilot Life Insurance Company, PO Box 21008, 100 North Greene Street, Greensboro, North Carolina 27420.

Policy Date The date we use to determine policy anniversaries and monetary values.

Age An Insured's age, nearest birthday, on the policy date.

Attained Age An Insured's age as measured from the policy date with allowance for time elapsed. For purposes of determining dates and values under the policy, the attained age of the Insured who dies first will continue to increase each year.

Indebtedness The principal of a policy loan together with interest due.

Nonparticipating No dividends will be paid on this policy.

Notice, Election, Request Writings satisfactory to us that have been received at our Home Office. We will not be held responsible for any payment or other action we have taken before your writings are recorded at our Home Office.

Irrevocable Beneficiary A beneficiary, named by you as irrevocable, whose written consent is necessary for you to exercise any right specified in this policy.

Monthly Anniversary Day The same day in each month as the policy date.

Cash Surrender Value The policy value as of the date of surrender less the charge, if any, for full surrender, and less any indebtedness.

Proceeds The money we will pay if this policy matures as a death benefit or is surrendered for its cash surrender value.

1. As a Death Claim The proceeds will be the amount of insurance as described on page 2.

2. Upon Surrender The proceeds will be the cash surrender value.

Owner and Beneficiary

Owner The Owner is shown on page 3 or in a rider attached to the policy. While either Insured is alive, the Owner may exercise every right and option and receive every benefit provided by this policy. These rights, however, are subject to the written consent of any irrevocable beneficiary.

Beneficiary The beneficiary is shown on page 3 or in a rider attached to this policy.

Change of Owner or Beneficiary While either Insured is alive, the Owner or beneficiary may be changed. Any change will take effect as of the date the request is signed. Neither Insured needs to be alive when the requested change is recorded at our Home Office.

Death of the Owner or Beneficiary If the Insureds are joint owners of the policy, after the first death the Survivor will be the sole owner unless otherwise provided. If an Owner other than an Insured dies while an Insured is living, all rights and options of the Owner will belong to the Owner's executors or administrators unless otherwise provided. Unless otherwise provided, the interest of any beneficiary, including any irrevocable beneficiary, who dies before the second Insured to die, will belong to the Owner.

General Provisions

The Contract This policy is issued in consideration of the application and payment of the initial premium. This policy, the attached copy of the application and/or endorsements, and any attached supplemental applications and riders form the entire contract. Statements in the application are, in the absence of fraud, considered to be representations and not warranties. No statement will be used to void this policy or be used to deny a claim unless it is contained in the application.

Policy Changes Only one of our authorized officers can change the terms of this policy. A change must be in writing.

Incontestability We will not contest this policy after it has been in force during the lifetime of both Insureds for 2 years from the effective date.

An increase in the Specified Amount will not be contested after it has been in force during the lifetime of both Insureds for 2 years from its effective date.

Suicide If either Insured, while sane or insane, commits suicide within 2 years from the effective date, this policy will terminate. The amount payable will be no more than the sum of the premiums paid less any indebtedness and any partial surrenders.

If either Insured, while sane or insane, commits suicide within 2 years from the effective date of an increase in the Specified Amount, the increase will be terminated. The amount payable under such increase will be the sum of the monthly deductions for such increase.

Assignment You may assign this policy. We are not bound by an assignment unless we receive notice of it at our Home Office. Policy rights and benefits are subject to any assignment. We are not obliged to see that an assignment is valid or sufficient.

Misstatement of Age or Sex If the age or sex of either Insured has been misstated, the amount of death benefit will be adjusted to the amount which would have been provided by the most recent cost of insurance deduction at the true age and sex. The policy value will not be affected.

Settlement Payment or settlement under this policy w be made at our Home Office. At the time of settlement, any policy indebtedness will be deducted. At the time o settlement, we reserve the right to require surrender of t policy.

Deferment Except for the purpose of paying premium to us, payment of cash values or making a policy loan n be deferred. The deferral may not be more than 6 mon from the date you request the cash value or loan.

Compliance with the Internal Revenue Code We reserve the right to:

1. refund any premium payment, or
2. refuse to make any change in the Specified Amount the Death Benefit Option

if such premium or change would cause this policy to fa to qualify as life insurance under the Internal Revenue C

Changes in Insurance Coverage Upon request, the insurance coverage may be changed at any time after th first policy year and prior to the attained age 99 of the younger Insured. The changes which can be made are:

1. increase in the Specified Amount,
2. decrease in the Specified Amount,
3. change in the existing death benefit option.

If a change would result in an increase in the death benefit, such change will be subject to satisfactory evidence of insurability. Such change will not be allowe after the first death or if the older Insured's attained age over 85. The Specified Amount may not be decreased below the minimum shown on page 4. A decrease in th Specified Amount will apply first against insurance with t most recent effective date, with the Initial Specified Amou being last to be decreased. A change will be effective o the monthly anniversary day on or next following the dat of approval by us of the request for the change, unless another date acceptable to us is requested.

If the policy is in force at the attained age 100 of the younger Insured, the Specified Amount will automatically set equal to the policy value and the Death Benefit Optio will be set to Option B. The Death Benefit Option may n be changed after that date. Cost of insurance charges f all policy months after that date will not apply.

Premium Provisions

Premium Payment The initial premium is due on the policy date and is payable on or before delivery of this policy. Thereafter, premiums may be paid at any time and in any amount, subject to the following conditions, unless otherwise agreed to in writing by us.

The amount of each premium must be at least $25.

The maximum amount of premium we will accept in any policy year will be 3 times the yearly planned premium shown on page 4.

Your premiums are payable in United States currency. They are payable at our Home Office, at one of our authorized collection offices, or to an agent authorized to collect premiums in exchange for a receipt signed by one of our officers.

Minimum Monthly Premium The minimum monthly premium and the period for which it applies are shown on page 4. This policy may terminate as described under Continuation of Insurance during the period shown if the cumulative premiums paid are less than the cumulative minimum monthly premiums due. The cumulative premiums paid are the total gross premiums paid less any loans or withdrawals made.

A new minimum monthly premium and a new period will be provided after an increase in the Specified Amount or an increase in or an addition of a benefit. The policy may terminate as described under Continuation of Insurance during the new period if the cumulative premiums paid after the change are less than the cumulative minimum monthly premiums due after the change.

Grace Period If on a monthly anniversary day, the conditions described under Continuation of Insurance have not been met, a grace period of 60 days from that date will be allowed for the payment of the minimum amount needed to continue the policy.

We will notify you and any assignee of the minimum amount due at least 30 days before the end of the grace period. If the amount specified is not paid within the grace period, the policy will terminate without value at the end of the such period. If the second death occurs within the grace period, the amount needed to continue the policy to the end of the policy month of death will be deducted from the amount otherwise payable.

Reinstatement Application to reinstate this policy may be made within 5 years after the date of termination provided the policy has not been surrendered for its cash surrender value.

In addition to the application, reinstatement will require all of the following:

1. You must furnish evidence of insurability satisfactory to us;

2. You must pay an amount sufficient to keep the policy in force for at least 2 months;

3. You must pay or reinstate any indebtedness.

Reinstatement will be effective on the date we approve the application unless another date acceptable to us is requested.

Premium Refund at Death Any premium paid after the beginning of the policy month of the second death will be refunded as part of the proceeds, unless you request otherwise.

Nonforfeiture Provisions

Policy Value On each monthly anniversary day, the policy value will be (1) plus (2) plus (3) plus (4) minus (5), where

(1) is the policy value as of the preceding monthly anniversary day minus the monthly deduction for the month ending on the monthly anniversary day.

(2) is one month's interest on (1).

(3) is all net premiums received since the preceding monthly anniversary day.

(4) is interest on (3) from the date the premium is received to the end of the policy month.

(5) is the reduction in policy value caused by any partial surrender since the preceding monthly anniversary day.

On any day other than a monthly anniversary day, the policy value will be (1) plus (3) minus (5) where

(1) is the policy value as of the preceding monthly anniversary day minus the monthly deduction for the current policy month, with

(3) and (5) defined as above.

Interest Rate The guaranteed interest credited in the calculations described above is shown on page 4. Interest in excess of the guaranteed rate may be applied as determined by us. Such interest is referred to in this policy as excess interest. The excess interest rate credited on any policy value held as security for a policy loan may differ from the rate on the rest of the value.

Net Premium Each net premium will be computed by multiplying each gross premium by the factor shown on page 4.

Monthly Deduction The monthly deduction for a policy month will be computed as (1) plus (2) where

(1) is the cost of insurance and the cost of additional benefits provided by rider for the policy month.

(2) is the sum of all administrative charges shown on page 4 as being due for the policy month.

Cost of Insurance The cost of insurance is determir on a monthly basis as the cost of insurance rate for th month multiplied by the number of thousands of net amount at risk for the month. The net amount at risk f month is computed as (1) minus (2) where

(1) is the death benefit for the month before reduction any indebtedness, discounted to the beginning of the month at the guaranteed interest rate.

(2) is the policy value at the beginning of the month af subtracting all parts of the monthly deduction other tha the cost of insurance.

For months in which death benefit option B is in effect the purpose of allocating the cost of insurance betwee different parts of the Specified Amount, the policy valu be considered as part of the Initial Specified Amount. such value exceeds the Initial Specified Amount, any excess will be considered part of the earliest addition t the Specified Amount. This allocation will continue in c of all additions to the Specified Amount until all value is allocated.

Cost of Insurance Rates The monthly cost of insura rates are determined by us. Rates will be based on o expectation of future mortality, interest, expenses, and lapses. Any change in the monthly cost of insurance r used will be on a uniform basis for Insureds of the sar rate class. Rates will never be larger than the maximu rates shown on page 11.

Continuation of Insurance This policy and all riders continue in force according to the terms as long as the cash surrender value is sufficient to cover the monthly deduction. If the cash surrender value is not sufficient then this policy and all riders will continue in force as l as both:

a. the policy value less any indebtedness is sufficient cover the monthly deduction; and

b. the cumulative minimum monthly premium requiren for the month, if any, has been met;

otherwise, the policy will terminate according to the gr period provision.

If premiums are discontinued on any date, the value c that date will be used to provide insurance under this provision.

Basis of Values Minimum policy values are based the mortality assumptions and interest rates shown or page 4. The values for this policy are at least equal minimum required by law. A detailed statement of th method used to determine policy values and reserves been filed with the state where this policy is deliverec

P11420

Non-Forfeiture Provisions (Continued)

Surrender and Surrender Value Upon request, you may surrender this policy and take its cash surrender value.

Surrender within 31 days after a policy anniversary date will be treated as a surrender on that date.

Partial Surrender Upon request, you may make a partial surrender of this policy. A partial surrender will not be allowed if the remaining cash surrender value would be less than the minimum required by law. The partial surrender may be for any amount not to exceed the cash surrender value less $2500.

When a partial surrender is made:

1. the policy value will be reduced by the amount of the partial surrender, plus a fee of $25 plus the charge, if any, for the partial surrender;

2. the death benefit will be reduced by the amount at least equal to the reduction in value. Such a reduction may be produced without changing the Specified Amount. If not, we will reduce the Specified Amount so that the reduction in death benefit is equal to the reduction in value. A partial surrender cannot be allowed if it would reduce the Specified Amount below the minimum shown on page 4.

Surrender Charges The charge for full surrender will be the amount shown on page 4 for the number of completed policy months preceding surrender. There will be a partial charge if there is a decrease in the Specified Amount while there is a surrender charge in effect. If there is an increase in the Specified Amount, an additional surrender charge will be in effect for the increase.

Surrender charges are computed based on the number of thousands of Specified Amount. The partial charge for a decrease in Specified Amount will be based on the per thousand charge for the number of thousands of the decrease. A decrease in Specified Amount will apply first against insurance with the most recent effective date.

A new schedule of surrender charges will be provided after a change in such charges.

Annual Report

We will provide you an annual report. This report will show the activity of the policy for the past year. It will list premiums paid, expenses charged, monthly deductions, interest credited, and partial surrenders. It will show the then current death benefit and values and the loan balance outstanding. It will also provide a projection of future values of the policy using the then current values and both guaranteed and current rates of interest and mortality.

We will provide a projection of the policy at any time using other assumptions as to future premiums and interest and mortality rates on request. A fee of not more than $25 may be charged for this service.

Policy Loans

When Available A loan may be obtained by request when this policy has a loan value. This policy will be the sole security for the loan.

Amount Available The loan value at any time is the then current policy value less an amount equal to the surrender charge which would apply if the policy were surrendered on the date of determination.

The maximum additional loan at any time is the loan value at that time less:

1. any existing loan;

2. accrued interest on any existing loan; and

3. interest on the total outstanding loan to the end of the policy year.

Loan Interest Interest on a policy loan is due and payable on each policy anniversary. Interest not paid when due will be added to the loan and will bear interest at the same rate.

The effective annual policy loan interest rate is 8%.

Maximum Loan Amount If the indebtedness at any time equals or exceeds the loan value, this policy will become void 31 days after notice has been mailed to your last known address and to that of any assignee of record.

Loan Repayments

You may repay all or part of a loan at any time while this policy is in force. Each partial repayment must be at least $25.

Every payment to us on this policy will be considered a premium payment unless clearly marked for loan repayment or for payment of loan interest.

Table of Guaranteed Maximum Cost of Insurance Rates

Policy Year	Monthly Rate Per $1,000	Policy Year	Monthly Rate Per $1,000	Policy Year	Monthly Rate Per $1,000	Policy Year	Monthly Rate Per $1,000
1	0.312273	26	32.322124				
2	0.934980	27	40.046781				
3	1.554332	28	55.159200				
4	2.169393	29	83.333333				
5	2.778972	30	83.333333				
6	3.378679						
7	3.959697						
8	4.513537						
9	5.037727						
10	5.546521						
11	6.075223						
12	6.666932						
13	7.367843						
14	8.213195						
15	9.195157						
16	10.317051						
17	11.557488						
18	12.923117						
19	14.398263						
20	16.008162						
21	17.756033						
22	19.685141						
23	21.864650						
24	24.422706						
25	27.671482						

These rates are for the base policy at issue. They are based on a combination of the 1980 Commissioners Standard Ordinary Mortality Table for a FEMALE STANDARD NON-TOBACCO USER and a MALE RATED NON-TOBACCO USER

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Settlement Options

Instead of payment in one sum, all or part of the proceeds may be applied under one or more of the settlement options shown below. The right to elect and payments under a settlement option are subject to the conditions stated in this provision.

You may make, change or revoke an election at any time while either Insured is alive. Following the death of the second Insured to die, the beneficiary may elect an option if you have not elected one or if proceeds are payable in one sum. A beneficiary may make a change in payment under a settlement option only if you provided for it in your election.

A change of beneficiary automatically cancels a previous election of a settlement option.

If this policy is assigned, the assignee's portion of proceeds will be paid in one sum. Any balance of proceeds may be applied under settlement options.

Proceeds placed under a settlement option for the benefit of any beneficiary must be at least $2,500 and payments to any payee must be at least $25.

If proceeds are payable to an executor, administrator, trustee, corporation, partnership or association, payment will be in one sum unless we agree to payment under a settlement option.

Options

1. Income for a Fixed Period Monthly installments will be paid for a period agreed upon.

2. Life Income Monthly installments will be paid as elected under a, b or c:

a. Life Only Installments will be paid for as long as the payee lives.

b. Guaranteed Period Installments will be paid during the guaranteed period. After that, installments will be paid for as long as the payee lives.

c. Installment Refund Installments will be paid until the sum of payments equals all proceeds retained. After that, installments will be paid for as long as the payee lives.

The amount of each installment is determined by the payee's sex and age nearest birthday when payments begin.

3. Interest For a period agreed upon, proceeds will be held by us and will earn interest at a rate we declare annually. This rate will be at least the rate shown on page 14.

During the period agreed upon:

a. Interest will be paid monthly to the payee; or

b. Interest can be allowed to accumulate.

At any time during the period agreed upon, proceeds may be placed under one of the other settlement options.

4. Income of Fixed Amount Monthly installments will be paid in an amount agreed upon until proceeds and interest are exhausted.

5. Annuity Settlement Option Instead of any other settlement option, the proceeds may be used to provide an income based on our Single Premium Immediate Annuity rates and rules in effect on the date the proceeds are payable. The amount of each installment will be adjusted to make it payable at the beginning of the payment period.

The amount of each installment provided by the proceeds will be 103% of the installment which normally would be paid under our Single Premium Immediate Annuity.

The amount of each installment based on our Single Premium Immediate Annuity is determined by the payee's sex and age nearest birthday when installments begin.

When Installment Payments Begin Interest under option 3 will be paid at the end of each payment period. Payments under other options are made at the beginning of each payment period. Payment periods begin on the date proceeds become due and payable.

Guaranteed and Excess Interest Payments are calculated at the guaranteed interest rate as shown on page 14. When we declare more than that rate, the excess will be paid as part of each payment under options 1, 3 and 4 and during the guaranteed and refund periods under option 2.

Protection Against Creditors Funds held and payments made under settlement options shall not be assigned and, to the extent permitted by law, shall not be subject to levy, attachment or other judicial process.

Other Conditions and Provisions Before payments begin under a settlement option, this policy must be exchanged for a supplementary contract expressing the terms of settlement.

Unless otherwise provided in the supplementary contract, the present value of any payments due after the death of the last surviving payee will be paid to that payee's estate.

Any indebtedness will decrease the amount placed under a settlement option unless the indebtedness is paid before installment payments begin.

Settlement Option Tables

Monthly Installments per $1,000 of Proceeds

Guaranteed Basis of Calculation for Settlement Option Installments
Options 1, 3 and 4: 3% interest compounded annually.
Options 2 and 5: 3% interest compounded annually and the Progressive Annuity Table.

Option 1 - Income for Fixed Period

No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't
1	84.47	6	15.14	11	8.86	16	6.53	21	5.32	26	4.59
2	42.86	7	13.16	12	8.24	17	6.23	22	5.15	27	4.47
3	28.99	8	11.68	13	7.71	18	5.96	23	4.99	28	4.37
4	22.06	9	10.53	14	7.26	19	5.73	24	4.84	29	4.27
5	17.91	10	9.61	15	6.87	20	5.51	25	4.71	30	4.18

Option 2 - Life Income

Age of Payee Male	Age of Payee Female	Life Only	Guaranteed Period 5 Yrs.	10 Yrs.	15 Yrs.	20 Yrs.	Instm't Refund	Age of Payee Male	Age of Payee Female	Life Only	Guaranteed Period 5 Yrs.	10 Yrs.	15 Yrs.	20 Yrs.	Instm't Refund
15 & under	19 & under	2.96	2.98	2.97	2.96	2.95	2.95	51	55	4.55	4.54	4.50	4.42	4.31	4.33
16	20	2.98	3.00	2.99	2.98	2.97	2.97	52	56	4.65	4.64	4.59	4.51	4.38	4.41
17	21	3.00	3.01	3.00	2.99	2.98	2.99	53	57	4.76	4.74	4.69	4.59	4.44	4.49
18	22	3.01	3.03	3.02	3.01	3.00	3.01	54	58	4.87	4.85	4.79	4.68	4.51	4.58
19	23	3.03	3.05	3.04	3.03	3.02	3.02	55	59	4.99	4.97	4.90	4.77	4.58	4.67
20	24	3.06	3.07	3.06	3.05	3.04	3.05	56	60	5.12	5.09	5.01	4.86	4.65	4.76
21	25	3.08	3.10	3.09	3.08	3.07	3.07	57	61	5.25	5.23	5.13	4.96	4.72	4.86
22	26	3.10	3.12	3.11	3.10	3.09	3.09	58	62	5.40	5.37	5.25	5.06	4.79	4.97
23	27	3.12	3.14	3.13	3.12	3.11	3.11	59	63	5.56	5.52	5.39	5.16	4.85	5.08
24	28	3.15	3.17	3.16	3.15	3.14	3.13	60	64	5.72	5.68	5.52	5.27	4.92	5.20
25	29	3.18	3.19	3.18	3.17	3.16	3.16	61	65	5.90	5.84	5.67	5.37	4.99	5.32
26	30	3.20	3.22	3.21	3.20	3.19	3.18	62	66	6.09	6.02	5.82	5.48	5.05	5.46
27	31	3.23	3.25	3.24	3.23	3.22	3.21	63	67	6.29	6.21	5.97	5.59	5.11	5.59
28	32	3.26	3.27	3.26	3.25	3.24	3.24	64	68	6.51	6.41	6.13	5.69	5.16	5.74
29	33	3.29	3.30	3.29	3.28	3.27	3.26	65	69	6.74	6.63	6.30	5.80	5.21	5.89
30	34	3.32	3.34	3.33	3.32	3.31	3.29	66	70	6.99	6.86	6.48	5.90	5.26	6.06
31	35	3.36	3.37	3.36	3.35	3.34	3.33	67	71	7.26	7.10	6.66	6.01	5.31	6.23
32	36	3.39	3.40	3.39	3.38	3.37	3.36	68	72	7.55	7.36	6.84	6.11	5.34	6.41
33	37	3.43	3.44	3.43	3.42	3.41	3.39	69	73	7.86	7.64	7.03	6.20	5.38	6.61
34	38	3.47	3.48	3.47	3.46	3.44	3.43	70	74	8.19	7.93	7.22	6.29	5.41	6.81
35	39	3.51	3.52	3.51	3.50	3.48	3.46	71	75	8.55	8.24	7.41	6.38	5.43	7.03
36	40	3.55	3.56	3.55	3.54	3.52	3.50	72	76	8.94	8.57	7.60	6.46	5.45	7.26
37	41	3.60	3.60	3.59	3.58	3.56	3.54	73	77	9.36	8.91	7.79	6.53	5.47	7.51
38	42	3.65	3.65	3.64	3.62	3.60	3.58	74	78	9.82	9.28	7.98	6.59	5.48	7.77
39	43	3.70	3.70	3.69	3.67	3.65	3.63	75	79	10.31	9.66	8.17	6.65	5.49	8.05
40	44	3.75	3.75	3.74	3.72	3.69	3.67	76	80	10.85	10.06	8.35	6.70	5.50	8.35
41	45	3.80	3.80	3.79	3.77	3.74	3.72	77	81	11.43	10.48	8.52	6.74	5.50	8.67
42	46	3.86	3.86	3.85	3.82	3.79	3.77	78	82	12.06	10.92	8.68	6.77	5.51	9.01
43	47	3.92	3.92	3.90	3.88	3.84	3.82	79	83	12.76	11.38	8.83	6.80	5.51	9.37
44	48	3.99	3.98	3.97	3.94	3.89	3.87	80	84	13.50	11.83	8.96	6.82	5.51	9.76
45	49	4.05	4.05	4.03	4.00	3.95	3.93	81	85 & over	14.31	12.32	9.08	6.83	5.51	10.17
46	50	4.13	4.12	4.10	4.06	4.00	3.99	82		15.20	12.80	9.19	6.85	5.51	10.63
47	51	4.20	4.19	4.17	4.13	4.06	4.05	83		16.18	13.28	9.28	6.85	5.51	11.09
48	52	4.28	4.27	4.25	4.20	4.12	4.12	84		17.24	13.76	9.36	6.86	5.51	11.60
49	53	4.36	4.36	4.33	4.27	4.18	4.18	85 & over		18.38	14.25	9.42	6.86	5.51	12.17
50	54	4.46	4.44	4.41	4.35	4.25	4.26								

Option 3 - Interest Installments

Monthly	2.47
Quarterly	7.42
Semiannually	14.89
Annually	30.00

Option 4 - Income of Fixed Amount

Monthly Instm't	Years	Months	Monthly Instm't	Years	Months	Monthly Instm't	Years	Months
5.00	22	10	10.00	9	6	30.00	2	10
6.00	17	10	12.50	7	4	33.33	2	7
6.67	15	6	15.00	6	0	35.00	2	5
7.00	14	7	16.67	5	4	40.00	2	1
7.50	13	5	17.50	5	1	45.00	1	10
8.00	12	5	20.00	4	5	50.00	1	8
9.00	10	9	25.00	3	6			

At the end of the periods shown in Option 4 there is often a small remaining balance which will also be paid.

P11426

BRUNSTING004256

Amendment To Application

Jefferson Pilot

Policy No. JF4432933 77719 DIR-ANN

The Jefferson-Pilot Life Insurance Company is hereby authorized to make the following alterations in or additions to the application dated 2-13-97 to said Company for insurance on the life of

NELVA E BRUNSTING AND ELMER HENRY BRUNSTING

and to issue a policy as may be necessary to conform to said application as modified herein and indicated by the item(s) marked "X" below. I hereby accept the policy as issued.

Item No.

☐ 1. "I do not now nor have I used tobacco products in any form within the past 12 months."

☐ 2. Issued at Tobacco-User Rates.

☒ 3. Basic policy rated. Premiums payable as shown in policy. ELMER

☐ 4. Policy issued as Rated Premium Class with Extended Term Insurance provision not available.

☐ 5. Accidental Death Benefit provision rated. Premiums payable as shown in policy.

☐ 6. Disability Waiver of Premium Provision rated. Premiums payable as shown in policy.

☐ 7. Policy issued with Disability Waiver of Premium provision eliminated.

☐ 8. Policy issued with Accidental Death Benefit provision eliminated.

☐ 9. Face amount of policy _____.

☐ 10. Age at issue changed to _____.

☐ 11. Correct premium is _____.

☐ 12. Alternate or ☐ Additional Policy Issued
Plan _____
Amount _____
Basis _____

☐ 13. Option: _____

☒ 14. Other alterations or additions (if any) as follows:

NO CHANGE IN HEALTH SINCE EXAMS OF 11-29-96

Dated at _____ This _____ Day of _____ 19_____

_____ _____
Signature of Proposed Insured Signature of applicant, if other than Proposed Insured

SIGNATURE OF PROPOSED INSURED

P11427

BJ-1974F **Part 1 - Policy Billing & Collection** **Part 2 - File Copy** Rev 3-91

Application for Life Insurance or Annuity

Jefferson-Pilot
Life Insurance Company
Greensboro, NC

Jefferson Pilot AMENDED

Part I

1 Print full name of proposed Insured or Annuitant
NELVA E. BRUNSTING

2 Residence address:
No. and St. 13630 PINEROCK
City HOUSTON State TX Zip Code 77079
How long at this address? 10 YRS. +

3 Age	Sex	Date of birth (Month Day Year)	Where born (state)
70	F	10-08-26	IOWA

4 Social Security No.	Date policy to become effective (Month Day Year)
481-30-4685	

5 Send notices to ANITA KAY RILEY,
☐ Insured or Annuitant, or ☒ TRUSTEE
C/O
No. and St. 13630 PINEROCK
City HOUSTON State TX Zip Code 77079

6 Complete This Section For Life Insurance Application

Plan of insurance	Amount
UL 20 THE SURVIVOR	$250,000

Billing instructions
Amount of premium ..... $ 7675.00
How payable (if monthly payroll, show Franchise name and number)

Death benefit option (UL plans)	APL (traditional plans, CAL)
☐ A ☒ B LEVEL	☐ Yes (if available)

Additional benefits
☐ Disability Waiver
☐ Accidental Death Benefit—Amount ..... $
☐ Spouse Rider—Amount ..... $
Type—☐ UL
☐ Other
☐ Children's Rider—Amount ..... $
☐ Guaranteed Insurability—Amount ..... $
Type: ☐ Regular ☐ With Dis Waiver ☐ UL
☐ Term Riders (traditional plans, CAL):

Dividend Option (participating plans only)
☐ Purchase Paid up additions, or
☐ Other:

7 Complete This Section For Deferred Annuity Application

Plan	Initial basic or single premium
N/A	
Annual basic premium	**How payable**

8 Complete This Section For Immediate Annuity Application

Plan	Single Premium
N/A	

Complete Questions 9–12 For All Applications.

9 Owner (If other than Insured or Annuitant, give full name, address if not in No. 5, relationship and Social Security or Tax ID No.) ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUS DATED FEBRUARY 12, 1997, AS AMENDED

10 Primary beneficiary (full name and relationship to Insured)
ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY
Contingent beneficiary (full name and relationship to Insured)
IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.
If Trustee beneficiary, give date of Trust Agreement.

11 Special instructions:

12 Is this coverage intended to replace or change any insurance or annuity in this or any other company? If yes, give details.
NO

Complete Questions 13-23 For Life Insurance Application. "You" Means The Proposed Insured.

13 Occupation (state duties)
HOMEMAKER

14 Other insurance in force on your life:

Company	Amount	Issued in past yr? Yes	No
NONE		☐	☐
		☐	☐
		☐	☐
		☐	☐

Total Accidental Death Benefit $

15 Have you made application for other life or health insurance without receiving policy as applied for? If yes, give details including name of company.
NO

P11428

Part I of this application continues on Page 2

Application for Life Insurance or Annuity

Jefferson Pilot

Jefferson-Pilot
Life Insurance Company
Greensboro, NC

Part I (continued)

16 Do you have an application pending in any other life insurance company now? If yes, give name of company and amount applied for.
NO

17 Do you contemplate changing occupations or traveling or living outside the continental U.S.? If yes, give details.
NO

18 Have you within the past two years flown or do you intend to fly as a pilot, student pilot, or member of the crew of any aircraft? If yes, complete Aviation Questionnaire.
NO

19 Have you within the past three years been charged with two or more moving violations of any motor vehicle laws, or had your driver's license suspended or revoked? If yes, give details.
NO

Driver's license number and state:
TX 01934029

20 Have you within the past two years participated in or have you any intentions of participating in automobile or motorcycle racing, skin or scuba diving, parachuting, sky diving, or hang gliding?
NO

Do you ride a motorcycle? NO

If either answer is yes, complete Hazardous Activities Questionnaire.

21 Are you now a member of, or have you any intention of making application or enlisting in, any military organization? If yes, give details, including branch of service.
NO

22 In the past 10 years have you:	Yes	No
(a) been told by a medical professional you had Acquired Immune Deficiency Syndrome ("AIDS")?	☐	☒
(b) received treatment from a medical professional for AIDS?	☐	☒
(c) tested positive for antibodies to the AIDS (HIV) virus?	☐	☒

23 Have you EVER smoked cigarettes? ☐ Yes ☒ No
If yes: (a) If a PRESENT smoker, how many cigarettes per day? ____
(b) If a FORMER smoker, how many cigarettes per day? ____ When did you quit? ____
If no: Do you use tobacco in any other form? ☐ Yes ☒ No
If yes: What form? ____ Amount per day? ____

24 What amount has been paid with this application? (If none, so state.)
$ 7,675

RECEIVED 1:31 MAR 1 1997

Home Office Endorsements
NO CHANGE IN HEALTH SINCE EXAM DONE 11/29/96

This application consists of Parts I and II and any supplement. Each person signing below represents that, to the best of his or h knowledge and belief, all statements and answers recorded herei are complete and true. Each person signing below agrees expressly that:

1 No agent has the authority to make or modify any Company con tract or to waive any of the Company's requirements.

2 Corrections, additions, or changes to this application may be made by the Company. Any such changes will be shown under "Home Office Endorsements." Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plar amount or benefits unless agreed to in writing by the Applicant.

3 If this application is for life insurance:

(a) The first premium may be paid to the Company's agent in ex change for a Conditional Receipt. The Receipt will bear the sam number and date as this application and will be signed by the agent. If this is done, the Applicant acknowleges acceptance of the Receipt and agrees to its terms and conditions and its Limits Provision. The liability of the Company will be as stated in the Receipt.

(b) If the first premium is not paid, the Company will have no liability under this application unless and until:

(i) it has been received and approved by the Company at its Home Office;

(ii) the policy has been issued and delivered;

(iii) the first premium has been paid to and accepted by the Company; and

(iv) at the time of delivery and payment, the facts concerning the insurability of each person proposed for insurance are as stated in this application.

(c) The proposed Insured acknowledges receipt of the "Notice t Proposed Insured."

Dated at HOUSTON, TX

Date 02-13-97

X Nelva E. Brunsting

Signature of proposed Insured or Annuitant

Anita Kay Riley Trustee

Signature of Applicant if other than proposed Insured or Annuitant

By Greg Jungeblut Title ____

Agent ____ Agent's number ____

Agent GREG JUNGEBLUT Agent's number 2017858

Agency Office ____

P11429

№ 56771

Part II. Continuation of Application to The Jefferson Pilot Life Insurance Company

Proposed Insured (First name - Middle initial - Last name): Nelva E Brunsting

Birthdate (Month - Day - Year): 10.8.26

1 a. Name and address of your personal physician? Robert White 9000 Westheimer # 69
b. Date and reason last consulted? 11/96 lump behind knee - Hou TX 77063
c. What treatment was given or medication prescribed? None (713) 978.7975

2 Have you, within the past 10 years, been treated for or had any known indication of:	Yes	No
a. Disorder of eyes, ears, nose or throat?	☐	☑
b. Dizziness, fainting, convulsions, headache, paralysis or stroke; mental or nervous disorder?	☐	☑
c. Shortness of breath, persistent hoarseness or cough, asthma, bronchitis, pleurisy, emphysema, tuberculosis or chronic respiratory disorder?	☐	☑
d. Chest pain, palpitation, high blood pressure, rheumatic fever, heart attack, murmur or other disorder of the heart or blood vessels?	☐	☑
e. Jaundice, intestinal bleeding, ulcer, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder?	☐	☑
f. Sugar, albumin, blood or pus in urine, sexually transmitted diseases, stone or other disorder of kidney, bladder or prostate?	☐	☑
g. Diabetes, thyroid or other endocrine disorders?	☐	☑
h. Neuritis, arthritis, gout, or disorder of the muscles or bones, including the spine, back or joints?	☐	☑
i. Deformity, lameness, or amputation?	☐	☑
j. Disorder of skin, lymph glands, cyst, tumor or cancer?	☐	☑
k. Allergies, anemia or other disorder of the blood?	☐	☑
l. Need for treatment because of alcohol or drug abuse?	☐	☑
m. Abnormalities, disease or disorder of the reproductive organs or breasts, menstruation or pregnancy?	☐	☑
3 Are you now under observation or taking treatment?	☐	☑
4 Have you had any change in weight in the past year?	☐	☑
5 Other than the above, have you within the past 5 years:		
a. Had any mental or physical disorder not listed above?	☐	☑
b. Had a checkup, consultation, illness, injury or surgery?	☑	☐
c. Been a patient in a hospital, clinic, sanatorium or other medical facility?	☐	☑
d. Had electrocardiogram, X-ray, or other diagnostic test?	☑	☐
e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	☐	☑
6 Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?	☐	☑
7 Have you ever requested or received a pension, benefits or payment due to an injury, sickness or disability?	☐	☑
8 To the best of your knowledge and belief are you now pregnant?	☐	☑
9 Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, alcoholism or suicide?	☑	☐

Details of "Yes" answers. (Identify question number, circle applicable items: Include diagnoses, dates, duration, names and addresses of all physicians and medical facilities.)

5b) Dr. White - annual pap check up - Norm

Bursitis in hip - 1996 MRI done + X-rays Rx: Cortisone + exercise Dr. Eddie Matsy (785.2500 Fondren #300 5445 Houston TX 77063

5d) Blood, mammogram done annually - Norm Dr. White - 1996

9) Father - heart disease

Parents	Age if Alive	Age at Death	Cause of Death	Siblings	Age if Alive	Age at Death	Cause of Death
Father		89	Kidney failure	Brothers		23	plane crash
Mother		89	Heart failure	Sisters			

The answers to the above questions are to the best of my knowledge complete, true and written as I gave them.
For the purpose of underwriting this application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of the proposed insureds or their health to give Jefferson-Pilot Life Insurance Company and its reinsurers such information. I also authorize the foregoing, except for the Medical Information Bureau, to give such information to any consumer reporting agency acting on behalf of Jefferson-Pilot Life. I further authorize Jefferson-Pilot Life to give all such information to my personal physician upon request and I waive any privilege to such information. I understand either I or my authorized representative may obtain a copy of this authorization. This authorization shall be valid for 30 months from this date and a copy of this authorization shall be as valid as the original.

Houston, TX — City and state where signed
11/29/96 — Date
Nelva E. Brunsting — Signature of proposed insured (if under age 15, parent)
Katie Hyde — Signature of Examiner

P11430
BRUNSTING004260

BJ-3887C

1996 DEC -6 AM 8:29

Application for Life Insurance or Annuity

Jefferson-Pilot Life Insurance Company
Greensboro, NC

Jefferson Pilot

Part I

1 Print full name of proposed Insured or Annuitant
ELMER HENRY BRUNSTING

2 Residence address:
No. and St. 13630 PINEROCK
City HOUSTON State TX Zip Code 77079
How long at this address? 10 YRS. +

3 Age	Sex	Date of birth Month Day Year	Where born (state)
75	M	09-29-21	IOWA

4 Social Security No. 282-32-8905
Date policy to become effective Month Day Year

5 Send notices to ANITA KAY RILEY,
☐ Insured or Annuitant, or ☒ TRUSTEE
C/O No. and St. 13630 PINEROCK
City HOUSTON State TX Zip Code 77079

6 Complete This Section For Life Insurance Application

Plan of insurance UL 20 THE SURVIVOR | Amount $250,000

Billing instructions
Amount of premium ..... $ 7,675.00
How payable (if monthly payroll, show Franchise name and number)

Death benefit option (UL plans) ☐ A ☒ B LEVEL | APL (traditional plans, CAL) ☐ Yes (if available)

Additional benefits
☐ Disability Waiver
☐ Accidental Death Benefit—Amount.....$
☐ Spouse Rider—Amount .....$
Type—☐ UL
☐ Other
☐ Children's Rider—Amount.....$
☐ Guaranteed Insurability—Amount.....$
Type: ☐ Regular ☐ With Dis Waiver ☐ UL
☐ Term Riders (traditional plans, CAL):

Dividend Option (participating plans only)
☐ Purchase Paid up additions, or
☐ Other:

7 Complete This Section For Deferred Annuity Application

Plan | Initial basic or single premium N/A
Annual basic premium | How payable

8 Complete This Section For Immediate Annuity Application

Plan N/A | Single Premium

Complete Questions 9–12 For All Applications.

9 Owner (If other than Insured or Annuitant, give full name, address if not in No. 5, relationship and Social Security or Tax ID No.) ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED

10 Primary beneficiary (full name and relationship to Insured)
ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY
Contingent beneficiary (full name and relationship to Insured)
IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.
If Trustee beneficiary, give date of Trust Agreement.

11 Special instructions:

12 Is this coverage intended to replace or change any insurance or annuity in this or any other company? If yes, give details.
NO

Complete Questions 13-23 For Life Insurance Application. "You" Means The Proposed Insured.

13 Occupation (state duties)
RETIRED

14 Other insurance in force on your life:

Company	Amount	Issued in past yr? Yes	No
5-6 VARIOUS POLICIES	70,000	☐	☒
		☐	☐
		☐	☐
		☐	☐

Total Accidental Death Benefit $

15 Have you made application for other life or health insurance without receiving policy as applied for? If yes, give details including name of company.
NO

P11431

Part I of this application continues on Page 2

Application for Life Insurance or Annuity

Jefferson Pilot

Jefferson-Pilot
Life Insurance Company
Greensboro, NC

Part I (continued)

16 Do you have an application pending in any other life insurance company now? If yes, give name of company and amount applied for.
NO

17 Do you contemplate changing occupations or traveling or living outside the continental U.S.? If yes, give details.
NO

18 Have you within the past two years flown or do you intend to fly as a pilot, student pilot, or member of the crew of any aircraft? If yes, complete Aviation Questionnaire.
NO

19 Have you within the past three years been charged with two or more moving violations of any motor vehicle laws, or had your driver's license suspended or revoked? If yes, give details.
NO
Driver's license number and state:
TX 03911861

20 Have you within the past two years participated in or have you any intentions of participating in automobile or motorcycle racing, skin or scuba diving, parachuting, sky diving, or hang gliding?
NO
Do you ride a motorcycle?
NO
If either answer is yes, complete Hazardous Activities Questionnaire.

21 Are you now a member of, or have you any intention of making application or enlisting in, any military organization? If yes, give details, including branch of service.
NO

22 In the past 10 years have you:

	Yes	No
(a) been told by a medical professional you had Acquired Immune Deficiency Syndrome ("AIDS")?	☐	☒
(b) received treatment from a medical professional for AIDS?	☐	☒
(c) tested positive for antibodies to the AIDS (HIV) virus?	☐	☒

23 Have you EVER smoked cigarettes? ☐ Yes ☒ No
If yes: (a) If a PRESENT smoker, how many cigarettes per day? ____
(b) If a FORMER smoker, how many cigarettes per day? ____ When did you quit? ____
If no: Do you use tobacco in any other form? ☐ Yes ☒ No
If yes: What form? ____ Amount per day? ____

24 What amount has been paid with this application? (If none, so state.)
$1,675.00

RECEIVED
MAR - 7 1997
HO

№ 56770

Home Office Endorsements

RATED PREMIUM CLASS
NO CHANGE IN HEALTH SINCE EXAM
DONE ON 11/29/96

This application consists of Parts I and II and any supplement. Each person signing below represents that, to the best of his or her knowledge and belief, all statements and answers recorded herein are complete and true. Each person signing below agrees expressly that:

1 No agent has the authority to make or modify any Company contract or to waive any of the Company's requirements.

2 Corrections, additions, or changes to this application may be made by the Company. Any such changes will be shown under "Home Office Endorsements." Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount or benefits unless agreed to in writing by the Applicant.

3 If this application is for life insurance:

(a) The first premium may be paid to the Company's agent in exchange for a Conditional Receipt. The Receipt will bear the same number and date as this application and will be signed by the agent. If this is done, the Applicant acknowleges acceptance of the Receipt and agrees to its terms and conditions and its Limits Provision. The liability of the Company will be as stated in the Receipt.

(b) If the first premium is not paid, the Company will have no liability under this application unless and until:

(i) it has been received and approved by the Company at its Home Office;

(ii) the policy has been issued and delivered;

(iii) the first premium has been paid to and accepted by the Company; and

(iv) at the time of delivery and payment, the facts concerning the insurability of each person proposed for insurance are as stated in this application.

(c) The proposed Insured acknowledges receipt of the "Notice to Proposed Insured."

Dated at HOUSTON, TX

Date 02-13-97

X Elmer H Brunsting
Signature of proposed Insured or Annuitant

Anita Kay Riley, Trustee
Signature of Applicant if other than proposed Insured or Annuitant

By Greg Jungeblut Title ____

Agent ____ Agent's number ____

Agent GREG JUNGEBLUT Agent's number 2017858

Agency Office ____

P11432

Part II. Continuation of Application to The Jefferson-Pilot Life Insurance Company

Proposed Insured (First name - Middle initial - Last name) Elmer Brunsting Birthdate (Month - Day - Year) 9.29.21

1 a. Name and address of your personal physician? Robert White 9000 Westheimer #69 Hou, TX 77063 (713) 978-7975
b. Date and reason last consulted? 9/96 Vup
c. What treatment was given or medication prescribed? None

2 Have you, within the past 10 years, been treated for or had any known indication of:	Yes	No
a. Disorder of eyes, ears, nose or throat?	☐	☒
b. Dizziness, fainting, convulsions, headache, paralysis or stroke; mental or nervous disorder?	☐	☒
c. Shortness of breath, persistent hoarseness or cough, asthma, bronchitis, pleurisy, emphysema, tuberculosis or chronic respiratory disorder?	☐	☒
(d.) Chest pain, palpitation, high blood pressure, rheumatic fever, heart attack, murmur or other disorder of the heart or blood vessels?	☒	☐
e. Jaundice, intestinal bleeding, ulcer, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder?	☐	☒
(f.) Sugar, albumin, blood or pus in urine, sexually transmitted diseases, stone or other disorder of kidney, bladder or prostate?	☒	☐
g. Diabetes, thyroid or other endocrine disorders?	☐	☒
h. Neuritis, arthritis, gout, or disorder of the muscles or bones, including the spine, back or joints?	☐	☒
i. Deformity, lameness, or amputation?	☐	☒
(j.) Disorder of skin, lymph glands, cyst, tumor or cancer?	☒	☐
k. Allergies, anemia or other disorder of the blood?	☐	☒
l. Need for treatment because of alcohol or drug abuse?	☐	☒
m. Abnormalities, disease or disorder of the reproductive organs or breasts, menstruation or pregnancy?	☐	☒
3 Are you now under observation or taking treatment?	☐	☒
4 Have you had any change in weight in the past year?	☐	☒
5 Other than the above, have you within the past 5 years:		
a. Had any mental or physical disorder not listed above?	☐	☒
(b.) Had a checkup, consultation, illness, injury or surgery?	☒	☐
c. Been a patient in a hospital, clinic, sanatorium or other medical facility?	☐	☒
(d.) Had electrocardiogram, X-ray, or other diagnostic test?	☒	☐
e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	☐	☒
6 Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?	☐	☒
7 Have you ever requested or received a pension, benefits or payment due to an injury, sickness or disability?	☐	☒
8 To the best of your knowledge and belief are you now pregnant?	☐	☒
(9.) Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, alcoholism or suicide?	☒	☐

Details of "Yes" answers. (Identify question number, circle applicable items: Include diagnoses, dates, duration, names and addresses of all physicians and medical facilities.)

2d) ↑BP - No Meds - Diet contro
had angioplasty 6/94, 12/94 @
Dr. Gaston 6560 Fannin #15
Hou TX 77030 (713) 790.0646
Methodist Hosp 1-2 days each

2f) 11/91 prostate removed
due to malignancy found.
Dr. Babaian, 713.792.3250

1515 Holcombe, Box 110
Hou TX 77030 - No Chemo
MD Anderson Hosp x5d

2j) Skin cancer removed
from (L) ear. 1986 Dr. White

5b) Broken (L) wrist - 1996
Dr. White - splinted.

5d) Blood, CXR, EKG - pre op
1991 Dr. Babaian - Norm
Same pre op labs - Norm
1994 + 1995 Dr. Gaston
EKG + Stress test - Norm
1996 Dr. Gaston.

9) Father - ↑BP stroke

Parents	Age if Alive	Age at Death	Cause of Death	Siblings	Age if Alive	Age at Death	Cause of Death
Father		76	stroke	Brothers	0		
Mother		83	respiratory distress	Sisters	0		

The answers to the above questions are to the best of my knowledge complete, true and written as I gave them.
For the purpose of underwriting this application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of the proposed insureds or their health to give Jefferson-Pilot Life Insurance Company and its reinsurers such information. I also authorize the foregoing, except for the Medical Information Bureau, to give such information to any consumer reporting agency acting on behalf of Jefferson-Pilot Life. I further authorize Jefferson-Pilot Life to give all such information to my personal physician upon request and I waive any privilege to such information. I understand either I or my authorized representative may obtain a copy of this authorization. This authorization shall be valid for 30 months from this date and a copy of this authorization shall be as valid as the original.

Houston, TX — City and state where signed
11/29/96 — Date
Elmer H Brunsting — Signature of proposed insured (if under age 15, parent)
Katie Lipke — Signature of Examiner
M.D.

P11433
BRUNSTING004263

BJ-3887C

ISSUED DEC 15 BMID: 01

Jefferson-Pilot
Life Insurance Company
100 North Greene Street, P. O. Box 21008
Greensboro, North Carolina 27420

When writing the Home Office please give the policy number, full names of both Insureds and your address.

Important Information

This policy is a valuable asset. Read it carefully and file it with your other valuable papers.

If you need any of the following services, contact our nearest representative or our Home Office:

1. Information about this policy.
2. Preparation of claims papers, or other notices, elections or requests.
3. Examination of any proposal that you lapse or surrender this policy - this is for your own protection.
4. Additional life insurance service.

FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

Proceeds payable at second death. Flexible premiums payable while either Insured is living. Policy values determined by declared interest and risk rates. Non-participating.

P11434

Form 88-138.3

Jefferson Pilot

Policy Number	Due Date	Payable
JP4432833	03-15-98	ANNUAL

NELVA E BRUNSTING 0

For Service Please contact

F022301593 LIFE

PREMIUM 7,675.00

TOTAL DUE 7,675.00

GREGORY J JUNGEBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

PHONE (713) 827-0491

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Your Life, your needs and your financial security goals are constantly changing. Jefferson-Pilot offers a broad variety of insurance products to help you meet your needs and achieve your goals. Your representative, whose name and number are listed above, would be pleased to provide you with information about how our services may benefit you.

Note: If a representative is not shown, please contact us (see information below) and we will have a representative contact you.

Telephone: (800) 487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

BJ-4508 Rev 1-97 **Please Detach and Keep This Part for Your Records** **See Information on Reverse Side**

Jefferson Pilot

Policy Number	Due Date	Payable
JP4432833	03-15-98	ANNUAL

NELVA E BRUNSTING 0

Important! Please Return This Part With Your Payment

Note: This is the only Notice you will receive

F022301593 LIFE
75710 PREMIUM 7,675.00
TOTAL DUE 7,675.00

Enter Address Change Below

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Jefferson-Pilot
Life Insurance Company
PO Box 25500
Greensboro, NC 27420-1008

P11435

0709986022301593214432833000767500

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-1998. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-1997 to 03-15-1998.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded the highest ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	**AAA**
A. M. Best	**A++**
Duff & Phelps	**AAA**
Weiss Research	**A+**

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P11436

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

for period ending 03-15-1998

Policy Number: JP4432833
Policy Date: 03-15-1997
Insured: NELVA E BRUNSTING
Date of Birth: 10-08-1926
Issue Age: 70
Sex: F
Owner: ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Coverage Type: SURVIVORSHIP LIFE (VIS20)
Death Benefit Option: LEVEL
Planned Frequency: ANNUAL
Planned Premium: $7,675.00
Specified Amount: $250,000.00
Net Death Benefit: $250,000.00

Policy Values as of:	03-15-1997	03-15-1998
Net Policy Value:	$.00	$7,584.53
Surrender Value:	$.00	$.00
Loan Balance:	$.00	$.00

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest at Guar Rate	********** (See Note) ********** *Credited * Excess	Total % Rate	Cost of Insurance	Cost of * Rider(s)*	Partial Surrenders	End of Month Policy Value
04-15-1997	7,675.00	201.88	10.70	7.42	6.00	16.98	.00	.00	7,474.26
05-15-1997	.00	10.00	21.38	14.87	6.00	16.48	.00	.00	7,484.03
06-15-1997	.00	10.00	21.41	14.89	6.00	16.48	.00	.00	7,493.85
07-15-1997	.00	10.00	21.44	14.91	6.00	16.48	.00	.00	7,503.72
08-15-1997	.00	10.00	21.47	14.93	6.00	16.48	.00	.00	7,513.64
09-15-1997	.00	10.00	21.50	14.95	6.00	16.48	.00	.00	7,523.61
10-15-1997	.00	10.00	21.53	14.97	6.00	16.48	.00	.00	7,533.63
11-15-1997	.00	10.00	21.56	14.99	6.00	16.47	.00	.00	7,543.71
12-15-1997	.00	10.00	21.59	15.01	6.00	16.47	.00	.00	7,553.84
01-15-1998	.00	10.00	21.62	15.03	6.00	16.47	.00	.00	7,564.02
02-15-1998	.00	10.00	21.65	15.05	6.00	16.47	.00	.00	7,574.25
03-15-1998	.00	10.00	21.68	15.07	6.00	16.47	.00	.00	7,584.53
Totals	7,675.00	311.88	247.53	172.09		198.21	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

Based on the company's schedule of monthly cost of insurance rates in effect as of 03-15-1998, your rate per $1000 net amount at risk for the policy year beginning 03-15-1998 will not be greater than 0.646305.

This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

PROJECTION OF NEXT YEAR'S CASH SURRENDER VALUE

Assuming no premiums are paid, your policy value on the 03-15-1999 policy anniversary is projected as follows:

	Cash Surrender Value	Policy Value
Using Guaranteed Interest and Cost of Insurance Rates	.00	$5,132.94
Using Current Interest and Cost of Insurance Rates	.00	$7,260.56

The net death benefit is the death benefit after any outstanding loan balance is deducted.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
820 GESSNER #296
HOUSTON TX 77024

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11437

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2000. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-1999 to 03-15-2000.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	**AAA**
A. M. Best	**A++**
Duff & Phelps	**AAA**
Weiss Research	**A**

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P11438

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

for period ending 03-15-2000

Policy Number:	JP4432833	Coverage Type:	SURVIVORSHIP LIFE		(VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	03-15-1999	03-15-2000
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$15,129.54	$30,114.14
			Surrender Value:	$1,867.04	$18,324.14
			Loan Balance:	$.00	$.00

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest at Guar Rate *	**********(See Note)********** *Credited Excess	Total % Rate	Cost of Insurance	Cost of * Rider(s)*	Partial Surrenders	End of Month Policy Value
04-15-1999	7,675.00	201.88	58.90	31.21	5.40	89.26	.00	.00	22,603.51
05-15-1999	.00	10.00	64.62	34.24	5.40	86.41	.00	.00	22,605.96
06-15-1999	.00	10.00	64.62	34.25	5.40	86.41	.00	.00	22,608.42
07-15-1999	.00	10.00	64.63	34.25	5.40	86.41	.00	.00	22,610.89
08-15-1999	.00	10.00	64.65	34.24	5.40	86.41	.00	.00	22,613.37
09-15-1999	.00	10.00	64.65	34.25	5.40	86.42	.00	.00	22,615.85
10-15-1999	.00	10.00	64.66	34.26	5.40	86.41	.00	.00	22,618.36
11-15-1999	.00	10.00	64.67	34.25	5.40	86.41	.00	.00	22,620.87
12-15-1999	.00	10.00	64.67	34.26	5.40	86.41	.00	.00	22,623.39
01-15-2000	.00	10.00	64.68	34.26	5.40	86.41	.00	.00	22,625.92
02-15-2000	.00	10.00	64.68	34.27	5.40	86.41	.00	.00	22,628.46
03-15-2000	7,675.00	201.88	64.69	34.28	5.40	86.41	.00	.00	30,114.14
Totals	15,350.00	503.76	770.12	408.02		1,039.78	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

Based on the company's schedule of monthly cost of insurance rates in effect as of 03-15-2000, your rate per $1000 net amount at risk for the policy year beginning 03-15-2000 will not be greater than 1.702035.

This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

The net death benefit is the death benefit after any outstanding loan balance is deducted.

PROJECTION OF NEXT YEAR'S CASH SURRENDER VALUE

Assuming no premiums are paid, your policy value on the 03-15-2001 policy anniversary is projected as follows:

	Cash Surrender Value	Policy Value
Using Guaranteed Interest and Cost of Insurance Rates	$14,493.09	$25,545.59
Using Current Interest and Cost of Insurance Rates	$19,028.73	$30,081.23

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
11511 KATY FRWY #350
HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11439

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2001. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2000 to 03-15-2001.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA
Weiss Research	A

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P11440

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

for period ending 03-15-2001

Policy Number:	JP4432833	Coverage Type:	SURVIVORSHIP LIFE		(VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	03-15-2000	03-15-2001
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$30,114.14	$37,564.35
			Surrender Value:	$18,324.14	$26,511.85
			Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any oustanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Interest Credited Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2000	.00	10.00	86.07	45.61	5.40	124.35	.00	.00	30,111.47
05-15-2000	.00	10.00	86.07	45.60	5.40	124.35	.00	.00	30,108.79
06-15-2000	.00	10.00	86.06	45.59	5.40	124.35	.00	.00	30,106.09
07-15-2000	.00	10.00	86.05	45.60	5.40	124.35	.00	.00	30,103.39
08-15-2000	.00	10.00	86.04	45.59	5.40	124.35	.00	.00	30,100.67
09-15-2000	.00	10.00	86.03	45.59	5.40	124.36	.00	.00	30,097.93
10-15-2000	.00	10.00	86.02	45.58	5.40	124.36	.00	.00	30,095.17
11-15-2000	.00	10.00	86.02	45.58	5.40	124.36	.00	.00	30,092.41
12-15-2000	.00	10.00	86.01	45.58	5.40	124.36	.00	.00	30,089.64
01-15-2001	.00	10.00	86.00	45.58	5.40	124.36	.00	.00	30,086.86
02-15-2001	.00	10.00	86.00	45.56	5.40	124.36	.00	.00	30,084.06
03-15-2001	7,675.00	201.88	85.99	45.55	5.40	124.37	.00	.00	37,564.35
Totals	7,675.00	311.88	1,032.36	547.01		1,492.28	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance Current#	Guaranteed
Planned Premiums Paid	MATURITY	January 2009
No Further Premiums Paid	December 2010	March 2005

\# If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
11511 KATY FRWY #350
HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11441

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2002. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2001 to 03-15-2002.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	**AAA**
A. M. Best	**A++**
Fitch	**AAA**

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 1-800-487-1485.

Thank you very much for your business.

P11442

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

for period ending 03-15-2002

Policy Number:	JP4432833	Coverage Type:	SURVIVORSHIP LIFE		(VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	03-15-2001	03-15-2002
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$37,564.35	$37,431.51
			Surrender Value:	$26,511.85	$27,116.51
			Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any oustanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Interest Credited Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2001	.00	10.00	107.34	56.89	5.40	164.26	.00	.00	37,554.32
05-15-2001	.00	10.00	107.32	56.87	5.40	164.27	.00	.00	37,544.24
06-15-2001	.00	10.00	107.29	56.85	5.40	164.28	.00	.00	37,534.10
07-15-2001	.00	10.00	107.26	56.84	5.40	164.29	.00	.00	37,523.91
08-15-2001	.00	10.00	107.23	56.82	5.40	164.30	.00	.00	37,513.66
09-15-2001	.00	10.00	107.21	56.80	5.40	164.30	.00	.00	37,503.37
10-15-2001	.00	10.00	107.17	56.79	5.40	164.31	.00	.00	37,493.02
11-15-2001	.00	10.00	107.14	56.78	5.40	164.32	.00	.00	37,482.62
12-15-2001	.00	10.00	107.11	56.76	5.40	164.33	.00	.00	37,472.16
01-15-2002	.00	10.00	107.08	53.78	5.30	164.34	.00	.00	37,458.68
02-15-2002	.00	10.00	107.05	53.75	5.30	164.35	.00	.00	37,445.13
03-15-2002	.00	10.00	107.00	53.74	5.30	164.36	.00	.00	37,431.51
Totals	.00	120.00	1,286.20	672.67		1,971.71	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance Current#	Guaranteed
Planned Premiums Paid	MATURITY	December 2009
No Further Premiums Paid	May 2012	July 2006

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420-1008, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
11511 KATY FRWY #350
HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11443

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

for period ending 04-15-2002

Policy Number:	JP4432833	Coverage Type:	SURVIVORSHIP LIFE		(VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	04-15-2001	04-15-2002
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$37,554.32	$44,882.94
			Surrender Value:	$26,501.82	$34,567.94
			Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any oustanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Interest Credited Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
05-15-2001	.00	10.00	107.32	56.87	5.40	164.27	.00	.00	37,544.24
06-15-2001	.00	10.00	107.29	56.85	5.40	164.28	.00	.00	37,534.10
07-15-2001	.00	10.00	107.26	56.84	5.40	164.29	.00	.00	37,523.91
08-15-2001	.00	10.00	107.23	56.82	5.40	164.30	.00	.00	37,513.66
09-15-2001	.00	10.00	107.21	56.80	5.40	164.30	.00	.00	37,503.37
10-15-2001	.00	10.00	107.17	56.79	5.40	164.31	.00	.00	37,493.02
11-15-2001	.00	10.00	107.14	56.78	5.40	164.32	.00	.00	37,482.62
12-15-2001	.00	10.00	107.11	56.76	5.40	164.33	.00	.00	37,472.16
01-15-2002	.00	10.00	107.08	53.78	5.30	164.34	.00	.00	37,458.68
02-15-2002	.00	10.00	107.05	53.75	5.30	164.35	.00	.00	37,445.13
03-15-2002	.00	10.00	107.00	53.74	5.30	164.36	.00	.00	37,431.51
04-15-2002	7,675.00	201.88	127.59	64.09	5.30	213.37	.00	.00	44,882.94
Totals	7,675.00	311.88	1,306.45	679.87		2,020.82	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
11511 KATY FRWY #350
HOUSTON TX 77079

Route: 76-TPE

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11444

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2003. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2002 to 03-15-2003.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

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Standard & Poor's	**AAA**
A. M. Best	**A++**
Duff & Phelps	**AAA**

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

P11445

JEFFERSON PILOT
FINANCIAL

PRIVACY PRACTICES NOTICE

The Jefferson Pilot Financial companies* are concerned about your privacy. In order to issue and service high quality financial products and services, we collect personal information about you. **We do not sell your information to third parties**, and we disclose your personal information only as necessary to provide the products and services you expect from a financial services leader. **This summary of our practices is provided for your information. You do not need to take any action as a result of this notice, but you do have certain rights as described below.**

Collecting Information. To conduct our business, we may collect nonpublic personal information about you from:

- applications or other forms, such as name, address, Social Security number, assets and income, employment status and dependent information;
- your transactions with us, our affiliates, or with others, such as account activity, payment history, and products and services purchased;
- consumer reporting agencies, such as credit relationships and credit history. These agencies may retain their reports and share them with others who use their services;
- other individuals, businesses and agencies, such as motor vehicle reports, and medical and demographic information; and
- visitors to our websites, such as information from on-line forms, site visitorship data and on-line information collecting devices commonly called "cookies."

We do not collect medical or health information, nor do we request financial information from consumer reporting agencies, on our mutual fund and brokerage consumers.

How We Treat the Information. Within Jefferson Pilot Financial we restrict access to nonpublic personal information about you to those employees who need to know that information to provide our products or services or to otherwise conduct our business, including actuarial or research studies. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to safeguard all your nonpublic personal information. We may also disclose all of the information described above to third parties with which we contract for services. We contractually require these third parties to protect your information. Examples of these third parties are:

- financial service providers, such as third party administrators, broker-dealers, insurance agents and brokers, investment companies, registered representatives, investment advisors, companies that perform marketing services on our behalf or on behalf of Jefferson Pilot Financial and another financial institution, or to other financial institutions with whom we have joint marketing agreements; and
- non-financial companies and individuals, such as our consultants and vendors and the Medical Information Bureau.

In addition, we may disclose your nonpublic personal information to medical care institutions or medical professionals, insurance regulatory authorities, law enforcement or other government authorities, or to affiliated or nonaffiliated third parties as reasonably necessary to conduct our business or as otherwise permitted by law.

Our privacy procedures apply even after you stop having any customer relationship with Jefferson Pilot Financial.

We retain the right to use ideas, concepts, know-how, or techniques contained in any nonpublic personal information you provide to us for our own purposes, including developing and marketing products and services.

We do not disclose to our affiliates any information we receive about you from a consumer reporting agency.

We do not disclose your nonpublic personal information to third parties except as necessary to provide you our products and services. You do have the right to review the personal information about you relating to any insurance or annuity product issued by us that we can reasonably locate and retrieve. You also can request that we correct, amend or delete any inaccurate information. If you wish to do this, please write Attn: Privacy Inquiry, to the address you normally use for your correspondence with us. If you don't have that address, write to: Jefferson Pilot Financial, Attn: Client Services Department-Privacy, P.O. Box 21008, Greensboro, NC 27420, describe the information you wish to see and enclose payment for our $25.00 handling fee.

* This Notice applies for the following Jefferson Pilot Financial companies:

Allied Professional Advisors, Inc.
Hampshire Funding, Inc.
Jefferson Pilot Financial Insurance Company
Jefferson Pilot LifeAmerica Insurance Company
Jefferson-Pilot Life Insurance Company
Jefferson Pilot Securities Corporation
Jefferson Pilot Variable Corporation
Polaris Advisory Services, Inc.
Westfield Assigned Benefits Company

P11446

Jefferson Pilot Financial
100 N. Greene St.
Greensboro, NC 27401

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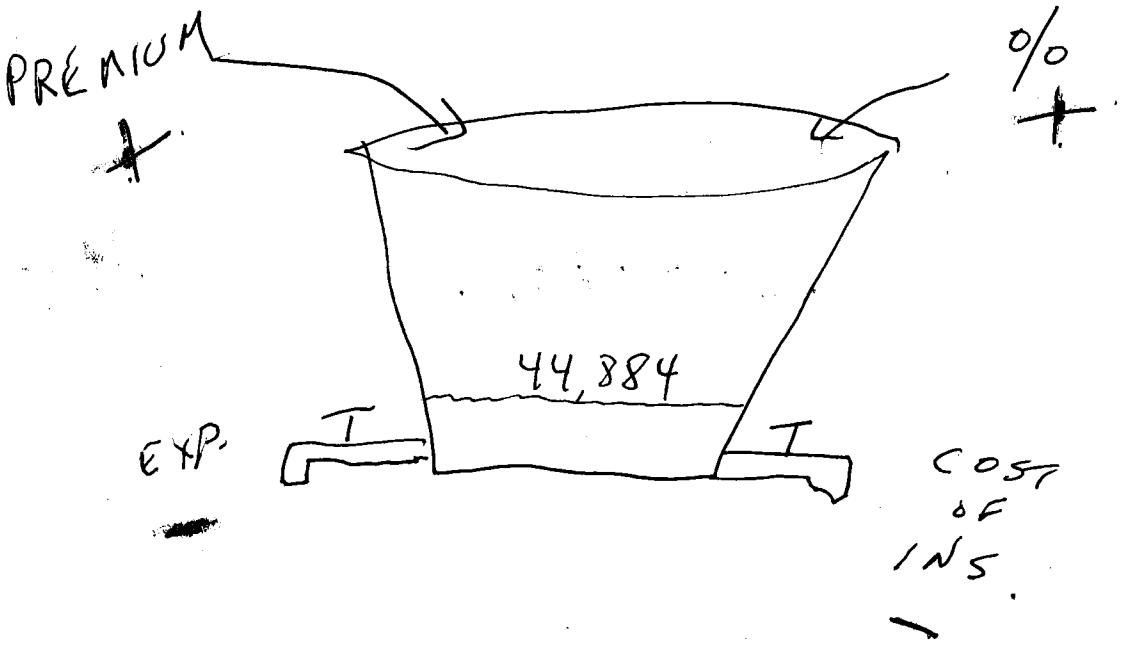

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

for period ending 03-15-2003

Policy Number:	JP4432833	Coverage Type:	FLEXIBLE PREMIUM SURV. LIFE	(VIS20A)	
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	03-15-2002	03-15-2003
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$37,431.51	$51,987.45
			Surrender Value:	$27,116.51	$42,407.45
			Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	+ Premiums Received	− Expense Charges	Interest Credited + Guaranteed	+ Excess*	Total % Rate*	− Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2002	7,675.00	201.88	127.59	64.09	5.30	213.37	.00	.00	44,882.94
05-15-2002	.00	10.00	128.24	64.40	5.30	205.86	.00	.00	44,859.72
06-15-2002	.00	10.00	128.17	64.37	5.30	205.88	.00	.00	44,836.38
07-15-2002	.00	10.00	128.10	64.34	5.30	205.91	.00	.00	44,812.91
08-15-2002	.00	10.00	128.04	64.29	5.30	205.93	.00	.00	44,789.31
09-15-2002	.00	10.00	127.97	58.96	5.15	205.96	.00	.00	44,760.28
10-15-2002	.00	10.00	127.89	58.92	5.15	205.99	.00	.00	44,731.10
11-15-2002	.00	10.00	127.80	58.88	5.15	206.02	.00	.00	44,701.76
12-15-2002	.00	10.00	127.72	39.32	4.60	206.04	.00	.00	44,652.76
01-15-2003	.00	10.00	127.57	39.28	4.60	206.09	.00	.00	44,603.52
02-15-2003	.00	10.00	127.43	39.24	4.60	206.14	.00	.00	44,554.05
03-15-2003	7,675.00	201.88	127.29	39.19	4.60	206.20	.00	.00	51,987.45
Totals	15,350.00	503.76	1,533.81	655.28		2,479.39	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	November 2010
No Further Premiums Paid	April 2013	September 2007

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
11511 KATY FREEWAY
STE 350
HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11448

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

for period ending 03-15-2004

Policy Number:	JP4432833	Coverage Type:	FLEXIBLE PREMIUM SURV. LIFE	(VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency: ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium: $7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount: $250,000.00
Issue Age:	70	75		Net Death Benefit: $250,000.00
Sex:	F	M		
Owner:	ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079		Policy Values as of:	03-15-2003 / 03-15-2004
			Net Policy Value:	$51,987.45 / $58,538.11
			Surrender Value:	$42,407.45 / $49,698.11
			Loan Balance:	$.00 / $.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2003	.00	10.00	148.52	39.51	4.45	247.13	.00	.00	51,918.35
05-15-2003	.00	10.00	148.32	39.45	4.45	247.21	.00	.00	51,848.91
06-15-2003	.00	10.00	148.11	39.42	4.45	247.30	.00	.00	51,779.14
07-15-2003	.00	10.00	147.92	39.35	4.45	247.38	.00	.00	51,709.03
08-15-2003	.00	10.00	147.72	39.29	4.45	247.47	.00	.00	51,638.57
09-15-2003	.00	10.00	147.52	33.07	4.30	247.56	.00	.00	51,561.60
10-15-2003	.00	10.00	147.29	33.02	4.30	247.66	.00	.00	51,484.25
11-15-2003	.00	10.00	147.07	32.97	4.30	247.75	.00	.00	51,406.54
12-15-2003	.00	10.00	146.85	32.92	4.30	247.85	.00	.00	51,328.46
01-15-2004	.00	10.00	146.62	20.58	4.00	247.94	.00	.00	51,237.72
02-15-2004	.00	10.00	146.36	20.54	4.00	248.06	.00	.00	51,146.56
03-15-2004	7,675.00	201.88	146.10	20.50	4.00	248.17	.00	.00	58,538.11
Totals	7,675.00	311.88	1,768.40	390.62		2,971.48	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	September 2011
No Further Premiums Paid	April 2014	November 2008

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

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Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
11511 KATY FREEWAY
STE 635
HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11449

JEFFERSON PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

for period ending 03-15-2006

Policy Number:	JP4432833	Coverage Type:	FLEXIBLE PREMIUM SURV. LIFE		(VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	03-15-2005	03-15-2006
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$64,474.07	$70,091.04
			Surrender Value:	$56,369.07	$62,723.54
			Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2005	.00	10.00	184.14	7.74	3.65	329.60	.00	.00	64,326.35
05-15-2005	.00	10.00	183.70	7.74	3.65	329.87	.00	.00	64,177.92
06-15-2005	.00	10.00	183.28	7.72	3.65	330.14	.00	.00	64,028.78
07-15-2005	.00	10.00	182.84	7.71	3.65	330.40	.00	.00	63,878.93
08-15-2005	.00	10.00	182.41	7.69	3.65	330.67	.00	.00	63,728.36
09-15-2005	.00	10.00	181.99	7.66	3.65	330.94	.00	.00	63,577.07
10-15-2005	.00	10.00	181.54	.00	3.85	331.20	.00	.00	63,417.41
11-15-2005	.00	10.00	181.09	.00	3.85	331.49	.00	.00	63,257.01
12-15-2005	.00	10.00	180.63	.00	3.85	331.77	.00	.00	63,095.87
01-15-2006	.00	10.00	180.17	.00	3.85	332.06	.00	.00	62,933.98
02-15-2006	.00	10.00	179.70	.00	3.85	332.35	.00	.00	62,771.33
03-15-2006	7,675.00	201.88	179.23	.00	3.85	332.64	.00	.00	70,091.04
Totals	7,675.00	311.88	2,180.72	46.26		3,973.13	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	February 2013
No Further Premiums Paid	February 2016	December 2010

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
11511 KATY FWY STE 635
HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11450

Jefferson-Pilot Life Insurance Company

PO Box 21008
Greensboro, NC 27420

Customer Service Number 1-800-487-1485

Date: March 31, 2005

Policy Number(s)

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

JP4432833

Policyholder Request for Service

As requested, the following change(s) have been made to your policy(s).

X **A Lost Policy Certificate is enclosed. Please be advised we cannot produce Duplicate Policies for policies that are over 7 years old. A refund check for $25.00 is enclosed.**

Beneficiary Changed as requested. A copy of the Endorsement is enclosed.

Name of Owner has been changed as requested. A copy of the endorsement is enclosed.

Ownership changed as requested. A copy of the Endorsement is enclosed.

The enclosed acknowledgement(s) should be placed with your policy for future reference.

Thank you for the opportunity to be of service. If you should have further questions or concerns, please do not hesitate to contact the Home Office or your Jefferson Pilot Financial representative.

Sincerely,

Alison McGee
Customer Service

Enclosures
Form 1135 Rev 05-02

CC: Agent: 75710
Agency: 2017858

P11451

1365B NCPS161604 APR 01, 2005 **0001455709**

POLICY NO: JP4432833 INSURED:

REFUND OF 25.00 FEE
FOR DUPLICATE POLICY

THIS TRANSACTION MAY AFFECT FUTURE PERFORMANCE AND
SURRENDER VALUES
IF THIS CHECK IS A REFUND - PLEASE DISREGARD THIS NOTICE

**********$25.00

AMOUNT OF CHECK

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

JEFFERSON PILOT LIFE INS. CO.

1365B

DETACH CHECK HERE

0201

P11452

BRUNSTING004282

JEFFERSON PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2007. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2006 to 03-15-2007.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	**AA**
A. M. Best	**A+**
Fitch	**AA**

Thank you for selecting Jefferson-Pilot. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Jefferson-Pilot agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

P11453

JEFFERSON PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

for period ending 03-15-2007

Agency: 75710

Policy Number:	JP4432833	Coverage Type:	FLEXIBLE PREMIUM SURV. LIFE	(VIS20A)	
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	03-15-2006	03-15-2007
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$70,544.14	$76,081.99
			Surrender Value:	$63,176.64	$69,451.99
			Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2006	.00	10.00	201.44	19.81	3.85	368.74	.00	.00	70,386.65
05-15-2006	.00	10.00	200.98	19.76	3.85	369.07	.00	.00	70,228.32
06-15-2006	.00	10.00	200.53	19.71	3.85	369.39	.00	.00	70,069.17
07-15-2006	.00	10.00	200.07	19.67	3.85	369.73	.00	.00	69,909.18
08-15-2006	.00	10.00	199.62	19.61	3.85	370.05	.00	.00	69,748.36
09-15-2006	.00	10.00	199.15	19.58	3.85	370.38	.00	.00	69,586.71
10-15-2006	.00	10.00	198.69	19.52	3.85	370.72	.00	.00	69,424.20
11-15-2006	.00	10.00	198.22	19.48	3.85	371.05	.00	.00	69,260.85
12-15-2006	.00	10.00	197.75	19.43	3.85	371.39	.00	.00	69,096.64
01-15-2007	.00	10.00	197.28	19.39	3.85	371.73	.00	.00	68,931.58
02-15-2007	.00	10.00	196.81	19.34	3.85	372.07	.00	.00	68,765.66
03-15-2007	7,675.00	201.88	196.32	19.30	3.85	372.41	.00	.00	76,081.99
Totals	7,675.00	311.88	2,386.86	234.60		4,446.73	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	December 2013
No Further Premiums Paid	June 2017	December 2011

\# If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
1515 LEATHERWOOD DR
KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11454

JEFFERSON PILOT FINANCIAL

Lincoln Financial Group®

Effective April 3, 2006 Jefferson Pilot Financial has merged with the Lincoln Financial Group.

Please note that there is no change to your benefit and contract coverage. As a policyowner, you need not take any further action.

The merger of equals between Lincoln Financial Group and Jefferson Pilot Financial will create one of the most powerful financial services companies in the nation. The combined company will market a broad, balanced product mix of retirement income, fixed and variable asset protection, accumulation and transfer products and other investment services.

Lincoln Financial Group and Jefferson Pilot Financial both have an excellent reputation for financial strength. While we cannot speculate about our future ratings, we are confident we will continue to enjoy superior financial ratings. Preliminary reports from several ratings agencies predict very little movement for the combined company.

We value your business and look forward to serving you in the future.

Lincoln
Financial Group®

The Lincoln National Life Insurance Company
100 N. Greene Street
P.O. Box 21008
Greensboro, NC 27420

Anita Kay Riley, Trustee
13630 Pinerock Ln
Houston TX 77079-5914

Policy No. JP4432833

Anita Kay Riley, Trustee:

Effective April 2, 2007, Jefferson-Pilot Life Insurance Company merged into The Lincoln National Life Insurance Company. For additional information regarding this announcement, please visit our web site at www.lfg.com.

Enclosed is an endorsement showing your new insurer's name as part of the Lincoln Financial Group family of companies. Please take a few minutes to review this document and then place it with your policy certificate or contract. **No additional action is required** by you at this time; your policy, certificate or contract has been transferred automatically to The Lincoln National Life Insurance Company. All future premium notices sent by us will reference The Lincoln National Life Insurance Company.

Unless specifically addressed on the enclosed endorsement, all other terms and conditions of your policy remain the same.

The Corporation's family of companies is consistently rated in the top tier of insurance and annuity companies nationwide. Your policy and the security it provides are backed by a company with financial integrity, investment quality, and stability.

We welcome you to our growing family of policyholders. It is our continuing goal to provide you with the best possible products and services.

If you have a question about your policy, you may contact us or your Lincoln Financial Group representative.

Service Office:
The Lincoln National Life Insurance Company
P.O. Box 21008
Greensboro, NC 27420
1-800-844-5893
www.lfg.com

LFG REPRESENTATIVE:
GREGORY J JUNGEBLUT
1515 LEATHERWOOD DR
KATY, TX 77450
(281) 556-5472

Sincerely,

Customer Service
The Lincoln National Life Insurance Company

LLA0612-0299

JPLIC-GSO-LIFE

P11456
LNL-GSO#2

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.
The Lincoln National Life Insurance Company's home office is located in Fort Wayne, IN.

The Lincoln National Life Insurance Company
Service Office: 100 North Greene Street
P.O. Box 21008
Greensboro, North Carolina 27420

Merger and Name Change Endorsement

This endorsement attaches to and forms a part of your Jefferson-Pilot Life Insurance Company policy, contract or certificate.

Effective April 2, 2007 Jefferson-Pilot Life Insurance Company merged with The Lincoln National Life Insurance Company. As a result of the merger, The Lincoln National Life Insurance Company is responsible for all of Jefferson-Pilot Life Insurance Company's legal obligations, including your policy, contract or certificate. Therefore, all references in the policy, contract or certificate to Jefferson-Pilot Life Insurance Company (Jefferson Pilot) are hereby changed to reflect the surviving company name of The Lincoln National Life Insurance Company.

As part of the Merger and Name Change the State of Domicile for the surviving company is Indiana. As a result, any reference in the policy, contract or certificate to State of Domicile or Home State is hereby changed to reference Indiana as the location of the State of Domicile or Home State.

All references to a Home Office address or location in the policy, contract or certificate are hereby changed to reference Fort Wayne, Indiana as the location of the Home Office, Home State or State of Domicile.

All of the other terms and benefits of your policy, contract or certificate will remain unchanged.

The effective date of this endorsement is April 2, 2007.

Signed for The Lincoln National Life Insurance Company.

Dennis R Glass
President

Lincoln
Financial Group®

The Lincoln National Life Insurance Company, P.O. Box 21008, Greensboro, NC 27420-1008

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call The Lincoln National Life Insurance Company's toll-free telephone number for information or to make a complaint at

1-800-487-1485 (Greensboro, NC)

You may also write to The Lincoln National Life Insurance Company at the address above.

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

A VISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de The Lincoln National Life Insurance Company para informacion o para someter una queja al

1-800-487-1485 (Greensboro, NC)

Usted tambien puede escribir a The Lincoln National Life Insurance Company a la direccion refecida arriba.

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

DISPURAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

P11458

BRUNSTING004288

TXPHONE

Lincoln
Financial Group®

LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you**: You give us information when you submit your application or other forms, such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions**: We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies**: If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information from other individuals or businesses, such as medical information.
- **Information from your employer**: If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers; and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information obtained from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

Keeping your information safe is one of our most important responsibilities. We maintain physical, electronic and procedural safeguards to protect your information. Our employees are authorized to access your information only when they need it to provide you with products and services or to maintain your accounts. Employees who have access to your personal information are required to keep it strictly confidential. We provide training to our employees about the importance of protecting the privacy of your information.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46802

*This information applies to the following Lincoln Financial Group companies:

Allied Professional Advisors, Inc.
First Penn-Pacific Life Insurance Company
Hampshire Funding, Inc.
JPSC Insurance Services, Inc.
Lincoln Financial Advisors Corporation
Lincoln Financial Securities Corporation (formerly known as Jefferson Pilot Securities Corporation)
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request, we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2008. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2007 to 03-15-2008.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Lincoln National continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	**AA**
A. M. Best	**A+**
Fitch	**AA**

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

P11461

Lincoln
Financial Group®

LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you**: You give us information when you submit your application or other forms, such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions**: We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies**: If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information from other individuals or businesses, such as medical information.
- **Information from your employer**: If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers; and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information obtained from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

Keeping your information safe is one of our most important responsibilities. We maintain physical, electronic and procedural safeguards to protect your information. Our employees are authorized to access your information only when they need it to provide you with products and services or to maintain your accounts. Employees who have access to your personal information are required to keep it strictly confidential. We provide training to our employees about the importance of protecting the privacy of your information.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46801

*This information applies to the following Lincoln Financial Group companies:

Allied Professional Advisors, Inc.
First Penn-Pacific Life Insurance Company
Hampshire Funding, Inc.
Jefferson Pilot Securities Corporation
JPSC Insurance Services, Inc.
Lincoln Financial Advisors Corporation
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request, we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior seven years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

for period ending 03-15-2008

Agency: 75710

Policy Number:	JP4432833	Coverage Type:	FLEXIBLE PREMIUM SURV. LIFE	(VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency: ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium: $7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount: $250,000.00
Issue Age:	70	75		Net Death Benefit: $250,000.00
Sex:	F	M		
Owner:	ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079		Policy Values as of:	03-15-2007 / 03-15-2008
			Net Policy Value:	$76,081.99 / $81,668.17
			Surrender Value:	$69,451.99 / $75,773.17
			Loan Balance:	$.00 / $.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2007	.00	10.00	247.71	21.25	4.35	407.01	.00	.00	75,933.94
05-15-2007	.00	10.00	247.23	21.21	4.35	407.36	.00	.00	75,785.02
06-15-2007	.00	10.00	246.74	15.13	4.25	407.71	.00	.00	75,629.18
07-15-2007	.00	10.00	246.23	15.09	4.25	408.07	.00	.00	75,472.43
08-15-2007	.00	10.00	245.71	15.06	4.25	408.44	.00	.00	75,314.76
09-15-2007	.00	10.00	245.20	15.03	4.25	408.81	.00	.00	75,156.18
10-15-2007	.00	10.00	244.67	15.01	4.25	409.19	.00	.00	74,996.67
11-15-2007	.00	10.00	244.15	14.97	4.25	409.57	.00	.00	74,836.22
12-15-2007	.00	10.00	243.62	14.95	4.25	409.94	.00	.00	74,674.85
01-15-2008	.00	10.00	243.09	14.91	4.25	410.32	.00	.00	74,512.53
02-15-2008	.00	10.00	242.56	14.87	4.25	410.70	.00	.00	74,349.26
03-15-2008	7,675.00	201.88	242.02	14.85	4.25	411.08	.00	.00	81,668.17
Totals	7,675.00	311.88	2,938.93	192.33		4,908.20	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	September 2014
No Further Premiums Paid	May 2018	November 2012

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
1515 LEATHERWOOD DR
KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11464

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2009. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2008 to 03-15-2009.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Lincoln National continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AA
A. M. Best	A+
Fitch	AA

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

for period ending 03-15-2009

Agency: 75710

Policy Number:	JP4432833	Coverage Type:	FLEXIBLE PREMIUM SURV. LIFE	(VIS20A)	
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL	Planned Frequency:	ANNUAL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING		Planned Premium:	$7,675.00
Date of Birth:	10-08-1926	09-29-1921		Specified Amount:	$250,000.00
Issue Age:	70	75		Net Death Benefit:	$250,000.00
Sex:	F	M			
Owner:	ANITA KAY RILEY, TRUSTEE		Policy Values as of:	03-15-2008	03-15-2009
	13630 PINEROCK				
	HOUSTON TX 77079		Net Policy Value:	$81,668.17	$79,435.89
			Surrender Value:	$75,773.17	$74,278.39
			Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Interest Credited Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2008	.00	10.00	265.87	16.30	4.25	445.90	.00	.00	81,494.44
05-15-2008	.00	10.00	265.30	16.27	4.25	446.37	.00	.00	81,319.64
06-15-2008	.00	10.00	264.73	9.74	4.15	446.83	.00	.00	81,137.28
07-15-2008	.00	10.00	264.13	9.72	4.15	447.31	.00	.00	80,953.82
08-15-2008	.00	10.00	263.52	9.70	4.15	447.81	.00	.00	80,769.23
09-15-2008	.00	10.00	262.92	9.67	4.15	448.29	.00	.00	80,583.53
10-15-2008	.00	10.00	262.31	9.65	4.15	448.79	.00	.00	80,396.70
11-15-2008	.00	10.00	261.69	9.63	4.15	449.28	.00	.00	80,208.74
12-15-2008	.00	10.00	261.08	9.61	4.15	449.79	.00	.00	80,019.64
01-15-2009	.00	10.00	260.46	9.58	4.15	450.29	.00	.00	79,829.39
02-15-2009	.00	10.00	259.84	9.55	4.15	450.80	.00	.00	79,637.98
03-15-2009	.00	10.00	259.21	.00	4.00	451.30	.00	.00	79,435.89
Totals	.00	120.00	3,151.06	119.42		5,382.76	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	April 2015
No Further Premiums Paid	March 2019	October 2013

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
1515 LEATHERWOOD DR
KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11466

Lincoln
Financial Group®

LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this Notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you**: When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions**: We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies**: If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.
- **Information from your employer**: If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are trained on the importance of data privacy.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46802

Please include all policy/contract/account numbers with your correspondence.

*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand that you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LincolnFinancial.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2010. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2009 to 03-15-2010.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

P11469

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

Claims · 800-487-1485 opt. #1, ext 4559

for period ending 03-15-2010

Agency: 75710

Policy Number:	JP4432833	Coverage Type:	FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
Policy Date:	03-15-1997	Death Benefit Option:	LEVEL
Insured:	NELVA E BRUNSTING	ELMER HENRY BRUNSTING	
Date of Birth:	10-08-1926	09-29-1921	
Issue Age:	70	75	
Sex:	F	M	
Owner:	ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079		

Planned Frequency: ANNUAL
Planned Premium: $7,675.00
Specified Amount: $250,000.00
Net Death Benefit: $250,000.00

Policy Values as of:	03-15-2009	03-15-2010
Net Policy Value:	$79,435.89	$91,749.50
Surrender Value:	$74,278.39	$87,329.50
Loan Balance:	$.00	$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited Guaranteed	Interest Credited Excess*	Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
04-15-2009	7,675.00	201.88	282.04	.00	4.00	506.81	.00	.00	86,684.24
05-15-2009	.00	10.00	282.16	.00	4.00	485.17	.00	.00	86,471.23
06-15-2009	.00	10.00	281.47	.00	4.00	485.80	.00	.00	86,256.90
07-15-2009	.00	10.00	280.76	.00	4.00	486.44	.00	.00	86,041.22
08-15-2009	.00	10.00	280.05	.00	4.00	487.08	.00	.00	85,824.19
09-15-2009	.00	10.00	279.34	.00	4.00	487.73	.00	.00	85,605.80
10-15-2009	.00	10.00	278.63	.00	4.00	488.39	.00	.00	85,386.04
11-15-2009	.00	10.00	277.90	.00	4.00	489.04	.00	.00	85,164.90
12-15-2009	.00	10.00	277.17	.00	4.00	489.70	.00	.00	84,942.37
01-15-2010	.00	10.00	276.44	.00	4.00	490.37	.00	.00	84,718.44
02-15-2010	.00	10.00	275.71	.00	4.00	491.03	.00	.00	84,493.12
03-15-2010	7,675.00	201.88	274.97	.00	4.00	491.71	.00	.00	91,749.50
Totals	15,350.00	503.76	3,346.64	.00		5,879.27	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	December 2015
No Further Premiums Paid	February 2020	August 2014

\# If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
Agent: 2017858 GREGORY J JUNGEBLUT
1515 LEATHERWOOD DR
KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

P11470

PRESERVATION
PLANNING

GREG J. JUNGEBLUT, CLU
820 Gessner, Suite 296
Houston, Texas 77024
(713) 827-0491
Fax: 827-0461

TO: MR. AND MRS. BRUNSTING

FROM: GREG J. JUNGEBLUT, CLU

DATE: 01-13-96

RE: INSURANCE OFFER FROM JEFFERSON PILOT

Dear Mr. and Mrs. Brunsting,

Jefferson Pilot was the company that received two sets of records from Dr. Babaian - one that I received from his office and one they received directly from Dr. Babaian.

One of these sets of records included a description of a chest X-Ray that caused them to want to see a "time vital capacity" test. They informed me about this between the time I called to set up that last visit and the actual visit. The underwriter was showing the report to the company doctor for his opinion.

After our visit, I did get a call informing me that they did want you to do this.

I told them Mr. Brunsting was surprised of this. I told them it made more sense for something like this to be in personal physician files or even the cardiovascular records - not a urologist file! I hinted at the idea of this being something regarding Mrs. Brunsting. (I didn't want to emphasize this too much because I didn't want them to re-consider Mrs. Brunsting.) I also told them I had the offer from Pacific Mutual, that didn't require anything additional.

They called back and said they would issue the coverage as originally offered without you doing this extra medical test.

So, we're back where we were when I was at your home.

The second reason for writing this note is to emphasize that there is this record in Dr. Babaian's medical chart. I'll put this in your lap. It's your decision whether to ask him about this on one of your next visits.

I'll be talking with you in the next few days. (I was thinking about your son-in-law regarding the Marathon.)

Sincerely,

Greg

Greg

P11471

PRESERVATION
PLANNING

GREG J. JUNGEBLUT, CLU
820 Gessner, Suite 296
Houston, Texas 77024
(713) 827-0491
Fax: 827-0461

December 11, 1996

Mr. and Mrs. Elmer H. Brunsting
13630 Pinerock
Houston, TX 77079

Dear Mr. and Mrs. Brunsting,

I hope this note finds both of you doing well and getting ready for Christmas.

The purpose of this letter is to keep you abreast of the status of the insurance for estate tax purposes.

- You were both medically examined on November 29, 1996.

- We requested medical chart data from:

  Dr. Smith, for both of you

  Dr. Gaston, for Mr. Brunsting

  Dr. Babaian, also for Mr. Brunsting

We have received the material from doctors Smith and Gaston. We await the material from Dr. Babaian.

The examinations and the records from Smith and Gaston have been sent to five insurance companies for their review and underwriting opinion.

I will keep you abreast of this as it develops further.

The next step will be to have Al Vacek draft the actual irrevocable trust. I will recommend this after I begin to hear back from these companies.

Should you have any questions, please give me a call.

Sincerely,

Greg

cc: Al E. Vacek, Jr.

P11472

PRESERVATION

PLANNING, INC.

GREG J. JUNGEBLUT, CLU

11511 Katy Frwy., Suite 350
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475

February 18, 2002

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

On February 12, 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,

Greg

Greg J. Jungeblut, CLU

P11473

PRESERVATION
PLANNING

GREG J. JUNGEBLUT, CLU

11511 Katy Frwy., Suite 635
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475
gregjj@ev1.net

February 16, 2005

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

In 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,

Greg

Greg J. Jungeblut, CLU

P11474

PRESERVATION
PLANNING

GREG J. JUNGEBLUT, CLU

11511 Katy Frwy., Suite 635
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475
gregjj@ev1.net

February 16, 2006

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

In 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,

Greg J. Jungeblut, CLU

P11475

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

1998

For calendar year 1998 or fiscal year beginning , 1998, and ending , 19 | OMB No. 1545-0092

A Type of entity:
- ☐ Decedent's estate
- ☐ Simple trust
- ☐ Complex trust
- ☐ Grantor type trust
- ☐ Bankruptcy estate–Ch. 7
- ☐ Bankruptcy estate–Ch. 11
- ☐ Pooled income fund

B Number of Schedules K-1 attached (see instructions) ▶

Name of estate or trust (If a grantor type trust, see page 8 of the instructions.)
THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997

Name and title of fiduciary
ANITA KAY RILEY, TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see page 8 of the instructions.)
13630 Provincial

City or town, state, and ZIP code

C Employer identification number: 76 6124195

D Date entity created: 02-12-97

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 10 of the instructions):
- ☐ Described in section 4947(a)(1)
- ☐ Not a private foundation
- ☐ Described in section 4947(a)(2)

F Check applicable boxes: ☑ Initial return ☐ Final return ☐ Amended return ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Pooled mortgage account (see page 10 of the instructions): ☐ Bought ☐ Sold Date:

Income	1	Interest income	1	~~12~~ 00
	2	Ordinary dividends	2	18 78
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount	8	18 78
	9	**Total income.** Combine lines 1 through 8 ▶	9	12 ~~00~~
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☐	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions NOT subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	**Total.** Add lines 10 through 15b	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1 ▶	17	
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19	
	20	Exemption	20	
	21	**Total deductions.** Add lines 18 through 20 ▶	21	0
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 14 of the instructions	22	~~12~~ ~~00~~ 18.78
	23	**Total tax** (from Schedule G, line 8)	23	0
	24	**Payments: a** 1998 estimated tax payments and amount applied from 1997 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with extension of time to file: ☐ Form 2758 ☐ Form 8736 ☐ Form 8800	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	
	26	Estimated tax penalty (see page 15 of the instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	8
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	8
	29	Amount of line 28 to be: **a Credited to 1999 estimated tax** ▶ ; **b Refunded** ▶	29	0

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than fiduciary) is based on all information of which preparer has any knowledge.

Anita — 3/11/99 — ▶
Signature of fiduciary or officer representing fiduciary — Date — EIN of fiduciary if a financial institution (see page 5 of the instructions)

Paid Preparer's Use Only

Preparer's signature ▶ Anita — Date 3/11/99 — Check if self-employed ▶ ☐ — Preparer's social security no.

Firm's name (or yours if self-employed) and address ▶ — EIN ▶ — ZIP code ▶ P11476

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11370H Form **1041** (1998)

Schedule A **Charitable Deduction.** Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 15)	1	
2	Tax-exempt income allocable to charitable contributions (see page 16 of the instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 16 of the instructions)	6	
7	**Charitable deduction.** Subtract line 6 from 5. Enter here and on page 1, line 13	7	0

Schedule B **Income Distribution Deduction**

1	Adjusted total income (from page 1, line 17) (see page 16 of the instructions)	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 16, column (1) (see page 16 of the instructions)	3	
4	Enter amount from Schedule A, line 4 (reduced by any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see page 16 of the instructions)	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	**Distributable net income (DNI).** Combine lines 1 through 6. If zero or less, enter -0-	7	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law — 8		
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 17 of the instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	0

Schedule G **Tax Computation** (see page 17 of the instructions)

1	**Tax:** a ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	1a			
	b Tax on lump-sum distributions (attach Form 4972)	1b			
	c Total. Add lines 1a and 1b ▶			1c	
2a	Foreign tax credit (attach Form 1116)	2a			
b	Check: ☐ Nonconventional source fuel credit ☐ Form 8834	2b			
c	General business credit. Enter here and check which forms are attached: ☐ Form 3800 or ☐ Forms (specify) ▶	2c			
d	Credit for prior year minimum tax (attach Form 8801)	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	
4	Subtract line 3 from line 1c			4	
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Alternative minimum tax (from Schedule I, line 39)			6	
7	Household employment taxes. Attach Schedule H (Form 1040)			7	
8	**Total tax.** Add lines 4 through 7. Enter here and on page 1, line 23 ▶			8	0

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 1998, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 19 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 19 of the instructions		X
5	Did the estate or trust receive, or pay, any seller-financed mortgage interest? If "Yes," see page 19 for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see page 19) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 19). ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See page 19 of the instructions		X

P41477

Bank of America

February 24, 1999

Anita K. Riley, Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir.
Victoria, TX 77904-3049

Para mayor información en español, por favor refiérase al dorso de esta carta.

Welcome to a new kind of bank!

Bank of America and NationsBank have joined together to build a new kind of bank. You'll have the combined resources and high level of service that will make your life easier, with the choices, conveniences and technology you need to manage your money more quickly and efficiently. Beginning April 9, 1999, you'll enjoy enhanced access to your accounts with:

- **The largest banking center and ATM network in the U.S.**, with nearly 14,000 ATM locations and almost 5,000 banking centers (our new name for branches) nationwide. In Texas alone, you'll have access to your accounts at 1,400 ATMs and 400 banking centers.
- **Free access to your funds at ATMs** that display the Bank of America, NationsBank or Seafirst sign, no matter where you are.
- **Telephone access and assistance**, 24 hours a day, seven days a week.
- **Bank of America Online℠ services** that allow you to view your accounts and get information while in the comfort of your own home or office.

You can continue to bank as you always have and many of your accounts, services and monthly maintenance fees remain the same. On page 3 of this package, you'll read about changes and enhancements to your accounts that take effect on April 9, 1999. Please take a moment to review this information as well as the Q&A. We have also provided a locations guide with a complete list of our banking centers in Texas.

(over, please)

Important Information About Your Accounts.

Member FDIC. Equal Housing Lender

If you have questions or you want to learn about other banking services available to you, feel free to visit your local banking center. You can also reach us by phone. Please refer to the detailed list of phone numbers below. We'll be glad to assist you, and we look forward to helping you realize your dreams today and for many years to come.

Sincerely,

Connie Beck
Executive Vice President

Esta carta le brinda información sobre los cambios y mejoras a sus cuentas y servicios como resultado de la consolidación entre Bank of America y NationsBank. A partir del 9 de abril de 1999, usted disfrutará de un acceso más amplio a sus cuentas con la red de sucursales y de cajeros automáticos *ATM* más extensa en Texas. Para mayor información en español, llámenos al 1-888-730-0080 y uno de nuestros representantes bilingües le asistirá con gusto. Esperamos continuar sirviéndole como siempre.

Can we be of service?

If you have more questions after reading the enclosed materials, we can help you.

Through April 10, 1999, please call us at the phone numbers below:

Checking, Savings, CDs	1-888-730-0188 English 1-888-730-0080 Spanish	Mon–Sun, 8:00 a.m. to 8:00 p.m. (CST)
IRAs	1-800-537-0452 English	Mon–Fri, 8:00 a.m. to 8:00 p.m. and Sat, 9:00 a.m. to 4:00 p.m. (CST)
Loans, Lines of Credit	1-800-200-6945 English	Mon–Thur, 8:30 a.m. to 8:00 p.m., Fri, 8:30 a.m. to 9:00 p.m. and Sat, 9:00 a.m. to 4:00 p.m. (CST)

Beginning April 11, 1999, one phone number is all you need to handle all of your banking questions and needs!

English	1-800-247-6262	24 hours a day, 7 days a week
Spanish	1-800-443-2711	Mon–Fri, 7:30 a.m. to 9:00 p.m. and Sat. 8:00 a.m. to 4:00 p.m. (CST)

And with a touch-tone phone you can use our new automated service to do any of the following:

Press "1" *to get automated account information.*

Press "2" *to open a new account, apply for a loan, or get current interest rate information.*

Press "3" *to get information on PC Banking options.*

Press "8" *to get information about our new automated service.*

Press "0" *to speak to a service representative about your accounts.*

P11479

Current Account Name	Current Account #	New Account Name	New Account #
Regular Savings	8519206643	Regular Savings	008519206643

The account information is from our account records dated December 11, 1998.

You'll find that it's easier than ever to avoid paying the monthly maintenance fee on your Regular Savings account because the minimum daily balance required to avoid this fee is now just $250. In addition, when you keep a minimum daily balance of $2,500 in your account, you can make an ***unlimited*** number of withdrawals at no charge. Otherwise, you can make up to three withdrawals each month at no charge ($3.00 for each withdrawal thereafter).* Withdrawals and transfers at the ATM, teller line or through any other electronic means, will now be included in this total number of three withdrawals.

Please note that you can no longer waive the monthly maintenance fee by arranging for automatic transfers to your account. In order to continue having your monthly maintenance fee waived, you may want to consider a Custom Savings account, an account that offers a waived monthly maintenance fee when you have at least one monthly deposit. Call us for details. Interest earned for this account will be compounded monthly and paid on your collected account balance.

If you have only your savings account linked to your ATM card or Check Card, effective April 9, 1999, you will ***not*** be able to make purchases from your savings account. You will continue to have access to your savings account at any ATM. In mid-April, you'll receive a new ATM card for your savings account that will replace your Check Card. Please note, your Personal Identification Number (PIN) will remain the same for your new ATM card.

Watch your mail. Soon, you will receive a package with *new* deposit and withdrawal slips. An order form for reordering deposit and withdrawal slips for your savings account after April 9, 1999, will also be enclosed. Please note that if you have used your account in the last six months, you will receive this package automatically.

* Please note that federal regulations require certain transaction limits on savings accounts. No more than six transfers are permitted each month by means of a preauthorized transfer (automatic, wire or telephone). Please see the enclosed *Personal Schedule of Fees, Deposit Agreement and Disclosures* for details.

Important Information About Your Accounts.

P11480

REORDER NOW. SEND THIS ENTIRE FORM TO BANK OF AMERICA.

Ordering is easy!

❶ Please check your address printed below.

❷ Indicate any changes in the space provided.

❸ Take this reorder form to any banking center or mail in the enclosed envelope.

©Clarke American

BASAV

111000025 0341212088668

①

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

②

NAME_____

ADDRESS_____

CITY_____ STATE____ ZIP_____

⑆111000025⑆ 0085192066431⑈

©Clarke American CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

☑ CASH▶

CHECKS _____

CHECKS OR TOTAL FROM OTHER SIDE ▶

SUBTOTAL▶

☐ LESS CASH▶

$

SAVINGS DEPOSIT

DATE_____

SIGNATURE (IF CASH RECEIVED)_____

Bank of America

⑆111000025⑆ 0085192066431⑈

©Clarke American CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

☑ CASH▶

CHECKS _____

CHECKS OR TOTAL FROM OTHER SIDE ▶

SUBTOTAL▶

☐ LESS CASH▶

$

SAVINGS DEPOSIT

DATE_____

SIGNATURE (IF CASH RECEIVED)_____

Bank of America

⑆111000025⑆ 0085192066431⑈

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Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

☑ CASH▶

CHECKS _____

CHECKS OR TOTAL FROM OTHER SIDE ▶

SUBTOTAL▶

☐ LESS CASH▶

$

SAVINGS DEPOSIT

DATE_____

SIGNATURE (IF CASH RECEIVED)_____

Bank of America

P11481

BRUNSTING004311

⑆111000025⑆ 0085192066431⑈

Bank of America

April 6, 1999

Bank of America
Customer Service
P. O. Box 831547
Dallas, TX 75283-1547

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

Dear Valued Customer:

We are pleased to enclose an initial supply of Bank of America Regular Savings account deposit and withdrawal slips, preprinted with your account number. The use of these new documents will ensure your transactions are posted to your account correctly. **Please destroy any previously unused documents and begin using these new documents immediately.**

Also, for your convenience, we have included a re-order form. When you are ready to order additional withdrawal and deposit slips, please fill out the re-order form and mail it in the enclosed envelope.

If you have questions about your order, please feel free to drop by your local banking center, or call Telephone Banking at 1-800-247-6262. Representatives are available 24 hours a day, seven days a week.

Thank you for allowing us to serve you.

Sincerely,

Joe A. Jeter
Senior Vice President

YBGU0570 000016 01887

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

DATE _____

SAVINGS WITHDRAWAL

I WISH TO WITHDRAW FROM MY SAVINGS ACCOUNT $.

_____ DOLLARS

Bank of America

NON NEGOTIABLE

SIGNATURE _____

⑆541740159⑆ 0085192066431

©Clarke American

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

DATE _____

SAVINGS WITHDRAWAL

I WISH TO WITHDRAW FROM MY SAVINGS ACCOUNT $.

_____ DOLLARS

Bank of America

NON NEGOTIABLE

P11482

SIGNATURE _____

BRUNSTING004312

⑆541740159⑆ 0085192066431

©Clarke American

Answers to your questions

About my accounts

Q. Can I continue to use the same account number?

A. You can continue to use your **checking** and **savings** account numbers, but you'll see that two zeros have been placed in front of your account number. Your **IRA** and **CD** account numbers will change slightly; they will now be preceded by four new digits. These slightly modified account numbers are shown in the new account name and number chart on page 3 of the enclosed letter. Your loan and line of credit account numbers will change, and the new numbers will be reflected on your first loan or line of credit statement after April 9, 1999.

Q. Can I use the same checks, and deposit and withdrawal slips?

A. Yes. You can continue to use your current supplies of checks, and deposit and withdrawal slips for deposit accounts. When you reorder checks, your new checks will automatically include two leading zeros.

Q. Will my deposits continue to be covered by FDIC insurance?

A. Yes. Your accounts will continue to be insured up to the maximum amount allowed by law. Your retirement accounts will be insured separately from your other accounts. If you have accounts with NationsBank, your accounts will be insured separately from your Bank of America accounts until October 8, 1999. Beginning October 9, 1999, deposits held by the same depositor will be insured together up to $100,000, the maximum allowed by law. If you also have CD accounts with NationsBank, your accounts will remain insured separately until October 9, 1999, or the first maturity date after October 9, 1999. Any CD that matures and is renewed for the same term and dollar amount between the close of business on April 8, 1999, and October 8, 1999, will also be insured separately until maturity, even if the maturity date occurs after October 9, 1999.

Q. Why is Bank of America changing its look, and when will the change in the bank's logo be reflected at ATMs and banking centers?

A. As a result of the merger between the Bank of America and NationsBank holding companies, the *Bank of America* name was adopted and a new logo created. The new logo will represent the new institution as a whole from coast to coast. With the size and scope of this merger, it will take time for the change in the logo and the look of our signs, documents and forms to take effect.

On April 8, 1999, all of the Bank of America branches in Texas and New Mexico will merge into NationsBank, N.A. In order to introduce our new look and brand, we will do business under the Bank of America name throughout all of our branches in Texas and New Mexico.

You will see signs displaying our new name and logo at your banking center, although we may continue to use our former names on products and documents. In particular, certain banking documents will be stamped to identify the bank as "NationsBank, N.A." until our nationwide merger in July.

During July, all of the Bank of America and NationsBank branches in the country will merge to create Bank of America, N.A., a single national bank from coast to coast. During the summer and the months following, we will be working throughout the nation to change our signs and documents to reflect our new brand.

Whether the sign on the branch says "Bank of America" or "NationsBank," we are united in our commitment to provide you with excellence in financial services.

Q. What is happening to my mortgage loan, dealer direct car loan or student loan?

A. At this time, there will be no changes to the terms and conditions of your mortgage loan, dealer direct car loan or student loan. Please continue to make your payments as you always have. You'll receive information about any changes to these accounts in the coming months.

Q. What is happening to my Bank of America credit card?

A. You can continue to use your current Bank of America credit card. A new Bank of America credit card will not be reissued until the expiration date on your current card.

Q. Will credit life and disability insurance continue for my loans and lines of credit?

A. Yes. Your credit life and disability insurance will continue without interruption.

continued

Bank of America

P1148

About my banking services

Q. What about direct deposit, automatic transfers and automatic payment deductions? Will they continue without interruption?

A. Yes. We will make all the arrangements for you, so there will be no interruption in these services.

Q. Will anything change for wire transfers?

A. Yes. Beginning April 9, 1999, the new Fedwire routing transit number will be 111000025. Any wire transfers sent to the old number after April 8, 1999, will be returned by the Federal Reserve. The SWIFT I.D. number will also change to NABKUS44. Please notify any of your business partners who routinely send wire transfers of these changes.

Please note that each new account added to the wire transfer service will receive mail notification advices unless otherwise specified. The mail advice fee of $1.00 per transaction will continue to be charged. For additional information, please refer to the enclosed *Personal Schedule of Fees, Deposit Agreement and Disclosures* brochure.

Q. Will I continue to receive the same statement(s) that I currently receive?

A. If you currently receive a combined statement, you will continue to receive one. With a combined statement, you will automatically receive a complete list of transaction information for multiple accounts that are linked, including checking, savings and Money Market Savings accounts, and summary information for CDs, IRAs, loans and lines of credit. If you want to link accounts, please call 1-800-247-6262 after April 9, 1999.

Now you can choose to have your statement organized the way you want — listed by category or by date. Statements are also available in larger print or in braille upon request. If your canceled checks are currently held in check safekeeping, this service will continue.

For checking, savings, Money Market Savings, loan or line of credit accounts, you will receive an interim statement detailing your account activity through April 8, 1999. Enclosed with your interim statement will be a brochure, *How to read your new statement*, which will explain the new statement format. Your next statement, in the new format, will detail your account activity from April 9, 1999, to the end of your normal statement cycle.

Q. Will anything change for my Automatic Clearing House (ACH) transfers?

A. Yes. Beginning April 9, 1999, ACH Credits with an effective date of Monday will memo post on Monday morning, instead of Saturday morning.

About my day-to-day banking

Q. When can I begin using all of the Bank of America, NationsBank and Seafirst banking centers?

A. Starting April 9, 1999, you'll have nearly 5,000 banking centers nationwide available so you can cash checks and make deposits from coast to coast. ("Banking center" is our new name for "branch." We changed the name because banking center better conveys all the banking services, assistance and technology at your disposal to make your life a little easier.)

Q. Can I keep using my existing ATM card or Check Card®?

A. Yes. You can continue to use your current ATM card or Check Card. New ATM cards or Check Cards will not be reissued until the expiration date on the card. Please note that your Personal Identification Number (PIN) will not change unless your PIN is all zeros, in which case you need to change your PIN before April 8, 1999, by visiting your local banking center.

Please note: For Money Market Savings and savings accounts, you will no longer be able to make purchases. Beginning April 9, 1999, your Money Market Savings account will be considered a "savings" account at the ATM.

Q. Which ATMs can I use?

A. You'll now have access to 14,000 Bank of America, NationsBank and Seafirst ATM locations across the country. You will continue to enjoy transfers, withdrawals and inquiries at Bank of America, NationsBank and Seafirst ATMs. In addition, you will be able to make installment loan payments and deposits at Bank of America and NationsBank ATMs in AR, DC, FL, GA, IA, IL, KS, MD, MO, NC, NM, OK, SC, TN, TX and VA.*

Q. Are there any new kinds of transactions available to me at Bank of America ATMs in Texas?

A. Yes. ***One full statement and an unlimited number of mini-statements each month:*** You can receive a record of all transactions since your last statement was produced on a full statement. Or, get your last 5 debits and credits on a mini-statement. ***Line of credit:*** You will be able to make payments* to and transfers from your line of credit at the ATM. ***Reorder checks:*** Simply select "Message to bank" and include a reorder form in an envelope at a Bank of America ATM that accepts deposits. ***Address change:*** Select "Message to bank" and submit a reorder form with your new address in an envelope at a Bank of America ATM that accepts deposits. ***Deposits:*** Deposit slips are no longer necessary at ATMs that accept deposits.

Q. Will there be any change to the cutoff times at my local banking center or ATM?

A. Beginning April 9, 1999, ATM deposits made by 3:00 p.m. (CST) will be posted to your account that same business day. And, deposits made at banking centers by 4:00 p.m. (CST) will be posted to your account that same business day.

* Not all Bank of America or NationsBank ATMs accept payments and deposits.

ESTATE PLANNING UPDATE

Volume 9, Number 1
Summer, 2002

A Publication to Benefit our Clients

THE VACEK LAW FIRM, PLLC

Albert E. Vacek, Jr. *
Susan S. Vacek

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Estate Planning and
Probate Law
Texas Board of
Legal Specialization

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WHAT HAPPENS WHEN I DIE? (*2002 Update*)

In our Spring-Summer, 2000 edition of *Estate Planning Update,* we reviewed the procedures that are typically followed when someone passes away with a Living Trust. Now, in light of the changes in estate tax laws passed by Congress in 2001, I felt that it would be a good idea to review this topic again.

As before, it is very important that the surviving Founder or Successor Trustee contact us as soon as possible after our client has passed away. There will be certain housekeeping matters which we must discuss and handle in settlement of the Living Trust estate. In this article, I will use the example of a married couple where the husband is the first to pass away.

STEP 1: IS PROBATE NECESSARY?

The first steps in settling the estate would be to determine whether or not any of the assets are left out of the trust. One of the important reasons for doing a Living Trust estate plan is to avoid the necessity of forcing one's family through probate

Continued page 2

PAY FOR COLLEGE WITH A *529 PLAN*

Section 529 of the Internal Revenue Service Code was recently amended in order to create the new **529 College Savings Plan.** Congress has now made it easier to save for a child/grandchild's college education, as well as to lower the taxable estate.

The plan allows for parents or grandparents to establish a 529 Plan for the benefit of any and all children or grandchildren, individually.

Contributions into this account will reduce the size of one's estate and, as a result, may reduce one's estate taxes as well. The new law allows individuals to make an immediate gift of up to $55,000 per beneficiary (married couples filing jointly can contribute up to $110,000 per beneficiary) to a 529 Plan without exceeding the federal gift tax exclusion (now set at $11,000 per year), provided that no other gifts are made within the next five years.

The funds in the 529 Plan account can be used at *any accredited college or university* in the United States, as long as each withdrawal is for a qualified college expense for the beneficiary. And, even better, the withdrawals are *free from income taxes.* As the owner of the account, the *parent/grandparents will control withdrawals* from the account, even after

Continued page 3

$11,000 Gift Tax Exclusion

Effective January 1st of this year, the gift tax exclusion amount went up from $10,000 to $11,000. This now means that a person can give the sum of $11,000 to as many people as he or she desires in a one year period and not be responsible for gift tax. Of course, as we have always advised our clients, it is best not to give the full $11,000 amount to any one person. Limit the gift to $10,500 to allow for Christmas gifts and other items that could run the total annual gift amount over the $11,000 limit.

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What happens when I die? *continued*

court when one dies. Probate law was not affected by the changes in the federal tax laws. Many people confuse these two issues (that is, probate and estate tax) and think that they mean the same thing. In fact, probate has nothing to do with estate tax. **Probate** is the legal process of deciding who has title to your assets when you die. The problem with probate is that it costs **money**, takes **time**, and worst of all, causes one to lose family **privacy**.

It has been our experience that a properly funded Living Trust totally avoids the necessity of probate. In the few instances where we do find that a client has left an asset out of their Living Trust, we still have the **Pour-over Will** as a backup to transfer the assets into the Living Trust. Only the missing asset would go through the probate process in that case, and the process is usually a little less expensive than a full-blown probate. We are proud to say that, most of the time, our clients never have to go through probate court because they have taken the time to fund their trust properly. Call us if you have questions about funding your Living Trust.

You should **check your assets on a regular basis** to determine whether or not you have properly funded your estate plan. Although most assets merely require the change of the name on the asset from your name to the name of your trust to properly fund your trust, there are a few assets that require special handling, such as your IRAs, 401(k) plans, Keoghs, SEPs, tax-deferred annuities and other similar tax-deferred items.

In order to fund your trust, use your **"White Funding Binder"** which most of our clients received at the time they set up their Living Trust estate plan. It will have all of the personalized letters which are necessary to change title on the various assets, together with step-by-step instructions. In addition, you may have read about our ***Free* Estate Plan Review Kit** in previous newsletters. The kit has a funding checklist for your convenience. If you have any questions about funding or if you would like our free Review Kit, together with an audio tape or CD, give us a call.

STEP 2: VALUATION OF ESTATE ASSETS

Tax compliance requires that the assets in the estate be valued as of the date of death for several reasons:

1) to determine whether or not **death tax returns** are due;
2) to determine whether or not it will be necessary to **fund the subtrusts** in your Living Trust estate plan (such as the Decedent's Trust and the various Survivor's Trust Shares); and
3) to determine the new, **stepped-up basis** in all of the assets for the Survivor and the rest of the family.

The **stepped-up basis** is particularly important for income tax purposes in the future. For example, perhaps Mom and Dad purchased Exxon stock years ago at $20 a share. If it is now $50 a share and Mom and Dad decide to sell it, they will pay capital gains tax on $30 per share. However, if Dad passes away and the value is $50 a share, then Mom's new basis will be $50 rather than the old $20 acquisition cost per share. That means Mom will not have to pay capital gains tax if she sells it at $50 per share. As you can see, this is a very important benefit for the Survivor! Although the new tax law puts some limitation on claiming the stepped up basis, generally it will not have too much effect on most families, at this time.

STEP 3: DEATH TAX RETURNS

Although no death taxes are normally due on the death of the first Founder, if the estate of the Founder who died is **greater than the exemption** amount, then it will be necessary to file the Federal Estate Tax Return and the Texas Inheritance Tax Return.

As you probably have noticed from previous Newsletters, Congress did **increase the death tax exemption** amount starting in January, 2002, to $1 million per person. This exemption will go up to $1.5 million in 2004, $2 million dollars in 2006, and $3.5 million in 2009. If this law remains unchanged, the federal death tax will be totally abandoned in the year 2010. But, **here's the catch**: the tax comes back in 2011 and the exemption goes down to $1 million again, unless Congress changes that.

Although we can all keep our fingers crossed that Congress does in fact allow the repeal of the death tax to continue, that probably won't happen. Remember, Congress' repeal of the death tax took place before the tragedies of **September 11**. In my opinion, because of the changes which we have witnessed in our country since that date which call for vast sums of money to protect our national security, we will probably never see the death tax go way. Even worse, I anticipate that Congress will be lowering the exemptions once again. I hope that I am wrong.

STEP 4: SUB-TRUST FUNDING

Here's where things begin to get interesting because of the new changes in the tax laws. Congress has squarely placed the Survivor between a rock and a hard place. Should the Survivor fund the sub-trusts provided in the Living Trust estate plan or not?

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This publication is intended for general information purposes only and does not constitute legal advice. The reader should consult us to determine how laws apply to specific situations.

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Texas Board of Legal Specialization

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May 1, 2002

DISCLOSURE NOTICE

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations. A recent law change requires us (along with banks, brokerage houses, and other financial institutions) to disclose our Privacy Policy to you - which we are more than happy to do. We hope that by taking a few moments to read it, you will have a better understanding of what we do with the information you provide us and how we keep it private and secure.

PRIVACY POLICY OF THE VACEK LAW FIRM, PLLC

Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations, Part 313, law firms which provide tax preparation and tax planning services to their clients are categorized as financial service providers and are required to provide written notices to certain clients regarding disclosure of non-public personal information. As your attorneys, we collect non-public information about you from you, and with your authorization, from third parties such as accountants, financial advisors, insurance companies, their agents and employees, banking institutions, and other advisors. We do **not** disclose any non-public personal information about our clients or former clients to anyone except as permitted by law, or as authorized by that client. If we are authorized by you, we may disclose non-public personal information to unrelated third parties. Such unrelated third parties would include accountants, financial advisors, insurance agents, or government authorities in connection with any estate and tax planning documentation or tax returns prepared by us. We restrict access to non-public personal information about you to employees of our law firm who need to know the information in order to provide legal services to you, and we require those individuals to keep such information confidential. We maintain physical, electronic, and procedural safeguards that comply with Federal Regulations and our rules of ethics to guard your non-public personal information.

ATTORNEY CLIENT PRIVILEGE

While the foregoing federal laws and regulations establish rules and disclosure requirements, they do not limit the attorney-client privilege or the confidentiality rules for information provided to attorneys. The privilege and confidentiality rules are governed by state law, the rules imposed on attorneys under state law and our ethics standards. *In circumstances where applicable federal laws might allow disclosure, we will continue to follow the stricter non-disclosure rules of attorney-client privilege and client confidentiality.*

We value you as clients and are committed to protecting your privacy. Please call us if you have any questions, or if we can be of further service.

Yours very truly,

Albert E. Vacek Jr.

Albert E. Vacek Jr.

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For example, take a $2 million estate. If Dad passes away, we would normally put one-half of the estate (that is his $1 million half of the estate) into his Decedent's Trust. In this way, we capture his $1million dollar exemption so that the Decedent's Trust assets will not be estate taxed when Mom dies. Even the appreciation which will take place in that Trust in the years before Mom's passing will not be taxed on her demise. As you can see, with a $2 million estate it's easy to decide to fund the two subtrusts.

Things get a little bit more interesting when the estate is less than the exemption amount, for example, a $1 million estate. Should Mom put $500,000 into the Decedent's Trust or just put it all into her subtrust (Survivor's Trust) and lose her husband's exemption? If she puts it all into her Survivor's Trust, it would mean a bit less paperwork for her, and her $1 million exemption might be sufficient to cover the entire estate on her passing. **But here's the rub**: she will have wasted her husband's exemption and can never get it back; and if her estate increases beyond her exemption, her family will owe taxes at her death! In other words, it's hard to visualize her estate growing very much in light of today's depressed market, but what if things turn around and she dies with a $2 million estate with only a $1 million exemption? We look at each estate individually to advise you about subtrust funding.

One might argue that the exemptions are due to go up over the next ten years anyway, and that would be sufficient to cover any growth in her estate. However, remember, we may never see that raise in exemption, and the ultimate repeal of the death tax, because of the threats against our country at the present time. President Bush continuously reminds us that the war against terrorism will be a long one. In light of this, we prefer to take a conservative approach in order to reduce taxes and allow for future growth.

STEP 5: THE LIVING TRUST CONTINUES

Recently, a client of mine who is the surviving widow said to me "well, I guess now that my husband has passed away, I no longer need my Living Trust."

I reassured her immediately that she definitely needed to keep her Living Trust in place and properly funded because it would provide **future protection** for her in a couple of ways:

1) if she were to become **disabled**, her family would not be forced into court with a humiliating, expensive, and time-consuming guardianship proceeding; and,
2) if she were to **die**, her family would not be forced into court for the probate of her estate.

Certainly, it makes sense to keep the Living Trust going for the Survivor. But, it also makes sense to do a little bit of housekeeping with regard to the documentation when one spouse dies. For example, since Mom has named her husband in her Medical Power of Attorney to make her medical decisions if she becomes disabled, we should probably change that document to name her son or daughter instead since her husband has passed away.

CONCLUSION

A properly funded Living Trust will easily avoid probate on the death of a Founder. It makes good sense to **check your Living Trust** now to make sure that it is properly funded. You will find our free **Review Kit** helpful in this regard.

Should a Founder die, it is important that the family notify us as soon as possible so that we can take whatever action is necessary for tax compliance.

It is anyone's guess as to what the federal government will do with regard to repealing the death tax. In light of the fact that the repeal itself may be repealed and the exemptions might be lowered, it seems to make sense to try to capture as much of the exemption on the death of the first Founder as possible for use in the future.

Continuation of the Living Trust for the Survivor affords peace of mind as well as protection and privacy for the family.

If you would like to set up an appointment to meet with us to review your Living Trust, please call our senior legal assistant, Cathy Driskell, and she will set up a time that is convenient for you. If you have questions, you can also call or e-mail me at consult@vacek.com.

Susan S. Vacek

Pay For College With A *529 PLAN* ***continued***

the beneficiary reaches the age of 18. The owner of the account will also have the ability to *change the beneficiaries* to other family members at any time. The owner of the account will also have access to the funds; however, the owner withdrawals are not "qualified," therefore a 10 percent penalty and tax on gains will apply.

Grandparents, as owners of the 529 Plan account, will not affect the eligibility of that student beneficiary for financial aid (that is, if a parent is the owner, the beneficiary may not be able to to qualify for financial aid).

Overall, the 529 Plan offers an excellent way to lower your taxable estate, while at the same time providing an effective college savings plan for a beneficiary.

I can help you set up a 529 Plan for your family. Give us a call to set up an appointment so that we can discuss how the 529 Plan will benefit your family.

P11488

Albert E. Vacek, Jr.

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In this issue

♦ FREE ESTATE PLAN REVIEW KIT

Along with this newsletter you will find an insert that outlines our Estate Plan Review Kit. If you are not one of the 800 or so clients who have already called for your personalized Review Kit, please give our senior legal assistant, Cathy Driskell, a call at your earliest convenience. You will find the Review Kit a fabulous tool to assist you in reviewing your personal estate planning needs.

♦ WHAT HAPPENS WHEN I DIE? (*2002 Update*)

In our Spring-Summer, 2000 edition of *Estate Planning Update,* we reviewed the procedures that are typically followed when someone passes away with a Living Trust estate plan. Now, in light of the changes in estate tax laws passed by Congress in 2001, we felt that it would be a good idea to review this topic again.

♦ PAY FOR COLLEGE WITH A *529 PLAN*

Congress has now made it easier to save for a child/grandchild's college education, as well as to lower the taxable estate.

♦ PRIVACY NOTICE

In accordance with federal law, we have enclosed our Disclosure Notice outlining our privacy policy at the Vacek Law Firm, PLLC. Please call us if you have any questions.

P11439

THE VACEK LAW FIRM, PLLC

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Susan S. Vacek

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Texas Board of
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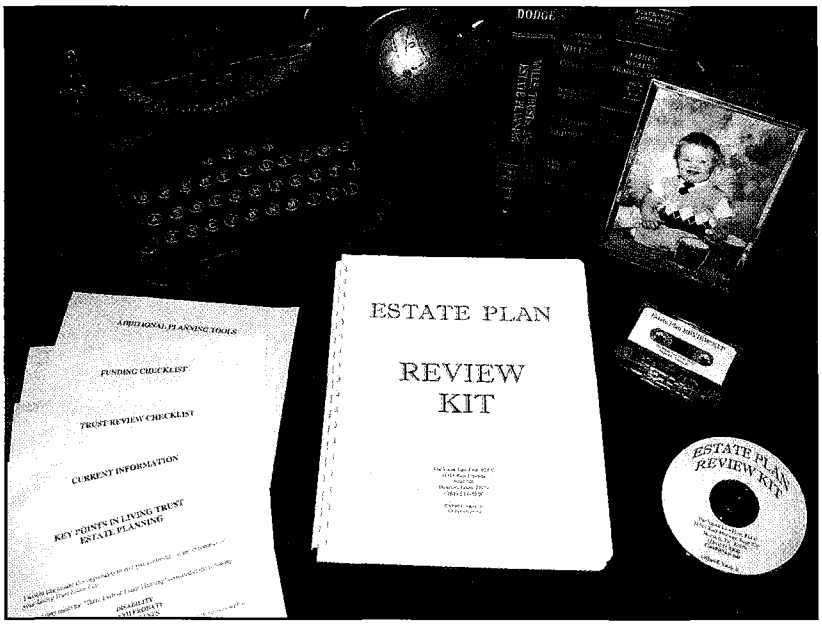
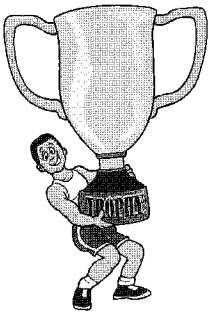
FREE: *ESTATE PLAN REVIEW KIT*



For information on receiving your FREE Estate Plan Review Kit, please read our Winter 2001 newsletter or call our office and ask for Cathy Driskell.

PART ONE:

"KEY POINTS" IN LIVING TRUST ESTATE PLANNING



It may have been several years since you came to see us to setup your living trust estate plan. In many cases I have found that it is a great idea to go back over the reasons why a living trust estate plan is a **superior form of planning** to that of a simple will or power of attorney plan. All of the information set forth in Part One has now been borne out through the years in actual cases. Part One should give you a lot of continued confidence in your living trust estate plan.

PART TWO:

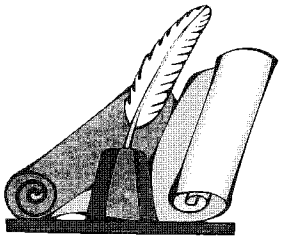
CURRENT INFORMATION

When you receive your Estate Plan Review Kit, we will include your personal data as it is reflected in your file which we keep in our permanent records. This current information sheet will give you an opportunity to **update your records** with us so that we can serve you better as your estate planning attorneys.

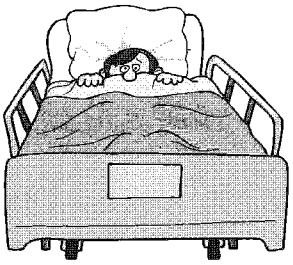
continued on reverse

PART THREE:

TRUST REVIEW CHECKLIST



In working with thousands of people over the years, I have seen certain patterns of change which many, if not all, families need to consider from time to time. People change. Finances change. Attitudes change. New kids and grandkids come along. Marriage relationships change. Since things do change, I think you'll find my **"Trust Review Checklist"** to be very interesting reading. I've tried to put together a checklist of things which seem to come up from time to time in discussions with my clients. This will give you a good list to review as you consider your own estate plan and changes which may have impacted it.



A good example of a change in the law came in 1999 when the Texas Legislature totally revamped the "medical power" (previously called the "health-care power of attorney") as well as the "living will" (also known as the "physician's directive"). The old documents, which most of my clients have, were blessed by the Legislature about 12 years ago. All through those 12 years we have seen certain circumstances arise where the documents did not work as well as they should have. At the end of 1999, the Legislature promulgated new language which is vastly superior to the old documents. We should certainly discuss replacing your **old health-care documents** with the newly promulgated State provisions when we meet for your Three-year Review.

PART FOUR:

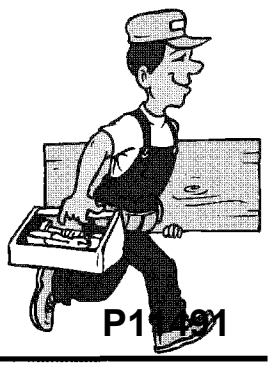
FUNDING CHECKLIST

As I have emphasized in my newsletters, seminars, and personal meetings with my clients, funding of one's living trust is very important for one's living trust goals to be met. It has always been my personal goal to avoid the court system for my clients, **entirely.** The last thing that I want to see is one of my clients being forced to go through a guardianship proceeding or their family having to go through probate. Our Kit contains a **"Funding Checklist"** which I think you'll find very helpful in order to make sure that all of your assets have been properly placed into your living trust estate plan. If you happen to notice that some assets have been left out, we can discuss that at your complimentary Three-year Review meeting.

PART FIVE:

ADDITIONAL PLANNING TOOLS

In this chapter of the Kit, I summarize different **planning tools and techniques** that many of our clients have found useful in addition to their living trust plan. Several widely accepted techniques can provide for additional estate tax relief and asset protection from creditors, as well as provide education for kids and grandkids, provide care and support for elderly parents, and a variety of other benefits over and above those benefits provided by your basic living trust estate plan.



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Branch Number

Restyled Date

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ACCOUNT INFORMATION 933 891920643		02/20/97		Date Closed	Closing Reason Code	Customer(s) Authorization To Add New Account
Type	Account #	Date	By			

You begin a deposit account relationship with Bank of America Texas, N.A., by giving us information about yourself, that we place on our computer system, and by signing this agreement.

For most accounts, we'll give you a VERSATEL® Card, which you may use to identify yourself at our branches. You may also use your card for VERSATEL® Services if you request a personal identification number (PIN).

The *FACTS About Personal Deposit Account Programs Disclosure and Agreement* information we give you is part of this agreement and tells you the current terms at any time. We will inform you of changes that affect your rights and obligations.

ACCOUNT OWNERSHIP

UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM:
The type of account ownership you select will determine how property passes on your death. Your will may not control the disposition of funds held in some of the following account ownerships. See your *FACTS About Personal Deposit Account Programs Disclosure and Agreement Booklet* for details.
Select one of the following account ownerships by placing your initials next to the ownership selected.

(Initials)

_____ Single-Party Account without Payable on Death Designation _____

____ Convenience Account with Authorized Signers _____

_____ Multiple-Party Account without Right of Survivorship Designation _____

____ Convenience Account with Authorized Signers _____

_____ Multiple-Party Account with Right of Survivorship Designation _____

____ Convenience Account with Authorized Signers _____

TRUSTEE OF DISCLOSED TRUST — X

_____ Revocable Trust _____

_____ Other _____ _____

X

CERTIFICATION

Under the penalties of perjury, the first listed designated accountholder (the "Owner") certifies that (check applicable blank):

_____ (1)(a) The taxpayer identification number (TIN) listed above is Owner's correct taxpayer identification number (or Owner is waiting for a number to be issued); and

(b) Owner is not subject to backup withholding because (i) Owner is exempt from backup withholding; or (ii) Owner has not been notified by the Internal Revenue Service (IRS) that Owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (iii) the IRS has provided notification that Owner is no longer subject to backup withholding. (NOTE: Owner must strike out this item (b) if Owner has been notified by the IRS that Owner is currently subject to backup withholding because of underreporting interest or dividends on Owner's tax return); or

_____ (2) The above taxpayer identification number is Owner's correct taxpayer identification number (or Owner is waiting for a number to be issued), but Owner is an **exempt** recipient under U.S. Income Tax Regulations; or

_____ (3) Owner is neither a U.S. citizen or resident, or is a foreign corporation, partnership or trust, and qualifies as a "foreign person" under U.S. Income Tax Regulations. (NOTE: On multiple-party accounts in which each multiple-party owner is a foreign person, each must provide this certification.)

AUTHORIZED SIGNATURES

By signing below each accountholder hereby applies for Account(s) at Bank of America Texas, N.A., and its successors and assigns ("BofA") under its *FACTS About Personal Deposit Account Programs Disclosure and Agreement* as in effect from time to time and makes the certification above and the representations and agreements set forth in the *FACTS About Personal Deposit Account Programs Disclosure and Agreement Booklet,* receipt of which is hereby acknowledged.

Each of the undersigned is authorized to act with respect to the account(s) described above and BofA is authorized to act in all matters relating to such account(s) upon the written order of any one of the undersigned until it receives written advice to the contrary from the accountholder or any of its authorized representatives.

ANITA K RILEY
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

Name(s)

Anita K Riley
(Printed)
X Anita K Riley
Signature

(Printed)
X
Signature

(Printed)
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Signature

(Printed)
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Signature

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TRUSTEE ACCOUNT/BENEFICIARY INFORMATION

All beneficiaries of this account are individuals. I certify that the funds in this account represent only funds that are beneficially owned by individuals and I agree that no funds will be deposited to this account unless they are beneficially owned by individuals.

Account #	Beneficiary Name	Birthdate	Customer's Initials*

List the account number and the beneficiary information associated with each account.

*Required to confirm designated beneficiary(ies).

Documentation Received: *(if applicable)*

- ☐ Court Order
- ☐ Letters of Guardianship
- ☐ Power of Attorney
- ☐ Trust Agreement
- ☐ Letters Testamentary
- ☐ Other _____

OVERRIDES

Reasons	Branch Manager's Approval
☐ Chex Systems	
☐ Opening Deposit Amount	

Bank of America — **Deposit Products**

Cust. Since	New	Change	Renewal	Restyle	Acct. Type Change	Ret.	Chex	Officer 1	Officer 2	Unit #
	X						NO			08519

CUSTOMER 1

Customer Type	Customer Number	Cust. Rel	DOB
I		038	02/12/97

Name: BRUNSTING FAMILY IRREVOCABLE TRUST — Sex:

Address: 203 BLOOMINGDALE CIR. — Country: US

City: VICTORIA — State: TX — Zip: 77904

Tax ID Code	Tax Number	SSN Yr.	SSN State
F	766-12-4195		

Area Code	Home Phone	Area Code	Business Phone	Employee
	- -		- -	N

State: | Driver's License No.: DL — W/H Code: 4

Employer:

Secondary ID Type: — Exp. Date:

CUSTOMER 2

Customer Type	Customer Number	Cust. Rel	DOB
I		036	08/07/63

Name: ANITA K RILEY — Sex: F

Address: 203 BLOOMINGDALE CIR. — Country: US

City: VICTORIA — State: TX — Zip: 77904

Tax ID Code	Tax Numl	SSN Yr.	SSN State
S			

Area Code	Home Phone	Area Code	Business Phone	Employee
512	576 5732	713	464-4399	N

State: TX | Driver's License No.: DL

Employer:

Secondary ID Type: — Exp. Date:

CUSTOMER 3

Customer Type	Customer Number	Cust. Rel	DOB

Name: — Sex:

Address: — Country:

City: — State: — Zip:

Tax ID Code	Tax Number	SSN Yr.	SSN State
	- -		

Area Code	Home Phone	Area Code	Business Phone	Employee
	- -		- -	

State: | Driver's License No.:

Employer:

Secondary ID Type: — Exp. Date:

CUSTOMER 4

Customer Type	Customer Number	Cust. Rel	DOB

Name: — Sex:

Address: — Country:

City: — State: — Zip:

Tax ID Code	Tax Number	SSN Yr.	SSN State
	- -		

Area Code	Home Phone	Area Code	Business Phone	Employee
	- -		- -	

State: | Driver's License No.:

Employer:

Secondary ID Type: — Exp. Date:

TRANSACTION ACCOUNT INFORMATION

Acct Type	RA Code	Retire Plan	Account #	Deposit	Analysis Code	Statement Cycle Code	Charge/ No Charge	Cycles to Waive	User Code
035			8519206643	8,000.00	301	303	1		

CERTIFICATE OF DEPOSIT INFORMATION

	Acct Type	RA Code	Retire Plan	Account #	Deposit	Int. Plan	Int. Pay Method	Int. Frq. ID Term	Term	Rate	Next Interest Date	Maturity Term
1												
2												

Short Name	Account #1 – Transfer Acct. #	Account #2 – Transfer Acct. #	Account #1 – User Code	Account #2 – User Code
TRUST BRUNSTING FAMILY I				

Source of Funds	Open Date	Prepared By:	F/M By:	Q/C By:
CASHIERS CHECK	02/20/97	JOHN BEATY		

ACCOUNT NAME AND ADDRESS — ALT ADDRESS _____ INT CHECK _____ ATM CARD

ANITA K RILEY TR OF THE

BRUNSTING FAMILY IRREVOCABLE TRUST

Comments:

Customer 1 Signature	Date	Customer 2 Signature	Date
X			
Customer 3 Signature	Date	Customer 4 Signature	Date

P11494

BRUNSTING004324

Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
05-14-11 through 06-15-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MD 06/22 0 0213 933 34 824 002928 #@01 AV 0.340

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 05-14-11	$	891.64
Deposits and Other Additions	+	23,713.60
Checks Posted	-	12,448.56
ATM and Debit Card Subtractions	-	2,569.04
Other Subtractions	-	1,852.24
Ending Balance on 06-15-11	**$**	**7,735.40**

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

P11495 Recycled Paper

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Online Banking transfer from Chk 1143 Conf# 4055676002; Brunsting, Anita	05-16	4,000.00
Online Banking transfer from Chk 1143 Conf# 6520525884; Brunsting, Anita	05-24	2,000.00
Online Banking transfer from Chk 1143 Conf# 0629059732; Brunsting, Anita	05-24	5,000.00
Online Banking transfer from Chk 1143 Conf# 0398396532; Brunsting, Anita	06-02	8,500.00
US Treasury 310 Des:Xxsoc Sec ID:Xxxxxxxxxd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	06-03	1,780.00
Online Banking transfer from Chk 1143 Conf# 2850454302; Brunsting, Anita	06-08	2,000.00
CheckCard 0612 Houston Veterinary Serv Houston TX 74632691165165099784901	06-15	433.60

Total Deposits and Other Additions $23,713.60

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
	06-06	360.00	227	05-23	1,026.00	236	05-31	360.00
219	05-16	868.81	228	05-23	207.00	237	06-03	70.00
220	05-16	217.50	229	05-25	219.50	239*	06-03	1,215.36
221	05-23	70.00	230	05-27	25.00	241*	06-07	1,115.00
222	05-20	100.00	231	05-25	227.50	243*	06-10	1,110.00
223	05-20	1,483.53	232	05-27	1,621.50	244	06-13	720.00
226*	05-24	35.00	235*	05-31	796.86	246*	06-13	600.00

Total Checks Posted $12,448.56

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount($)
CheckCard 0515 Chevron 001079 Houston TX 88633240460311352088514	05-16	29.32
CheckCard 0512 Exxonmobil 47188966 Jersey Villagtx 24164051133378001750426	05-16	24.64
CheckCard 0512 Chick-Fil-A #01037 Houston TX 24427331133710013924772	05-16	3.29
CheckCard 0514 Chick-Fil-A #01037 Houston TX 24427331135710014305714	05-16	3.29
Randalls Store 05/18 #000690115 Purchase 5586 Weslayan Houston TX	05-18	42.56
CheckCard 0520 Chevron 001079 Houston TX 73796240460311401373710	05-20	23.73
Randalls Store 05/20 #000684144 Purchase 5586 Weslayan Houston TX	05-20	21.87
CheckCard 0519 Houston Veterinary Serv Houston TX 24632691140140176572904	05-23	1,019.72
Randalls Store 05/21 #000097066 Purchase 5586 Weslayan Houston TX	05-23	57.35
CheckCard 0521 Chevron 001079 Houston TX 69181240460311412269072	05-23	24.40

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MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount($)
CheckCard 0520 Chevron 00307791 Houston TX 24625121141411252141898	05-23	2.90
CheckCard 0524 Chevron 003077 Houston TX 82630740460311441782552	05-24	23.33
Randalls Store 05/25 #000101085 Purchase 5586 Weslayan Houston TX	05-25	43.52
CheckCard 0524 TX Med Ctr-G2 Garage Houston TX 24692161144000126059112	05-25	6.00
CheckCard 0525 TX Med Ctr-G2 Garage Houston TX 24692161145000334926333	05-26	6.00
CheckCard 0526 TX Med Ctr-G2 Garage Houston TX 24692161146000542849102	05-27	5.00
Randalls Store 05/30 #000779005 Purchase 5586 Weslayan Houston TX	05-31	31.71
CheckCard 0528 Chevron 001079 Houston TX 84357940460311482284256	05-31	24.48
CheckCard 0528 TX Med Ctr-G2 Garage Houston TX 24692161148000967931060	05-31	6.00
CheckCard 0528 TX Med Ctr-G2 Garage Houston TX 24692161149000171863751	05-31	2.00
CheckCard 0603 Chevron 003077 Houston TX 83336540460311541783243	06-03	24.00
Randalls Store 06/03 #000783121 Purchase 5586 Weslayan Houston TX	06-03	23.46
CheckCard 0602 Verizon Wrls Ivr Ve 800-9220204 CA 24498041154169117231308	06-06	225.00
CheckCard 0604 Exxonmobil 47191184 Houston TX 24164051156378001691044	06-06	43.12
Kroger 06/05 #000089454 Purchase 5150 Buffalo Spdw Houston TX	06-06	32.17
Randalls Store 06/04 #000699156 Purchase 5586 Weslayan Houston TX	06-06	23.97
Randalls Store 06/05 #000112084 Purchase 5586 Weslayan Houston TX	06-06	20.00
Fastop #1 06/04 #000599357 Purchase 1901 John Stockba Victoria TX	06-06	4.25
CheckCard 0606 Chevron 001079 Houston TX 72000240460311580171913	06-07	22.92
Exxonmobil 06/08 #000353240 Purchase 17906 Tomball Pkw Houston TX	06-08	22.08
Nst Sears Roeb 06/11 #000002045 Purchase 303 Memorial City Houston TX	06-13	134.93
Sou Jcpenney S 06/12 #000006757 Purchase 730 Meyerland Pla Houston TX	06-13	125.93
Randalls Store 06/11 #000706108 Purchase 5586 Weslayan Houston TX	06-13	54.05
Target T1975 H 06/12 #000016179 Purchase 300 Meyerland Pla Houston TX	06-13	53.12
Randalls Store 06/13 #000795114 Purchase 5586 Weslayan Houston TX	06-13	43.77
CheckCard 0610 Exxonmobil 47191184 Houston TX 24164051162378002014610	06-13	23.84
CheckCard 0611 Mcdonald's F6931 Katy TX 24427331162720044185602	06-13	13.46

NELVA E BRUNSTING
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MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount($)
Kroger 06/12 #000031408 Purchase 5150 Buffalo Spdw Houston TX	06-13	3.05
CheckCard 0611 Houston Veterinary Serv Houston TX 24632691164164224519502	06-14	216.80
CheckCard 0612 Exxonmobil 47191184 Houston TX 24164051164378001477998	06-14	29.37
CheckCard 0612 Mcdonald's F14136 Houston TX 24427331164710010063444	06-14	2.17
CheckCard 0615 Chevron 003077 Houston TX 90041740460311661889951	06-15	26.47

Total ATM and Debit Card Subtractions $2,569.04

Other Subtractions	Date Posted	Amount($)
Cardmember Serv Des:Cr CD Pmt Check #:0225 Indn:4037660013896626 Co ID:Cxxxxxxxxx Arc	05-26	1,852.24

Total Other Subtractions $1,852.24

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$35.00
Total NSF: Returned Item Fees	$0.00	$70.00

We refunded to you a total of $105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	891.64	05-26	4,252.64	06-08	10,458.76
05-16	3,744.79	05-27	2,601.14	06-10	9,348.76
05-18	3,702.23	05-31	1,380.09	06-13	7,576.61
05-20	2,073.10	06-02	9,880.09	06-14	7,328.27
05-23	334.27 -	06-03	10,327.27	06-15	7,735.40
05-24	6,607.40	06-06	9,618.76		
05-25	6,110.88	06-07	8,480.84		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

H

P11500

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
07-15-11 through 08-16-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MD 08/23 0 0213 647 2 035 015405 #@01 AV 0.340

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

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Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 07-15-11	$	8,091.57
Deposits and Other Additions	+	11,780.00
Checks Posted	-	13,399.25
ATM and Debit Card Subtractions	-	1,689.91
Other Subtractions	-	52.48
Ending Balance on 08-16-11	**$**	**4,729.93**

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

P11501

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Online Banking transfer from Chk 1143 Conf# 1313817827; Brunsting, Anita	08-01	10,000.00
US Treasury 310 Des:Xxsoc Sec ID:Xxxxxxxxxd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	08-03	1,780.00

Total Deposits and Other Additions $11,780.00

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
272	07-22	1,300.06	280	07-25	125.00	290	08-09	465.00
273	07-15	720.00	281	07-25	765.00	291	08-11	1,125.00
274	07-18	673.50	282	07-28	705.00	295*	08-16	148.38
275	07-21	1,172.66	283	08-01	1,018.00	298*	08-15	13.47
276	07-21	100.00	284	08-01	1,062.47	299	08-16	7.23
277	07-25	60.00	285	08-05	24.98	300	08-11	50.00
278	07-22	165.00	288*	08-04	907.50	301	08-15	946.00
279	07-22	465.00	289	08-08	930.00	302	08-15	450.00

Total Checks Posted $13,399.25

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount($)
Wal Wal-Mart S 07/16 #000297674 Purchase 2718 Wal-Sams Houston (C) TX	07-18	260.73
Sou Jcpenney S 07/16 #000006391 Purchase 730 Meyerland Pla Houston TX	07-18	208.33
Randalls Store 07/16 #000156059 Purchase 5586 Weslayan Houston TX	07-18	35.41
CheckCard 0716 Exxonmobil 47191184 Houston TX 24164051198378001641619	07-18	25.35
Randalls Store 07/16 #000156083 Purchase 5586 Weslayan Houston TX	07-18	25.14
CheckCard 0719 Chevron 001079 Houston TX 78120540460312001378051	07-19	30.18
CheckCard 0720 Chevron 003077 Houston TX 73148840460312011973051	07-20	24.10
Randalls Store 07/21 #000749121 Purchase 5586 Weslayan Houston TX	07-21	45.34
Randalls Store 07/24 #000752079 Purchase 5586 Weslayan Houston TX	07-25	60.57
Randalls Store 07/23 #000759097 Purchase 5586 Weslayan Houston TX	07-25	43.38
CheckCard 0724 Chevron 00107985 Houston TX 24625121205411845896019	07-25	26.07
CheckCard 0724 Kolache Factory-Bellair Houston TX 24055241205206688100494	07-25	3.76
CheckCard 0724 Southwest Fertilizer Houston TX 24071051206987166521846	07-26	25.88
CheckCard 0726 Chevron 001079 Houston TX 91984840460312080191920	07-27	24.45

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MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount($)
Randalls Store 07/28 #000168075 Purchase 5586 Weslayan Houston TX	07-28	31.23
Randalls Store 07/28 #000764077 Purchase 5586 Weslayan Houston TX	07-28	26.20
Petsmart Inc 1 07/29 #000010754 Purchase 5415 W Loop South Houston TX	07-29	32.89
CheckCard 0727 Chick-Fil-A #01037 Houston TX 24427331209710013592271	07-29	1.83
Randalls Store 07/30 #000766070 Purchase 5586 Weslayan Houston TX	08-01	47.94
CheckCard 0729 Exxonmobil 47188966 Jersey Villagtx 24164051211378001976406	08-01	25.68
CheckCard 0731 Chevron 00107985 Houston TX 24625121212411913374601	08-01	21.07
Walgreens 07/30 #000902190 Purchase 5560 Weslayan Houston TX	08-01	20.99
CheckCard 0729 Chick-Fil-A #01037 Houston TX 24427331211710015976916	08-01	3.29
CheckCard 0731 Verizon Wrls Ivr Ve 800-9220204 CA 24498041213169196608649	08-02	245.03
Randalls Store 08/02 #000769066 Purchase 5586 Weslayan Houston TX	08-02	29.74
CheckCard 0802 Chevron 001079 Houston TX 85104140460312141684990	08-02	20.62
CheckCard 0802 Mcdonald's F14136 Houston TX 24427331215710010827094	08-04	2.17
Randalls Store 08/05 #000177125 Purchase 5586 Weslayan Houston TX	08-05	24.92
Randalls Store 08/06 #000747080 Purchase 12850 Memorial Dr Houston TX	08-08	57.90
Randalls Store 08/08 #000775142 Purchase 5586 Weslayan Houston TX	08-08	30.29
CheckCard 0806 Chevron 001079 Houston TX 83574440460312181383532	08-08	25.37
CheckCard 0809 Chevron 001079 Houston TX 89943840460312211789857	08-09	26.27
CheckCard 0808 Exxonmobil 47188966 Jersey Villagtx 24164051221378001647724	08-10	25.53
Randalls Store 08/10 #000858118 Purchase 5586 Weslayan Houston TX	08-10	21.76
Randalls Store 08/13 #000772116 Purchase 5586 Weslayan Houston TX	08-15	58.34
Randalls Store 08/14 #000781072 Purchase 5586 Weslayan Houston TX	08-15	46.75
CheckCard 0813 Chevron 001079 Houston TX 85348740460312251485284	08-15	25.41

Total ATM and Debit Card Subtractions $1,689.91

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Subtractions

Other Subtractions	Date Posted	Amount($)
Cpenergy Entex Des:Cpe ACH Check #:0296 Indn:000003850291 Co ID:9413994001 Arc	08-15	52.48

Total Other Subtractions $52.48

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$35.00
Total NSF: Returned Item Fees	$0.00	$70.00

We refunded to you a total of $105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	8,091.57	07-26	1,731.11	08-05	9,235.11
07-15	7,371.57	07-27	1,706.66	08-08	8,191.55
07-18	6,143.11	07-28	944.23	08-09	7,700.28
07-19	6,112.93	07-29	909.51	08-10	7,652.99
07-20	6,088.83	08-01	8,710.07	08-11	6,477.99
07-21	4,770.83	08-02	8,414.68	08-15	4,885.54
07-22	2,840.77	08-03	10,194.68	08-16	4,729.93
07-25	1,756.99	08-04	9,285.01		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		**Checks, ATM, Check Card, Electronic Withdrawals**		**Checks, ATM, Check Card, Electronic Withdrawals**	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

H

P11506

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
08-17-11 through 09-15-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MD 09/22 0 0213 309 23 099 024549 #@01 AV 0.340

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TTY/TDD Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33629-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 08-17-11	$	4,729.93
Deposits and Other Additions	+	12,482.72
Checks Posted	-	11,609.77
ATM and Debit Card Subtractions	-	1,080.96
Other Subtractions	-	960.59
Ending Balance on 09-15-11	**$**	**3,561.33**

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

P11507

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	08-18	702.72
Online Banking transfer from Chk 1143 Conf# 3848460073; Brunsting, Anita	08-29	10,000.00
US Treasury 310 Des:Xxsoc Sec ID:Xxxxxxxxd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	09-02	1,780.00

Total Deposits and Other Additions $12,482.72

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
292	08-18	20.00	310	08-29	42.00	317	09-06	440.00
297*	08-19	10.13	311	08-29	1,004.00	318	09-08	1,193.59
303*	08-18	1,146.83	312	08-30	517.50	319	09-12	750.00
304	08-19	172.50	313	09-01	1,162.50	323*	09-13	155.40
306*	08-19	459.50	314	09-06	173.00	324	09-13	25.00
308*	08-22	735.00	315	09-06	750.00	328*	09-13	628.15
309	08-24	1,110.00	316	09-06	80.00	330*	09-15	1,034.67

Total Checks Posted $11,609.77

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount($)
Heb Heb #599 08/17 #000490001 Purchase 5225 Buffalo Spee Houston TX	08-17	34.39
CheckCard 0817 Chevron 001079 Houston TX 8600494046031229158592 4	08-17	26.21
Heb Heb #599 08/17 #000526001 Purchase 5225 Buffalo Spee Houston TX	08-17	19.77
Randalls Store 08/20 #000192083 Purchase 5586 Weslayan Houston TX	08-22	44.99
Randalls Store 08/21 #000193096 Purchase 5586 Weslayan Houston TX	08-22	39.52
CheckCard 0820 Chevron 001079 Houston TX 8095324046031232138089 8	08-22	25.52
CheckCard 0821 Chevron 00107985 Houston TX 2462512123441212557881 9	08-23	22.25
Randalls Store 08/23 #000783146 Purchase 5586 Weslayan Houston TX	08-24	44.36
Randalls Store 08/24 #000784127 Purchase 5586 Weslayan Houston TX	08-24	28.74
CheckCard 0824 Verizon Wrls Ivr Ve 800-9220204 CA 2449804123616911194 4312	08-25	242.00
Randalls Store 08/25 #000874082 Purchase 5586 Weslayan Houston TX	08-25	18.33
CheckCard 0825 Chevron 001079 Houston TX 8885654046031237238877 3	08-25	15.14
Randalls Store 08/27 #000876119 Purchase 5586 Weslayan Houston TX	08-29	36.15
CheckCard 0827 Chevron 001079 Houston TX 7942784046031239227932 1	08-29	20.14

P11508

MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount($)
CheckCard 0831 Chevron 001079 Houston TX 72257040460312440172175	08-31	20.16
Randalls Store 09/02 #000206098 Purchase 5586 Weslayan Houston TX	09-02	21.71
Randalls Store 09/05 #000210019 Purchase 5586 Weslayan Houston TX	09-06	68.27
Randalls Store 09/03 #000794066 Purchase 5586 Weslayan Houston TX	09-06	33.12
CheckCard 0903 Chevron 001079 Houston TX 67732440460312461367683	09-06	21.50
CheckCard 0904 Chevron 00107985 Houston TX 24625121248412258017027	09-06	16.07
CheckCard 0905 Chevron 001079 Houston TX 70288840460312482170200	09-06	14.34
CheckCard 0901 Chick-Fil-A #01037 Houston TX 24427331245710014365939	09-06	3.29
Randalls Store 09/07 #000807113 Purchase 5586 Weslayan Houston TX	09-07	50.29
CheckCard 0907 Chevron 001079 Houston TX 76564640460312501276507	09-07	21.15
Randalls Store 09/08 #000801113 Purchase 5586 Weslayan Houston TX	09-08	14.60
CheckCard 0907 Chick-Fil-A #01037 Houston TX 24427331251710012524728	09-09	3.29
Randalls Store 09/11 #000217007 Purchase 5586 Weslayan Houston TX	09-12	92.24
Randalls Store 09/12 #000805114 Purchase 5586 Weslayan Houston TX	09-12	20.00
CheckCard 0911 Exxonmobil 47191184 Houston TX 24164051255378001349890	09-13	23.96
CheckCard 0911 Southwest Fertilizer Houston TX 24071051255987156561018	09-13	18.89
CheckCard 0915 Chevron 001079 Houston TX 93288940460312581293218	09-15	20.57
Total ATM and Debit Card Subtractions		**$1,080.96**

Other Subtractions	Date Posted	Amount($)
Houston Chron Des:Checkpaymt Check #:0294 Indn:0658779 Co ID:1760556295 Arc	08-17	138.00
Online Banking transfer to Chk 2839 Confirmation# 6122123239	08-24	75.00
Online Banking transfer to Chk 2839 Confirmation# 4930202147	08-25	15.00
Online Banking transfer to Chk 2839 Confirmation# 0230298752	08-25	15.00
Online Banking transfer to Chk 2839 Confirmation# 3842814874	09-07	125.00
Online Banking transfer to Chk 2839 Confirmation# 3852055638	09-08	550.00
Cpenergy Entex Des:Cpe ACH Check #:0325 Indn:000003850291 Co ID:9413994001 Arc	09-14	42.59

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Subtractions

Other Subtractions - Continued	Date Posted	Amount($)

Total Other Subtractions $960.59

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$35.00
Total NSF: Returned Item Fees	$0.00	$70.00

We refunded to you a total of $105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	4,729.93	08-25	974.47	09-07	8,134.28
08-17	4,511.56	08-29	9,872.18	09-08	6,376.09
08-18	4,047.45	08-30	9,354.68	09-09	6,372.80
08-19	3,405.32	08-31	9,334.52	09-12	5,510.56
08-22	2,560.29	09-01	8,172.02	09-13	4,659.16
08-23	2,538.04	09-02	9,930.31	09-14	4,616.57
08-24	1,279.94	09-06	8,330.72	09-15	3,561.33

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

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For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11512

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-16-11 through 10-14-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MD 10/21 0 0213 503 3 215 002406 #@01 AV 0.340

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 09-16-11	$	3,561.33
Deposits and Other Additions	+	22,797.76
Checks Posted	-	9,659.86
ATM and Debit Card Subtractions	-	2,096.67
Other Subtractions	-	500.00
Ending Balance on 10-14-11	**$**	**14,102.56**

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

P11513

NELVA E BRUNSTING
CAROLE A BRUNSTING

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	09-19	507.76
Online Banking transfer from Chk 1143 Conf# 2800717946; Brunsting, Anita	09-26	5,000.00
Deposit	09-29	15,510.00
US Treasury 310 Des:Xxsoc Sec ID:Xxxxxxxxxd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	10-03	1,780.00

Total Deposits and Other Additions $22,797.76

MyAccess Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
320	09-28	28.04	336	09-26	50.00	344*	10-06	1,030.00
321	09-16	6.87	337	09-23	225.00	345	10-06	50.00
322	09-21	15.00	338	09-26	784.86	346	10-07	165.00
327*	09-22	59.77	339	09-27	630.00	348*	10-11	570.00
332*	09-19	715.00	340	09-29	810.29	349	10-11	581.66
334*	09-20	576.00	341	10-03	976.34	350	10-11	240.00
335	09-22	1,054.46	342	10-04	576.57	351	10-14	515.00

Total Checks Posted $9,659.86

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount($)
CheckCard 0916 Equine Sports Medicine 281-2552280 TX 24158131260260362945204	09-19	812.50
Randalls Store 09/17 #000899084 Purchase 5586 Weslayan Houston TX	09-19	42.84
CheckCard 0919 Chevron 001079 Houston TX 73836740460312622373739	09-19	20.23
CheckCard 0922 Chevron 003077 Houston TX 78118240460312652178005	09-22	23.31
CheckCard 0921 Verizon Wrls Myacct Ve 800-9220204 CA 24498041265169100779780	09-23	137.66
CheckCard 0922 Walgreens #0553 Houston TX 24445001266600248727502	09-23	11.99
Wal Wal-Mart S 09/24 #000235240 Purchase 2718 Wal-Sams Houston (C) TX	09-26	133.75
Randalls Store 09/25 #000908009 Purchase 5586 Weslayan Houston TX	09-26	23.57
CheckCard 0925 Chevron 00107985 Houston TX 24625121268412454983209	09-27	25.07
Randalls Store 09/27 #000820155 Purchase 5586 Weslayan Houston TX	09-28	18.90
Randalls Store 09/28 #000911109 Purchase 5586 Weslayan Houston TX	09-28	14.06
Randalls Store 09/30 #000914112 Purchase 5586 Weslayan Houston TX	09-30	28.77
CheckCard 0929 Chevron 001079 Houston TX 77032840460312730176940	09-30	23.30
Randalls Store 09/29 #000822154 Purchase 5586 Weslayan Houston TX	09-30	19.06

P11514

MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount($)
CheckCard 1001 Greenway Animal Cl Houston TX 24224431275101040276512	10-03	360.82
Wal Wal-Mart S 10/02 #000023362 Purchase 2718 Wal-Sams Houston (C) TX	10-03	55.92
Randalls Store 10/01 #000915086 Purchase 5586 Weslayan Houston TX	10-03	32.16
CheckCard 1001 Chevron 001079 Houston TX 95928640460312742295807	10-03	25.22
Heb Heb #599 10/02 #000884001 Purchase 5225 Buffalo Spee Houston TX	10-03	20.75
Randalls Store 10/02 #000797053 Purchase 4800 W Bellfort Houston TX	10-03	8.95
Randalls Store 10/04 #000827130 Purchase 5586 Weslayan Houston TX	10-04	38.92
CheckCard 1003 Exxonmobil 47188966 Jersey Villagtx 24164051277378001544031	10-05	20.11
CheckCard 1006 Chevron 001079 Houston TX 94652440460312791294595	10-06	20.52
Randalls Store 10/07 #000838039 Purchase 5586 Weslayan Houston TX	10-07	39.04
Randalls Store 10/10 #000833153 Purchase 5586 Weslayan Houston TX	10-11	26.50
CheckCard 1009 Chevron 00107985 Houston TX 24625121283412591788421	10-11	21.07
Randalls Store 10/11 #000834122 Purchase 5586 Weslayan Houston TX	10-11	14.06
CheckCard 1006 Chick-Fil-A #01037 Houston TX 24427331280710013488118	10-11	3.29
Randalls Store 10/12 #000835145 Purchase 5586 Weslayan Houston TX	10-12	25.47
CheckCard 1012 Chevron 001082 Houston TX 32613040460312852332508	10-12	22.02
CheckCard 1010 Exxonmobil 47191184 Houston TX 24164051284837001607438	10-12	2.14
CheckCard 1014 Chevron 001079 Houston TX 95681340460312871395601	10-14	24.70
	Total ATM and Debit Card Subtractions	**$2,096.67**

Other Subtractions	Date Posted	Amount($)
Online Banking transfer to Chk 2839 Confirmation# 4084582122	10-05	500.00
	Total Other Subtractions	**$500.00**

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$35.00
Total NSF: Returned Item Fees	$0.00	$70.00

We refunded to you a total of $105.00 in fees for Overdraft and/or NSF: Returned Items this year.

P11515

NELVA E BRUNSTING
CAROLE A BRUNSTING

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	3,561.33	09-26	4,376.28	10-05	17,453.03
09-16	3,554.46	09-27	3,721.21	10-06	16,352.51
09-19	2,471.65	09-28	3,660.21	10-07	16,148.47
09-20	1,895.65	09-29	18,359.92	10-11	14,691.89
09-21	1,880.65	09-30	18,288.79	10-12	14,642.26
09-22	743.11	10-03	18,588.63	10-14	14,102.56
09-23	368.46	10-04	17,973.14		

P11516

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11518

Bank of America

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time. Save energy. Fast, reliable deposits, withdrawals and account management at more than 18,000 convenient ATM locations.

09/29/2011 14:15 NTX T00049 R540740134
Acct# ********9546 CC 0008519 Tlr 00011

Less Cash	$0.00
Total EDeposit To CHK	$15,510.00
Credit Pending Posts on	09/29/2011

Member FDIC
95-14-2005B 05-2009

P11519

Brunsting Family Living Trust

We sent our rent payments with checks from a joint account, and not thinking that those amounts needed to be split between Doyle & Justin - Please use the amounts for 1099's at end of year: rent paid so far is $ 31.020.00

Please put $ 23,265.00 for Doyle

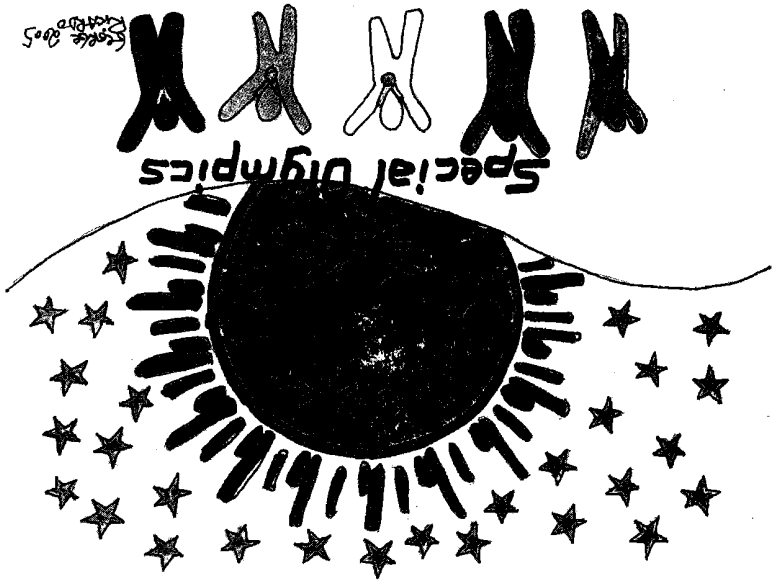
$ 7,755.00 for Justin

Sorry for the trouble-

Jan Wissink

00

P11520



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Cover artwork by George Ricardo, Special Olympics athlete

Important: Your gift may be **doubled** if your employer has a matching gift program. Please see your Human Resources Department today.

You have been selected to receive these materials because we believe you have expressed an interest in helping our programs and services. If you would prefer not to receive our communications, please let us know by emailing us at donorservices@specialolympics.org. Your generous contribution supports your local chapter as well as Special Olympics' worldwide programs and initiatives. By participating in a cooperative direct mail effort with Special Olympics International and other state chapters, Special Olympics makes your dollars go further for athletes here and around the world.

P11521

Special Olympics

Greetings Ms. Brunsting,

I'm writing you this note on behalf of 743,469 very inspiring individuals with intellectual disabilities in Texas, including some in Houston and many more around the world.

Each one has remarkable gifts and abilities. And each one deserves a chance to show the world what he or she can do.

That's why we're conducting our 2011 Annual Fund. We need your help today to give people with intellectual disabilities throughout Texas and the world the opportunity to experience the joy of year-round sports training and competition.

Please ... help us reach out to a person who wants to participate in Special Olympics. Your gift of $16.29 will help us make a difference. (Attending a competition helps too, because it builds our athletes' self-esteem.)

Your gift will help make a lifetime of difference — and will make you a winner, too!

Thank you so much.

Margaret Larsen
President and CEO
Special Olympics Texas

P.S. Attend a Special Olympics Texas competition and help build self-esteem. Call (713) 290-0049 for details.

Special Olympics Texas
East Region • 10700 Northwest Freeway, Suite 101 • Houston, TX 77092
www.specialolympicstexas.org
Accredited by Special Olympics International • www.specialolympics.org

TX143C 09-B751-000146906

2011 ANNUAL FUND

Ms. Brunsting, your help is needed today so people with intellectual disabilities in Texas and around the world have the chance to experience the joy of sports training and competition. Please ... send the most generous gift you can today. Thank you!

( ) $8.15 ( ) $10.86 ( ) $16.29 ( ) Other $_____

Please respond by August 31st!

Ms Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

Special Olympics

Please correct your name and address if necessary. Please make your check payable to **Special Olympics** and return this reply slip with your tax-deductible gift in the envelope provided. Many thanks!

Special Olympics Texas
East Region
P. O. Box 143806
Austin, TX 78714-3806

F164857277 ASODR1107011755
P11522

From the ground up
Center for **Congregational** Excellence
5215 Main , Houston, Texas 77002
713.533.3724

Please make check payable to:
FROM THE GROUND UP, Dept 0119
PO Box 120119 Dallas TX 75312-0119

AMOUNT ENCLOSED _____

	Pledged	Paid	Due
FROM THE GROUND UP	100.00	0.00	100.00

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON, TX 77079-5914

Total Due 100.00

ACCT 785 20770187

2011
2nd call
REMINDER

PLEASE RETURN THIS STATEMENT WITH YOUR REMITTANCE

P11523

SENT BY: NELVA E BRUNSTING

SENT TO: NELVA E BRUNSTING

PERIOD 04
ID. CHUTE 3. 179
SCHTM 1115A
INVTP E ASSEMP
STCKR 11-34-16646

THANK YOU FOR SHOPPING EDDIE BAUER

ORDER SUMMARY:

DESCRIPTION	ITEM NUMBER	COLOR NUMBER & NAME	SIZE	LOT	QTY	TOTAL PRICE	SHIP BY	OFFICE USE
W NECKLACE P	0162714907	172 SILVER			1	59.50		410013911154
W NECKLACE P	0162714907	172 SILVER			1	59.50		410013911154
WT LS WR EC	0082717520	500 WHITE	M		1	54.50		410014243070

Sent to Ed

LAST PAGE------

PAYMENT METHOD		ITEM TOTAL	DELIVERY	HANDLING	TAX	ORDER TOTAL
VISA	6626	173.50	14.95	3.00	15.83	207.28

ORDER NUMBER	SEQ	PG	DATE
685 171 93	01	01	12/11/09

AMOUNT CHARGED. $ 207.28
PLEASE DO NOT SEND A PAYMENT.

We're Listening! Your feedback is important. Tell us about your shopping experience. Take our survey online at www.eddiebauersurvey.com or call 1-888-736-0040

P11524

John Hancock

ADDRESS CHANGE FORM
(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (_____) _____

MY LEGAL RESIDENT STATE IS: _____

_____ _____
(SIGNATURE) (DATE)

7076 10001 XXXXX8905 201 101

GROSS AMOUNT	30.40
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00
TOTAL DEDUCTIONS	0.00
NET AMOUNT	30.40
TAX REPORTING	AMOUNT
TAXABLE AMT	30.40

DIRECT DEPOSIT ENROLLMENT FORM
(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

☐ CHECKING or ☐ SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA # ☐☐☐☐☐☐☐☐☐

_____ _____
(SIGNATURE) (JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company (U.S.A.) to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 01/31/2011 CHECK NUMBER GB7-001561999

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512
PORTSMOUTH, NH 03802-9512

P11525

Date: June 28, 2011

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your July annuity payment of $91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	$91.78
Less Deductions:	0.00
Net Payment	$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

P11526

F. 1004

Date: September 27, 2011

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your October annuity payment of $91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	$91.78
Less Deductions:	0.00
Net Payment	$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

P11527

F. 1004

Take advantage of one or both great offers.

ELECTRONIC SERVICE REQUESTED 44143

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Bank of America

Save money by transferring a balance today.◊ Call 1.800.701.6874 or visit www.bankofamerica.com/onlinebanking to complete a balance transfer.§§

September 6, 2011 RE: Your credit card account number ending in **4254**

Bank of America wants to say thank you for being a valued customer by offering you this limited-time rate on Balance Transfers that can help you pay down your higher rate balances faster. Here's how to make the most of your BankAmericard Cash Rewards™ Visa Signature® credit card account:

Choose an offer that works best for you.

0% Promotional APR until **September 2012.*** Complete a balance transfer using Offer ID **CMD2-76G82** by **October 22, 2011** to qualify for this offer.

1.99% Promotional APR until **December 2012.*** Complete a balance transfer using Offer ID **CMD2-76G83** by **October 22, 2011** to qualify for this offer.

Call, go into a banking center or go online to complete a balance transfer: When these promotional offers expire, existing balances for Balance Transfers will go to a **8.24%** variable APR. The standard transaction fee applied is 4% of each transaction, with a minimum of $10.

If you don't have any balances to transfer, you also have the option to use the enclosed checks for any purpose. Use the attached red checks by **October 22, 2011** to qualify for a **0%** Promotional APR until **September 2012*** or use the blue check by **October 22, 2011** to qualify for a **1.99%** Promotional APR until **December 2012.***

When the promotional offers for these checks expire, any existing balances for Direct Deposit or Check Cash Advances will go to a **15.99%** variable APR. The standard transaction fee applied is 4% of each transaction, with a minimum of $10.

Call **1.800.701.6874** or visit **www.bankofamerica.com/onlinebanking** to take advantage of these great offers.

This is a great way to start saving by consolidating balances or even completing home improvements

Complete a Balance Transfer today by calling 1.800.701.6874

Your total credit line is $11,800

Make sure you have enough credit available for transaction(s), interest and any related fees.

Please see left panel for information on how we allocate payments and other important terms and conditions. Use of an attached check or draft will constitute a charge against your credit account.

P11528

§†◊Over, please.

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Check not valid after 10/22/2011 1084

DATE _____ 62-16/311

Offer ID CMD2-76G82

PAY TO THE ORDER OF _____ $

_____ DOLLARS

Bank of America

FIA Card Services, N.A.
Wilmington, Delaware

Security features included. Details on back.

FOR _____

⑆031100160⑆ 14 1600500562 24⑈ 1084

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Check not valid after 10/22/2011 1085

DATE _____ 62-16/311

Offer ID CMD2-76G82

PAY TO THE ORDER OF _____ $

_____ DOLLARS

Bank of America

FIA Card Services, N.A.
Wilmington, Delaware

Security features included. Details on back.

FOR _____

⑆031100160⑆ 14 1600500562 24⑈ 1085

Interest and Fee Information	
APR for Check Cash Advances	Promotional ID CMD2-76G82 red checks 1084 and 1085 0% Promotional APR through your statement Closing Date in September 2012. Promotional ID CMD2-76G83 blue check 1086 1.99% Promotional APR through your statement Closing Date in December 2012. After your statement Closing Dates above, promotional Check Cash Advance balances will be charged the APR for Check Cash Advances, 15.99%, a variable rate based on the U.S. Prime Rate.
Non-Promotional APR for Check Cash Advances	15.99%. This APR will vary with the market based on the U.S. Prime Rate.
Use by Date	You must use these checks by October 22, 2011 for the promotional APR to apply. Any of these checks used after that date will be declined.
Fee	4% of the amount of each transaction (min. $10).
Paying Interest	We will begin charging interest on these checks on the transaction date.

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Check not valid after 10/22/2011 1086

DATE _____ 62-16/311

Offer ID CMD2-76G83

PAY TO THE ORDER OF _____ $

_____ DOLLARS

Bank of America

FIA Card Services, N.A.
Wilmington, Delaware

Security features included. Details on back.

FOR _____

⑆031100160⑆ 14 1600500562 24⑈ 1086 P11529

X _____

_____

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
▼ RESERVED FOR FINANCIAL INSTITUTION USE* ▼

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Security features on this check include a Micro-Print Signature Line and Security Screen. Absence of these features may indicate alteration.

X _____

_____

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
▼ RESERVED FOR FINANCIAL INSTITUTION USE* ▼

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Security features on this check include a Micro-Print Signature Line and Security Screen. Absence of these features may indicate alteration.

X _____

_____

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
▼ RESERVED FOR FINANCIAL INSTITUTION USE* ▼

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Security features on this check include a Micro-Print Signature Line and Security Screen. Absence of these features may indicate alteration.

P1530

Brunsting004360

§ A promotional Annual Percentage Rate (APR) offer may be assigned a billing cycle. If you are selected for a promotional offer, the selection will

Promotional Offers: From time to time we may make Promotional Offer Purchases. Promotional Offers may include limited time introductory or for those features and may be subject to other conditions. Promotional C be lower than the standard fees provided in your Agreement.

† If Check Cash Advances or Direct Deposit Cash Advances are identifie and qualify for the promotional offer, then the resulting promotional bal will get the non-promotional APR for Balance Transfer when the promot addition, these transactions will get the Balance Transfer transaction fe Agreement for a complete listing of transaction fees.

Balance Transfers, Check Cash Advances and Direct Deposits are subje

There is no grace period for Balance Transfers or Cash Advances. Intere for each Check Cash Advance or Balance Transfer made by check is the first deposits or cashes the check. The Average Balance Method (includi described in your Agreement (and on your periodic statement) is used t Transfers, Cash Advances, and Promotional Offer balances consisting o

◊ You may not use a Balance Transfer, Check Cash Advance or any other credit account issued by FIA Card Services, N.A. Use of these checks as described in your Agreement.

This program is issued and administered by FIA Card Services, N.A.

American Express is a federally registered service mark of American Ex

MasterCard and World MasterCard are registered trademarks of Maste issuer pursuant to license.

Visa and Visa Signature are registered trademarks of Visa Internationa license from Visa U.S.A., Inc.

Platinum Plus, WorldPoints, Investment Rewards, Quantum, GoldOptio Services, N.A. All other company and product name and logos are the pr

©2011 FIA Card Services, N. A.

VTRD 31-0501

Your account was selected for the following promotional offer(s) based on your account status as of August 22, 2011.

***Promotional Offer ID CMD2-76G82:** The Promotional Annual Percentage Rate (Promotional APR) is 0% (0% Daily Periodic Rate ("DPR")). This promotional offer applies to Balance Transfers, Direct Deposit and Check Cash Advances bearing this Offer ID (each an "eligible transaction"). This offer applies to eligible transactions posting to your account beginning on August 27, 2011 through October 22, 2011. This Promotional APR ends on your statement Closing Date in September 2012. The transaction fee for Check Cash Advances, Balance Transfers and Direct Deposits is 4% of the U.S. dollar amount of each transaction, (min. $10). When this Promotional APR ends, the APR for these Check Cash Advance and Direct Deposit promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011 this APR is 15.99%. The APR for these Balance Transfer promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011 this APR is 8.24%.
Promotional Offer ID CMD2-76G83: The Promotional Annual Percentage Rate (Promotional APR) is 1.99% (.005452% Daily Periodic Rate ("DPR")). This promotional offer applies to Balance Transfers, Direct Deposit and Check Cash Advances bearing this Offer ID (each an "eligible transaction"). This offer applies to eligible transactions posting to your account beginning on August 27, 2011 through October 22, 2011. This Promotional APR ends on your statement Closing Date in December 2012. The transaction fee for Check Cash Advances, Balance Transfers and Direct Deposits is 4% of the U.S. dollar amount of each transaction, (min. $10). When this Promotional APR ends, the APR for these Check Cash Advance and Direct Deposit promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011, this APR is 15.99%. The APR for these Balance Transfer promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011, this APR is 8.24%.

If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first. Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs. The transaction date for each Check Cash Advance or Balance Transfer made by check is the date you or the person to whom the check is made payable first deposits or cashes the check. Cash Advance transactions and Balance Transfers are subject to authorization and may be limited to the value of your available revolving line.
Minimum Interest Charge $1.50.
§§Some accounts and services, and the fees that apply to them, vary from state to state. Please review the information for your state in the Personal Schedule of Fees (at www.bankofamerica.com/feesataglance or at your local Banking Center) and in the Online Banking Service Agreement at www.bankofamerica.com/serviceagreement.

Bank of America Rewards and BankAmericard Cash Rewards are trademarks and Bank of America Accolades, BankAmericard, BankAmericard Rewards, Power Rewards, Bank of Opportunity, Bank of America and the Bank of America logo are registered trademarks of Bank of America Corporation.

J87448-V005-APR87448-APR.TXT-012199034-A-8AZP-00118000(-EN-N-0000000062-AW--000 0000000-0000000000-CMD276G82-N-Y-1-4-4--000000000-20110827-20111022-00000000-201 11022-20120901---039-00000-0000001084-0000001085-CMD276G83-N-Y-1-4-4--000000588-20 110827-20111022-00000000-20111022-20121201---039-00000-0000001086-0000001086--VC-- 20051013-12-L--P---0811R-243-11245

P11531

§ A promotional Annual Percentage Rate (APR) offer may be assigned and applied to your account at various times within a given billing cycle. If you are selected for a promotional offer, the selection will be based on your account status as of that date.

Promotional Offers: From time to time we may make Promotional Offers on certain Balance Transfers, Cash Advances, and Purchases. Promotional Offers may include limited time introductory or promotional APRs that are lower than the Standard APRs for those features and may be subject to other conditions. Promotional Offers may include limited time transaction fees which may be lower than the standard fees provided in your Agreement.

† If Check Cash Advances or Direct Deposit Cash Advances are identified in a promotional offer as "posting as a Balance Transfer" and qualify for the promotional offer, then the resulting promotional balances will be included in the Balance Transfer balance and will get the non-promotional APR for Balance Transfer when the promotional offer ends, instead of the Cash Advance APR. In addition, these transactions will get the Balance Transfer transaction fee if they qualify for the promotional offer. See your Agreement for a complete listing of transaction fees.

Balance Transfers, Check Cash Advances and Direct Deposits are subject to account status, delinquency, and credit availability.

There is no grace period for Balance Transfers or Cash Advances. Interest accrues from the transaction date. The transaction date for each Check Cash Advance or Balance Transfer made by check is the date you or the person to whom the check is made payable first deposits or cashes the check. The Average Balance Method (including new Balance Transfers and new Cash Advances) as described in your Agreement (and on your periodic statement) is used to compute your balance subject to interest rate for Balance Transfers, Cash Advances, and Promotional Offer balances consisting of Balance Transfers and Cash Advances.

◊ You may not use a Balance Transfer, Check Cash Advance or any other Cash Advance to make a payment on this or any other credit account issued by FIA Card Services, N.A. Use of these checks as repayment will result in a Returned Payment Fee as described in your Agreement.

This program is issued and administered by FIA Card Services, N.A.

American Express is a federally registered service mark of American Express, and is used by the issuer pursuant to a license.

MasterCard and World MasterCard are registered trademarks of MasterCard International Incorporated, and are used by the issuer pursuant to license.

Visa and Visa Signature are registered trademarks of Visa International Service Association, and are used by the issuer pursuant to license from Visa U.S.A., Inc.

Platinum Plus, WorldPoints, Investment Rewards, Quantum, GoldOption and Gold Reserve are registered trademarks of FIA Card Services, N.A. All other company and product name and logos are the property of others and are used pursuant to license.

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P11532

Now your future is more secure

Thanks to Credit Protection Plus™

I'm enrolled – what's next?

1. Preview your Plan benefits. (See the "At-a-Glance" chart and the Terms and Conditions for details.)
2. Complete and return the Written Acknowledgement Form in the envelope provided.

**0853
Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

Dear Nelva E Brunsting,

You have made a wise decision by enrolling in Credit Protection Plus™. Credit Protection Plus provides you with a safety net when you need it the most.

Your enrollment in Credit Protection Plus provides the following:

Can cancel up to 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months for each of the following events:	Can cancel the minimum monthly payment for up to 3 months for each of the following events:	Can cancel up to $25,000 of outstanding balance in the event of death
■ Involuntary Unemployment ■ Hospitalization ■ Disability ■ Leave of Absence	■ New Residence ■ Marriage or Divorce ■ Childbirth or Adoption ■ Graduation or Entering College ■ Retirement[1]	

[1] Retirement benefits can only be granted one time.

If you have any questions regarding the Plan, or to activate a benefit, please call us at **1.888.668.6938** between the hours of 7 a.m. – 10 p.m. Central, Monday – Friday and 8 a.m. – 4:30 p.m. Central, Saturday. We value your business and look forward to serving you.

Sincerely,

Christina Fagan

Christina Fagan
Senior Vice President

- Involuntary Unemployment
- Hospitalization & Disability
- Leave of Absence
- Loss of Life
- Marriage
- Divorce
- Child Birth or Adoption
- New Residence
- College
- Retirement
- Credit Bureau
- Identity Theft

Bank of America

Credit Protection Plus Certificate of Enrollment

Last 4 Digits of the Protected Account:
4254

Protected Cardholder:
Nelva E Brunsting

Monthly Fee per $100 of Plan Balance:
$0.85

Waiting Period:
60 days after effective date (or 60 days after authorized user is added to account).

Protection Effective Date:
June 27, 2011

Maximum Benefit Amount:
$25,000

Maximum Benefit Period:
18 Months

You or an authorized user on your account can qualify for benefits (must be listed on the enrolled account at the time of the qualifying event).

At-a-Glance: Credit Protection Plus™

	Maximum Benefit Period	Benefit Eligibility Requirements	Benefit Exclusions (Not Protected)
Involuntary Unemployment	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	• Employed for at least 30 consecutive days prior to unemployment. • Qualify and register for state unemployment benefits. • Involuntary Unemployment must last at least 30 consecutive days. • Must be enrolled at least 60 days prior to the protected event date. • If you are Self-Employed, a Full-Time Student, or work for a non-profit employer please review the Terms and Conditions for benefit eligibility and exclusions.	• Independent Contractors. • Criminal Misconduct or Willful Misconduct.
Hospitalization	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	• Hospitalized for at least a one-night stay in a hospital. • Must be enrolled at least 60 days prior to the protected event date.	• Attempted suicide or intentionally self-inflicted injury. • Criminal Misconduct.
Life Events • Marriage • Divorce • Birth • Adoption • New Residence • Retirement • Entering College • Graduation	Can cancel the minimum monthly payment for up to 3 months per event for up to 2 life events per calendar year. Note: Only one retirement event can qualify per Enrolled Account.	**Event must occur, and documentation must be issued, on or after the Effective Date.** • Marriage: marriage certificate. • Divorce: finalized divorce decree originally issued by a court of competent jurisdiction. • Birth or Adoption: birth certificate or adoption documentation. • Purchase or Lease of a New Residence: lease or settlement documentation signed by You. • Retirement: documentation from employer indicating date of Your retirement. • Becoming a Full-Time Student: transcript reflecting Your enrollment in college or university. • Graduation: diploma reflecting Your graduation from college or university.	• Renewal of existing leases.
Disability	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	• Employed prior to disability. Disabled as a result of injury or sickness and cannot perform job/occupation You performed immediately prior to disability. • Under continuous care of a physician. Physician must certify that disability began no earlier than 30 days prior to last day worked and no later than 30 days following last day worked. • Disability must last at least 30 consecutive days. • Must be enrolled at least 60 days prior to the protected event date.	• Attempted suicide or intentionally self-inflicted injury. • While receiving wages or profit from employer. • Criminal Misconduct.
Leave of Absence	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	• Leave must be unpaid. • Employer-approved. • Employed prior to leave. • Leave must last at least 7 consecutive days. • Must be enrolled at least 60 days prior to the protected event date.	• Self-Employed.
Loss of Life	Can cancel up to $25,000 of your outstanding balance. Note: Only one Loss of Life event can qualify per Enrolled Account.	• Copy of certified death certificate mailed to the Plan Administrator. • Must be enrolled at least 60 days prior to the protected event date (except for accidental death).	• Attempted suicide or intentionally self-inflicted injury. • Criminal Misconduct.

Important note: Additional eligibility requirements, conditions and exclusions apply. Please see the Credit Protection Plus Terms and Conditions for complete details.

Credit Protection Plus™ customers also get identity theft protection — at no extra cost.

Nelva E Brunsting

Request your Credit Report with Credit Score today.

Complete the form below and mail it in. Within 7-10 business days after we process your request, you'll get your report with score in the mail — compliments for protecting your credit card.

THIS NOTICE IS REQUIRED BY LAW.
You have the right to a free credit report from AnnualCreditReport.com or 1.877.322.8228, the ONLY authorized source under federal law.

With Credit Protection Plus™, you can request your Credit Report with Credit Score twice a year at no extra cost.* This is just another way Bank of America is helping to provide you with a safety net to help protect your account, your good name.

Fill out the form below and mail it back to us in the enclosed postage-paid, security envelope to request your first Credit Report with Credit Score right away. Or, simply call 1.800.839.5022.

We believe it's important to know what's in your credit report and see who's looking at it. Plus, we want to help you access your credit score and find out how it can impact your ability to borrow. (If you request a free credit report from AnnualCreditReport.com, you can also request your credit score — but it will cost you extra there.)

Mortgage companies, credit lenders, employers, landlords and others with legitimate reasons all see your credit information. Identity thieves could be looking at it, too. That's why you should review your Credit Report with Credit Score, check and verify every change, and keep on top of it regularly.

Be the first to know...not the last.

Credit Report with Credit Score

You get two easy-to-read, full summary Credit Reports with Credit Scores each year as part of your Credit Protection Plus™ enrollment.*

Plus, get more services at no extra cost...

Identity Theft

If you ever suspect you're a victim of identity theft, you can call an Identity Theft Recovery Unit specialist at 1.800.839.5022 for support.*

*Bank of America has contracted with Intersections Inc. to provide these services at no extra cost.
See "Frequently Asked Questions" on back.
Intersections Inc. is not affiliated with Bank of America.

Credit Report with Credit Score Request Form

Your personal Credit Report with Credit Score is available for review - at no extra cost.
Complete, detach, and mail this form in the enclosed security envelope.

☑ **YES! Process my request for my Credit Report With Credit Score immediately.**

By signing this form, you are providing "written instructions" under the Fair Credit Reporting Act authorizing Intersections Inc. to obtain and monitor information concerning your personal credit file from one or more national credit reporting agencies. You must be enrolled in Credit Protection Plus™ in order to receive your credit report with credit score.

Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

32547

Last Four Digits of Protected Credit Card _____

Social Security Number ☐☐☐-☐☐-☐☐☐☐
(Needed to obtain credit information)

Signature _____

Date ____/____/____

You can also call 1.800.839.5022 to request your Credit Report with Credit Score.*

Frequently Asked Questions

Q: How do I request my Credit Report with Credit Score?

A: Your enrollment in Credit Protection Plus™ entitles you and any authorized user on the account to receive two Credit Reports with Credit Scores per enrollment year at no extra cost.* To request your credit information, fill out the form on the other side and mail it in the postage-paid, security envelope provided. You should receive your personal credit report with credit score within 7-10 business days after your request is processed. Note: Authorized users can request their credit information by calling **1.800.839.5022.**

Q: What are the differences between the free credit report available through AnnualCreditReport.com and what I get with Credit Protection Plus™?

A: The Credit Report with Credit Score you can get with Credit Protection Plus™ at no extra cost includes your credit score. If you request a free credit report from AnnualCreditReport.com, you can also request your credit score — but it will cost you extra there. In addition, the Credit Report with Credit Score that you can get with Credit Protection Plus™ offers tips for managing credit as well as access to Credit Education Specialists who can answer any questions about your credit report.*

Q: What should I look for once I receive my Credit Report with Credit Score?

A: Reviewing your credit information on a regular basis is a great way to not only ensure it is accurate, but also to help protect you from identity theft. Review your report to ensure your personal information — current and former addresses, employment history, credit account information, etc. — is accurate.

Q: Will requesting my Credit Report with Credit Score impact my credit score?

A: No. It's considered a "soft inquiry" and does not impact your credit score.

*Bank of America has contracted with Intersections Inc. to provide these services at no extra cost.
Intersections Inc. is not affiliated with Bank of America.

Important information regarding credit reports

THIS NOTICE IS REQUIRED BY LAW.
You have the right to a free credit report from AnnualCreditReport.com or **1.877.322.8228**, the ONLY authorized source under federal law.
The federal Fair Credit Reporting Act (FCRA) gives you specific rights, which are summarized below. You may have additional rights under state law. At any time, you may request and obtain your report from a consumer reporting agency. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft or fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition you are entitled to one free report every twelve months from each of the nationwide credit reporting agencies and from some specialized consumer reporting agencies. You may request your report beginning on December 1, 2004, or on a later date, depending on where in the country you live. Otherwise, the consumer reporting agency may impose a reasonable charge for the disclosure. For a reasonable charge, you may request your credit score from consumer reporting agencies that create and distribute scores used in residential real property loans and in some mortgage transactions receive credit score information for free.

The state of GA permits consumers to obtain two credit reports per credit reporting agency per year, free of charge. The states of MA, VT, CO, NJ, MD and ME permit consumers to obtain one credit report per credit reporting agency per year, free of charge. NOTICE TO IL RESIDENTS: MANY GOVERNMENT RECORDS ARE AVAILABLE FREE OR AT A NOMINAL COST FROM GOVERNMENT AGENCIES. CREDIT REPORTING AGENCIES ARE REQUIRED BY LAW TO GIVE YOU A COPY OF YOUR CREDIT RECORD UPON REQUEST, AT NO CHARGE OR FOR A NOMINAL FEE.

Terms and conditions for the Credit Reports with Credit Scores and identity theft recovery services, which are provided at no cost.
Your order for a Credit Report with Credit Score, and use of the Identity Theft Recovery Unit, are governed by legal terms and conditions that are binding on you. The Credit Report with Credit Score and identity theft recovery assistance services are available to the protected cardholder indicated on your welcome letter. These terms and conditions will be set forth in your Credit Identity Protection Kit if you order your Credit Report with Credit Score, and in your Fraud First Aid Kit if you call the Identity Theft Recovery Unit to report an identity theft or fraud incident. If you wish to receive the terms and conditions prior to ordering a Credit Report with Credit Score or calling the Identity Theft Recovery Unit, you may call **1.800.839.5022** to request that the terms and conditions be sent to you free of charge. At any time and with 45 days notice to you, we may modify the terms and conditions of these services or cancel the services.

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Important Information about Credit Protection Plus™

Credit Protection Plus ("the Plan") is an optional product. Whether or not You purchase the Plan will not affect Your application for credit or the terms of any existing credit agreement You have with Us. You will receive additional information regarding Credit Protection Plus before you are obligated to pay for the Plan. This information will include a copy of the Terms and Conditions to the Cardholder Agreement, which is the contract containing all the terms of Credit Protection Plus.

Waiting Period: After you enroll in the Plan, there is a one-time, 60-day waiting period after the effective date before you can qualify for benefits for Involuntary Unemployment, Hospitalization, Disability, Leave of Absence and Loss of Life (except loss of life due to a protected accident). There is not a waiting period for life events (e.g., marriage/divorce, etc.).

Benefits: In return for a monthly Program Fee, the Plan can provide up to 18 Monthly Benefit Amounts in the event You incur an approved Hospitalization, Disability, Involuntary Unemployment, or Leave of Absence. You can also receive up to three (3) Monthly Benefit Amounts for any approved Life Event. In the event of Your Loss of Life, the Plan can cancel a lump sum equal to the outstanding balance on the Date of Loss or $25,000, whichever is less. The Monthly Benefit Amount is designed to cancel up to two times the Minimum Monthly Payment on your credit card account for Hospitalization, Disability, Involuntary Unemployment and Leave of Absence events and one Minimum Monthly Payment for Life Events. Please refer to the enclosed Terms and Conditions to the Cardholder Agreement for additional details.

Cost: The monthly Program Fee is 85¢ per $100 of Your Monthly Outstanding Balance up to $25,000. For Your convenience, the fee is automatically billed to Your credit card account. During months when there is no balance and no activity on Your credit card statement, there is no charge for the Plan that month.

Eligibility Exclusions: There are eligibility requirements, conditions and exclusions that could prevent You from receiving benefits under the Plan. Please refer to the enclosed Terms and Conditions of Credit Protection Plus to the Credit Card Agreement for a full explanation of all requirements, conditions and exclusions.

Termination: If, at any time during the first thirty (30) days after the date Your protection begins, You cancel the optional Plan, all Plan fees billed to Your account will be refunded via a credit to the protected card. You have the right to cancel the Plan at any time by making a telephonic or written request to the Plan Administrator. The Plan will automatically terminate under the following circumstances: You no longer have the Enrolled Account; Your Enrolled Account is closed due to account charge-off; You suffer a loss of life; Your Enrolled Account becomes four (4) payments past due, You enter into a repayment plan for the Enrolled Account, or You conduct or attempt to conduct fraud relating to Plan benefits. We can cancel the Plan at any time.

The Plan Administrator is CSI Processing, LLC, at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134-0888; 1.888.668.6938 between the hours of 7 a.m. - 10 p.m. Central, Monday - Friday and 8 a.m. - 4:30 p.m. Central, Saturday.

Detach here before mailing

WRITTEN ACKNOWLEDGEMENT FORM: IMMEDIATE RESPONSE REQUESTED:

Now that You have enrolled in the *optional* Credit Protection Plus™, Bank of America wants to ensure that You have received the required information for this protection. Please detach, sign and return this portion of the document to acknowledge receipt of the above stated Credit Protection Plus Terms and Conditions. You should carefully read the Terms and Conditions for a full explanation of the terms of Credit Protection Plus.

_____ _____

Protected Cardholder Signature | Today's Date

_____

Protected Cardholder Name **(PLEASE PRINT)**

Last four digits of the Protected Account Number: 4254

20110629-563-0898

P11537 Form 54122
80188

P11538

Credit Protection Plus ("the Plan") – Terms and Conditions

These Terms and Conditions are an amendment to Your Credit Card Agreement with FIA Card Services, N.A. Please read this amendment carefully as it explains the Plan details. If there is any conflict between the Credit Card Agreement and these Terms and Conditions, these Terms and Conditions shall control.

1. **Enrollment**
   You have elected to enroll in Credit Protection Plus, an optional product that can provide benefits to an Enrolled Account as further described in these Terms and Conditions. Your enrollment in the Plan is optional and whether or not You enroll in the Plan will not affect Your application for credit or the terms of any existing credit agreement You have with Us. **These Terms and Conditions include a complete explanation of the eligibility requirements, conditions and exclusions, which could prevent You from receiving benefits under the Plan. If You have questions about the Plan, please contact the Plan Administrator at 1.888.668.6938.**

2. **General Definitions**
   a) **"Authorized User"** means an Authorized User as defined in Your Credit Card Agreement.
   b) **"Benefit Activation Period"** means the total duration of time You will receive Monthly Benefit Amounts for any Protected Event, other than Loss of Life, that you incur.
   c) **"Criminal Misconduct"** means behavior committed by You that is unlawful under Federal, State or local law. If You are charged with Criminal Misconduct, eligibility for one or more Monthly Benefit Amounts or the Loss of Life Benefit will be determined upon the conclusion of the proceedings unless You are found guilty of the Criminal Misconduct.
   d) **"Effective Date"** means the date that the Enrolled Account was enrolled in Credit Protection Plus.
   e) **"Employed"** means that Your principal source of income is derived from salary, wages, or other compensation from Your employer as a result of working on a legal basis at least 20 hours per week.
   f) **"Enrolled Account"** means the credit card account noted in the Plan enrollment materials, and any other account that replaces the Enrolled Account due to fraud, a lost or stolen credit card, account conversion, or for security reasons.
   g) **"Full Time Student"** means that You attend college or university for at least 12 credit hours per semester (6 credit hours per semester for graduate students) or the equivalent thereof, in pursuit of at least a 2-year degree.
   h) **"Hospital"** means an establishment that:
      - holds a license as a hospital (if required in the state where located) or is a licensed ambulatory surgical center;
      - operates primarily for the reception, care, and treatment of sick or injured persons as in-patients in such establishment; and
      - has a staff of at least one on-site physician who is available at all times.

      A "Hospital" does **NOT** include an establishment that:
      - is primarily a clinic, nursing, rest, or convalescent home or a skilled nursing facility; or
      - is, other than incidentally, a place for treatment of alcoholism, drug addiction, or mental or nervous disorders.
   i) **"Independent Contractor"** means a person who exercises an independent business but who is subject to the immediate direction and control of an employer or contract.
   j) **"Monthly Benefit Amount"** means the cancellation of the following amount for each billing cycle during the Benefit Activation Period:
      - Two (2) times the Total Minimum Payment Due or the outstanding balance, whichever is less, will be cancelled as of its payment due date for Involuntary Unemployment, Disability, Hospitalization, and Leave of Absence events.
      - One (1) Total Minimum Payment Due will be cancelled as of its payment due date for Birth or Adoption of a Child, Marriage, Divorce, Retirement, Purchase or Lease of a New Residence, Entering College or Graduation events.
   k) **"Physician"** means any licensed physician other than Yourself or Your immediate family members that is certified to practice medicine in the United States of America or its territories.
   l) **"Plan Administrator"** If you have questions or to apply for benefits, **contact the Plan Administrator at 1.888.668.6938 or at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134.**
   m) **"Protected Event"** means an Involuntary Unemployment, Disability, Hospitalization, Leave of Absence, Loss of Life, Birth or Adoption of a Child, Marriage, Divorce, Retirement, Purchase or Lease of a New Residence, Entering College or Graduation event, as each is further defined and is eligible for benefits under these Terms and Conditions. A Protected Event ends when You no longer meet the eligibility requirements for the particular event or the maximum benefits have been issued for the event, whichever occurs first.
   n) **"Self-Employed"** means You are working in a business, trade or professional activity conducted with regularity and continuity by You or a legal entity that is owned and operated by You.
   o) **"Total Minimum Payment Due"** means the Total Minimum Payment Due reflected in the Enrolled Account billing statement for the applicable billing cycle.
   p) **"We," "Us"** and **"Our"** refer to **FIA Card Services, N.A.**
   q) **"Willful Misconduct"** means Your intentional disregard of an employer's interest, or repeated failure to follow established employer policies.
   r) **"You," "Yourself," "Your"** and **"Yours"** refer to the Protected Cardholder listed on the Plan enrollment materials and the Authorized User(s) listed on the Enrolled Account

3. **Protected Events**
   a. **Involuntary Unemployment** means You suffer a loss of salary or wages as a result of an involuntary loss of employment, layoff, termination, general strike, unionized labor dispute, or lockout. If You are Self Employed, the loss of employment must be caused exclusively by business (not personal) bankruptcy, failure or loss of equipment required to conduct Your business, or damage to Your business premises caused by fire, theft or natural disaster. To be eligible for the Involuntary Unemployment benefit, Your Involuntary Unemployment must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

   Eligibility
   To be eligible for the Involuntary Unemployment benefit:
   - **You must have been Employed for at least 30 consecutive days immediately preceding the Involuntary Unemployment.**
   - **The Involuntary Unemployment must begin 60 calendar days or more after the Effective Date and must last for a minimum of 30 consecutive days.**
   - **You must register for state unemployment benefits and qualify for state unemployment benefits if Your state unemployment law applies to You or Your employer**, and you must continue to qualify during the Benefit Activation Period.
     - If You qualify for state unemployment benefits but have reached the maximum allowable benefits offered by the state, You

must register with a recognized employment agency and You must submit proof of Your continued registration during the remainder of the Benefit Activation Period to continue Plan benefits.

- If You are a Full Time Student, Self-Employed, or work for a non-profit employer, You must register with a recognized employment agency and You will not be required to qualify for state unemployment benefits. You must submit proof of your continued registration with a recognized employment agency during the Benefit Activation Period to continue Plan benefits.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Involuntary Unemployment must begin at least 60 calendar days or more after the date You were added to the Enrolled Account to be considered eligible to receive Involuntary Unemployment benefits.

Exclusions

You will **NOT** be eligible for the Involuntary Unemployment benefit if any of the following apply:

- If You are a Full Time Student or You work for a non-profit employer, You will not be eligible for Involuntary Unemployment benefits if the Involuntary Unemployment is caused by voluntary loss of employment, resignation or retirement, or termination resulting from **Willful Misconduct or Criminal Misconduct.**
- If You are Self-Employed, You will not be eligible for Involuntary Unemployment benefits if the Involuntary Unemployment is the result of business slowdown, maintenance or wear and tear of Your business equipment, or closure of business by a governmental agency.
- If You are an Independent Contractor, You will not be eligible for Involuntary Unemployment benefits.

b. **Hospitalization** or Hospitalized means that You are admitted to and remain in a licensed Hospital as a registered bed patient receiving care directed by a Physician. To be eligible for the Hospitalization benefit, Your Hospitalization must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

Eligibility

To be eligible for the Hospitalization benefit:

- You must be Hospitalized for at least one (1) night in a Hospital and **the Hospitalization must begin 60 calendar days or more after the Effective Date.**
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Hospitalization must begin at least 60 calendar days or more after the date You were added to the Enrolled Account to be considered eligible to receive Hospitalization benefits.

Exclusions

Hospitalization and Hospitalized do **NOT** include:

- confinement in a special unit of a Hospital used primarily as a nursing, rest, or convalescent home or skilled nursing facility; or
- a Hospitalization that directly or indirectly results from any of the following:
  - attempted suicide or intentionally self-inflicted injury; or
  - Criminal Misconduct.

c. **Disability** or Disabled means that You: (1) are Employed immediately prior to the disability (2) are disabled as the result of your injury or sickness and are unable and remain unable to perform the job or occupation You performed for Your employer immediately before you became disabled; and (3) are not receiving wages or profits for work from Your employer after You stopped working due to the disability. To be eligible for the Disability benefit, Your Disability must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below. If you qualify for the Disability benefit, benefits will be issued starting as of the day following Your last day worked.

Eligibility

To be eligible for the Disability benefit:

- You must be certified by a Physician as totally Disabled and be under the continuous care of a Physician. **The Physician must certify that Your Disability began no earlier than 30 days prior to Your last day of work and no later than 30 days following Your last day of work.**
- **The Disability must begin 60 calendar days or more after the Effective Date and must last for a minimum of 30 consecutive days.**
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Disability must begin at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible to receive Disability benefits.
- If after a Disability ends You return to work but are then unable to work for more than 30 days due to a continuation of the original Disability, We will not require that the new Disability continue for 30 additional days unless the causes of the Disability are different and unrelated. In this event, You may be eligible for additional benefits, which will be subject to the same limitations and eligibility criteria as the original Disability. If You return to work for more than 30 days following the end of a Disability, any subsequent request for a Disability benefit will be subject to all of the limitations, exclusions, and eligibility criteria stated herein.

Exclusions

You will **NOT** be eligible for the Disability benefit if the Disability results from any of the following:

- Your attempted suicide or intentionally self-inflicted injury; or
- Your Criminal Misconduct.

d. **Leave of Absence** means that You are Employed and You take an employer-approved unpaid leave of absence from Your employment. To be eligible for the Leave of Absence benefit, Your Leave of Absence must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

Eligibility

To be eligible for the Leave of Absence benefit:

- You must have been Employed immediately preceding the Leave of Absence and must be granted an unpaid leave of absence by Your employer.
- **The Leave of Absence must last for a minimum of 7 consecutive calendar days and must begin 60 calendar days or more after the Effective Date.**
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Leave of Absence must begin at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible to receive Leave of Absence benefits.

Exclusions
You will **NOT** be eligible for the Leave of Absence benefit if You are Self-Employed.

e. **Loss of Life** means that You die as a result of a cause not otherwise excluded in these Terms and Conditions. To be eligible for the Loss of Life Benefit, Your Loss of Life must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below. **No more than one Loss of Life Benefit will be credited to the Enrolled Account.**

Eligibility
To be eligible for the Loss of Life Benefit:
- **The Loss of Life must occur 60 calendar days or more after the Effective Date** and the Plan Administrator must receive a certified copy of the death certificate with the cause of death listed.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Loss of Life must occur at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible for Loss of Life Benefits.
- **If the loss was caused by, or directly related to, an accidental injury, the request for benefit may be considered immediately.**

Exclusions
You will **NOT** be eligible for the Loss of Life Benefit if the Loss of Life results from any of the following:
- Your attempted suicide or intentionally self-inflicted injury; or
- Your Criminal Misconduct.

f. **Life Events** means Your Marriage, Birth or Adoption of a Child, Purchase or Lease of a New Residence, Your Retirement, Divorce, if You become a Full Time Student Entering College or in the event of Your Graduation from college or university (undergraduate or graduate). **You are eligible for up to two (2) Life Event benefits each calendar year (from January 1 to December 31), except Retirement. The Enrolled Account is only eligible for one (1) Retirement benefit activation.**

Eligibility
You will be required to provide the following documentation as satisfactory evidence for the specific Life Event:
- **Divorce:** provide a finalized divorce decree originally issued by a court of competent jurisdiction on or after the Effective Date.
- **Marriage:** provide a marriage certificate originally issued on or after the Effective Date.
- **Birth or Adoption of a Child:** submit birth certificate or adoption documentation originally issued on or after the Effective Date, which lists Your name as a parent or adoptive parent.
- **Purchase or Lease of a New Residence:** provide lease or settlement documentation signed by You on or after the Effective Date.
- **Graduation:** provide copy of Your diploma reflecting Your graduation from college or university (undergraduate or graduate) on or after Effective Date.
- **Entering College:** provide copy of Your transcript reflecting Your enrollment in college or university (undergraduate or graduate) on or after Effective Date.
- **Retirement:** documentation from employer indicating date of Your retirement on or after Effective Date.

Other documentation may be required by the Plan Administrator. The Plan Administrator may waive any of these requirements.

Exclusions
Renewals of existing leases are **NOT** considered new and are not eligible for the Purchase or Lease of a New Residence benefit.

4. Plan Fee

We determine the Plan Fee assessed each billing cycle by multiplying the **monthly rate of $0.85 per $100 of the Plan balance** on the Enrolled Account for that billing cycle. **The Plan balance on the Enrolled Account is the greater of:** (1) the New Balance Total shown on the Enrolled Account's monthly billing statement for the billing cycle, less the Plan Fee billed and interest charge in that billing cycle; or, (2) the total of the Balances Subject to Interest Rate shown on the Enrolled Account's monthly billing statement for the billing cycle. No Plan Fee is assessed on the portion of the Enrolled Account Plan balance over $25,000. The Plan Fee will be shown on the Enrolled Account's monthly billing statement and added to the balance each month. No Plan Fee will be charged in any billing cycle in which there is no balance and no activity on the Enrolled Account.

If You incur a Protected Event, for each billing cycle in the Benefit Activation Period, We will cancel the Plan Fee amount which is attributable to the Enrolled Account balance as of the payment due date for the billing cycle in which You incurred the Protected Event, regardless of whether a Monthly Benefit Amount is also issued in that billing cycle.

5. Benefit Amounts and Limitations

You are only eligible to receive one (1) Monthly Benefit Amount for one Protected Event during any Enrolled Account billing cycle. If you are eligible for benefits for more than one Protected Event concurrently, the benefits will apply to only one (1) Protected Event. Benefits will not accrue on the other Protected Events. For example, if you are eligible for Benefits for Disability and Hospitalization during the same three (3) billing cycles, only three (3) Monthly Benefit Amounts will be issued.

- **Monthly Benefit Amounts cancel the Total Minimum Payment Due as of the payment due date for each billing cycle during the Benefit Activation Period, and are based on the type of Protected Event:**
  - **Two (2) times the Total Minimum Payment Due or the outstanding balance, whichever is less, will be cancelled as of its payment due date for Involuntary Unemployment, Disability, Hospitalization, and Leave of Absence events.**
  - **One (1) Total Minimum Payment Due will be cancelled as of its payment due date for Life Events.**
- **Total Monthly Benefit Amounts for any one Protected Event cannot exceed the lesser of $25,000 or Your New Balance Total as of the payment due date for the billing cycle in which You first incurred the Protected Event.**
- **If You incur an approved Involuntary Unemployment, Hospitalization, Disability or Family Leave of Absence, You will be eligible to receive Monthly Benefit Amounts for as long as the Protected Event continues, up to 18 months from the date that You first incurred the Protected Event.**
- **If You incur an approved Life Event, You are eligible to receive up to three (3) Monthly Benefit Amounts.**
- Any payments You make during an approved Benefit Activation Period will be considered additional payments applied to the Enrolled Account balance.
- If You pay a Total Minimum Payment Due on the Enrolled Account which is later canceled by the Plan, that amount will be credited to the Enrolled Account in the next applicable billing period.
- If applicable, We may also cancel certain late fees, overlimit fees and other interest charges that were applied to the Enrolled Account after You incurred a Protected Event.

- **The Loss of Life Benefit is the cancellation of Your entire Enrolled Account balance as of date of the death, up to a maximum of $25,000.** If You have experienced any other Protected Event prior to the Loss of Life, You will **NOT** receive Monthly Benefit Amounts for those other Protected Events in addition to the Loss of Life Benefit unless You have already submitted Your request for benefits for those Protected Events and We have already issued the Monthly Benefit Amounts.
- You are not eligible for benefits if the Protected Event occurred before the Effective Date.
- You are not eligible for benefits for any Protected Event that may or is scheduled to happen in the future but which has not yet occurred.
- Any balance or amount due on the Enrolled Account that is not canceled under this Plan is Your responsibility to pay under the terms of Your Credit Card Agreement.

6. **Submitting a Request for Benefits**
To receive Plan benefits, Your Enrolled Account must be less than four (4) payments past due on the date of Your Protected Event and You must meet the eligibility requirements outlined in these Terms and Conditions. You will not be eligible to receive benefits if You do not notify the Plan Administrator within 300 days of the start of the Protected Event.
Before Your request for Plan benefits is approved, You must continue to make at least the Total Minimum Payment Due for Your Enrolled Account each month. Failure to do so may result in the Enrolled Account becoming past due and/or in Your loss of any promotional rate on the Enrolled Account.
To request benefit activation, please contact the Plan Administrator at 1.888.668.6938 or at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134. Upon receipt of Your request, You will be required to submit sufficient documentation, as determined by the Plan Administrator, verifying your Protected Event. If You are deceased or legally incapacitated, Your estate or legal representative will be required notify the Plan Administrator and submit the required documentation in accordance with these Terms and Conditions. If required, You will authorize Us and the Plan Administrator to contact and obtain information from third parties to verify Your Protected Event.
If You do not provide sufficient documentation to the Plan Administrator within 75 days of any such request, Your request will be closed, but may be reopened and your request for benefits considered upon submission of appropriate documentation.
If we verify that information you provided in connection with your request for benefits is inaccurate, the Enrolled Account may be charged for any cancelled payments, interest charges and fees.

7. **Continuation of Benefits**
In order to continue to receive benefits for any Protected Event after initial approval, other than for Life Events, You will need to submit the appropriate documentation or proof requested by the Plan Administrator. Failure to do so can result in an interruption or termination of the benefit.

8. **Account Availability During Benefit Activation Period**
You will be able to use Your Enrolled Account, subject to the Credit Card Agreement, while You are in a Benefit Activation Period. During the Benefit Activation Period, interest charges continue to accrue.

9. **Plan Cancellation**
You may cancel enrollment of the Enrolled Account in the Plan at any time by providing verbal or written notice to the Plan Administrator. If You cancel enrollment of the Enrolled Account within 30 days of the Effective Date, any Plan Fees billed will be credited back to the Enrolled Account. If You re-enroll in the Plan, You will receive a new Effective Date and will be subject to all of the requirements, exclusions and limitations associated with the new Effective Date.
Your enrollment in the Plan will automatically be cancelled if:
    - the Enrolled Account is closed with a zero balance;
    - the Enrolled Account is charged off as a loss by Us;
    - You suffer a Loss of Life;
    - You enter into a repayment plan for the Enrolled Account; or
    - You conduct or attempt to conduct fraud relating to Plan benefits.

Upon cancellation, no further Plan Fee will be charged to the Enrolled Account, and Protected Events that occur after Plan cancellation will not be eligible for benefits.
Your enrollment in the Plan will automatically be suspended when the Enrolled Account is four (4) payments past due. You will not be assessed a Plan Fee while the Plan is suspended and You will not be eligible for benefits for any Protected Event that You incur while the Plan is suspended. The Plan will automatically be reinstated on the first day of the billing cycle immediately following a payment that brings the Enrolled Account less than four (4) payments past due.
If We change the Enrolled Account due to fraud on the Enrolled Account, for security reasons, a lost or stolen card, or for account conversion, Your Plan protection will automatically be transferred to Your new credit card account. If You close the Enrolled Account and later reopen that account, the reopened account will **NOT** automatically be enrolled in the Plan.
We may cancel the Plan at any time for any reason other than what is listed above; on at least 45 days advance written notice to You.

10. **Change to Plan Terms**
We may make changes to the Plan at any time. We will provide You with at least 45 days advance written notice of any such change. If any such change does not increase the Plan Fee and is otherwise favorable to You, we may elect not to provide You with notice.

11. **Potential Tax Impact**
Any Monthly Benefit Amount or cancellation of outstanding balance on the Enrolled Account may be considered taxable income to You or Your estate. If You have any questions about the tax implications of Your enrollment in the Plan or of any benefits You receive, please consult a tax advisor.

12. **Arbitration**
If claims under Your Credit Card Agreement are subject to an arbitration clause, that clause applies to any claims or disputes regarding the Plan.

13. **Waiver**
A waiver of one or more Plan requirements by Us or the Plan Administrator does not require Us to waive that same requirement in any other situation, in the same situation in the future, or for any other cardholder or Authorized User, nor does it constitute a waiver of any other Plan requirement.

P11542

DR8042

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424

Chevron

19,905

3301669524

Return Service Requested

009953 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

RD6AT237 009953 23720315063 NNNNN NNNNN NNNNNNNN 000001

PAY ON: 08/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	$703.78	$5,630.24
VOLUNTARY SUPP	$73.03	$584.24
INTEREST ADJUST		
GROSS BENEFIT	$776.81	$6,214.48
MEDICAL	$176.10	$1,408.80
NET PAYMENT AMOUNT	$600.71	$4,805.68

Advice Number: 3301669524
Pay Date: 08/31/2011

Chevron

Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P11543

DR8042

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424

Chevron

3301477963

Return Service Requested

010607 RKDK5ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

RD5AT025 010607 025171608053 NNNYN NNNNN NNNNNNNN 000001

PAY ON: 01/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	$703.78	$703.78
VOLUNTARY SUPP	$73.03	$73.03
INTEREST ADJUST		
GROSS BENEFIT	$776.81	$776.81
MEDICAL	$176.10	$176.10
NET PAYMENT AMOUNT	$600.71	$600.71

FEDERAL AND STATE TAX
TABLES HAVE BEEN UPDATED
FOR TAX YEAR 2011.
WITHHOLDINGS MAY DIFFER
FROM PAST PAYMENTS.

Advice Number: 3301477963
Pay Date: 01/31/2011

Chevron

Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P11544

IF YOU ARE SATISFIED WITH YOUR PRESENT FEDERAL WITHHOLDING, NO FURTHER ACTION IS REQUIRED

For Initiating, Changing or Revoking Withholding Election

You have the right to **change** or **revoke** any election made by you to have or not to have Federal Income Tax withheld from your pension. To change or revoke your election, please call the toll free number reflected on your check or advice.

If you elect not to have withholding apply to your pension payment, or if you do not have enough Federal Income Tax withheld, you may be responsible for the payment of estimated tax. Penalties may apply under the estimated tax rules if your withholding does not meet certain guidelines.

Please contact your tax advisor for any specific tax related questions.

2010 Tax Form Mail Dates

1099-R, 1099-MISC and W-2 tax forms - by January 31, 2011
1042-S tax forms - by March 15, 2011
480.7C forms (Puerto Rico) - by February 28, 2011

For TY2011

P11545

DR8042

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424

Chevron

14,787

3301696854

Return Service Requested

007393 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

PAY ON: 09/30/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	$703.78	$6,334.02
VOLUNTARY SUPP	$73.03	$657.27
INTEREST ADJUST		
GROSS BENEFIT	$776.81	$6,991.29
MEDICAL	$176.10	$1,584.90
NET PAYMENT AMOUNT	$600.71	$5,406.39

RD6A7266 007393 256204027063 NNNNN NNNNN NNNNNNNN 000001

Advice Number: 3301696854
Pay Date: 09/30/2011

Chevron

Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P11546

DR8042

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424

Chevron

19,829

3301724228

Return Service Requested

009915 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

PAY ON: 10/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	$703.78	$7,037.80
VOLUNTARY SUPP	$73.03	$730.30
INTEREST ADJUST		
GROSS BENEFIT	$776.81	$7,768.10
MEDICAL	$176.10	$1,761.00
NET PAYMENT AMOUNT	$600.71	$6,007.10

RDBAT298 009915 298200105063 NNNNN NNNNN NNNNNNNN 000001

Advice Number: 3301724228
Pay Date: 10/31/2011

Chevron

Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P11547

CHURCH SERVICES

Always there for every repair!

PLUMBING
ELECTRICAL
PEST CONTROL
FOUNDATION REPAIR
AIR CONDITIONING & HEATING
www.churchservices.com
713-722-5000

PO BOX 79589, HOUSTON, TX 77279-9589

MAIN: (281) 497-8602
DALLAS; (214) 389-1500
TACLA013422E
MPL 10565
TECL 17976
TPCL 12430 PT

SERVICE REPORT

Page ____ of ____ TICKET NO. 211365

DATE 10-23-09	NAME Nelva Brunsting
PURCHASE ORDER NO.	
HVAC / PLUMBING ✓	STREET 13630 Pinerock
JOB NO.	CITY / ZIP / KM # 489A / ATTN

INVENTORY NO. ☑ RESIDENTIAL ☐ COMMERCIAL ☐ PARTS ON ORDER ☑ COMPLETE ☐ INCOMPLETE ☐ RESCHEDULE ☐ INSTALL

CD	ID	DESCRIPTION	QTY.	PRICE

DESCRIPTION OF WORK PERFORMED

PROBLEM REPORTED:

SERVICE PERFORMED:

Water leak about 4 ft past
The meter 450.00 To start
up to 4 ft of digging

dug up water line
Meter NOT Turning - Turned off water

Water coming up from further under ground
appears To be city leak

Left hole open for inspection

RECOMMENDATIONS: Marked hole

ADDITIONAL INFORMATION:

HRS	RATE	TOTAL	
HRS	RATE	TOTAL	TOTAL MATERIAL
			TOTAL LABOR

NAME OF HELPERS

START 3:00 COMPLETE

START COMPLETE

SERVICE TECHNICIAN - NAME & TRUCK # Robert W 119

☐ CHECK 6405

☐ CASH

☐

☐ VISA ☐ M.C. ☐ DISCOVER ☐ AMEX

FLAT RATE PRICE	125.00
RENTAL: EQUIP.	
TAX	
FREIGHT, OTHER	
TOTAL AMOUNT	

SP	HP	SH	CA		FA	SD	RD	TD	BA		
SP	HP	SH	CA	CV	FA	SD	RD	TD	BA	BS	

CUSTOMER SIGNATURE

✖ Nelva Brunsting

AGREEMENT: The above work has been satisfactorily performed, as described and the above signed agrees to pay for said work. If any outstanding balance remains after the 10th of the month following the date of invoice, purchaser understands and agrees to pay interest at a rate of 1.5% per month. I have read and acknowledge the **LIMITED WARRANTY AND TERMS & CONDITIONS ON BACK.**

	I	D	MAKE
CAP.			MODEL
SERIAL NUMBER			
LOCATION			
VOLT.			CUSTOMER ID

P11548

Thank You

WHITE: FILE YELLOW: CUSTOMER

Texas State Board of Plumbing Examiners 929 East 41st St. Austin, TX 78751 (512) 458-2145

Mr. Pham Chan
13410 Beechglen Lane
Houston, Texas 77083
Cell: 832-283-1755

Invoice: .....

Date: 4/14/11

NAME: .....

ADDRESS: 13630 Pinerock2

CITY, STATE: .....

PHONE: .....

DESCRIPTION		AMOUNT
Liquid & Dry Lawn Service		
Full Service	3-24-11	25
Partial Service		
Landscaping	4-1-11	25
Clean-up		
Mulching	4-8-11	25
Tree Trimming		
Tree Cutting	4-14-11	25
Fertilizer		
Planting Bushes		
Planting Flowers		
Labor		
	SUB-TOTAL	
	SALES TAX	
	TOTAL	100

Thank You

Pd. 4/14

P11549

Mr. Pham Chan
13410 Beechglen Lane
Houston, Texas 77083
Cell: 832-283-1755

Invoice: .....

Date: 5/13/11

NAME: .....

ADDRESS: 12630 Pinerock

CITY, STATE: .....

PHONE: .....

DESCRIPTION		AMOUNT	
Liquid & Dry Lawn Service			
Full Service 4-21-11		25	
Partial Service			
Landscaping 4-28-11		25	
Clean-up			
Mulching 5-5-11		25	
Tree Trimming			
Tree Cutting 5-13-11		25	
Fertilizer			
Planting Bushes			
Planting Flowers			
Labor			
	SUB-TOTAL		
	SALES TAX		
Thank You	**TOTAL**	100	00

Pd. 5/20
Check # 1223

P11550

Mr. Pham Chan
13410 Beechglen Lane
Houston, Texas 77083
Cell: 832-283-1755

Invoice: .....

Date: 8/26/11

NAME: .....

ADDRESS: 13630 pinerock

CITY, STATE: .....

PHONE: .....

DESCRIPTION		AMOUNT	
Liquid & Dry Lawn Service			
Full Service	7-29-11	25	
Partial Service			
Landscaping	8-5-11	25	
Clean-up			
Mulching	8-12-11	25	
Tree Trimming			
Tree Cutting	8-19-11	25	
Fertilizer			
Planting Bushes	8-26-11	25	
Planting Flowers			
Labor			
	SUB-TOTAL		
	SALES TAX		
	TOTAL	125	00

Thank You

P11551

CenterPoint Energy

Always There.®

QUESTIONS OR COMMENTS?

CenterPoint Energy
PO BOX 2628
HOUSTON TX 77252-2628
Billing & Service:
In Houston Area 713-659-2111
Toll Free 1-800-752-8036
Monday-Friday Call 7 a.m. - 6 p.m.
CenterPointEnergy.com

YOUR ACCOUNT IS PAST DUE

YOUR LAST DAY TO PAY THE PAST DUE AMOUNT OF $265.10 IS ON 04/17/2011 TO AVOID YOUR SERVICE BEING DISCONNECTED.

THIS IS THE ONLY CUT-OFF NOTICE YOU WILL RECEIVE.

2200

Keep this part of your bill.

Customer name	ELMER H BRUNSTING
Account number	3850291-0
Date mailed	04/07/2011
Date due	**04/22/2011**
Total amount due	**$ 323.62**

ACCT SUMMARY	Gas charges
Previous balance	$265.10
Payment	0.00
Balance forward	$ 265.10
Current billing	58.52
Total amount due	**$323.62**

SERVICE ADDRESS
13630 Pinerock Ln
Houston TX 77079-5914

YOUR GAS USAGE		Meter # 3798500640542
30 Day billing period	03/01/2011 to 03/31/2011	
Current reading	03/31/2011	933
Previous reading	03/01/2011	873
Metered usage	1 CCF = 100 cubic feet of gas	60

YOUR BILL IN DETAIL			R-2080
Customer charge			$13.54
Base amount	60 CCF	@ $0.03080/CCF	1.85
Gas cost adjustment	60 CCF	@ $0.63550/CCF	38.13
Rate case surcharge			0.24
Hurricane cost surcharge			0.12
Reimbursement of local franchise fee			2.90
Reimbursement of State GRT			1.16
City sales tax		1.00%	0.58
Total current charges			**$58.52**

IMPORTANT NOTICE - TEXAS CUSTOMERS

The bill for your natural gas service is seriously past due. Please note that your regular bill also serves as a "Disconnect Notice" and should receive your immediate attention.

If your payment is not received in our office by the specified date for the past due balance, a collection charge may be made or your service may be disconnected without further notice

If service is disconnected, you must pay your bill in full in addition to a reconnect charge. Your deposit requirement will be re-evaluated and may be increased if necessary to cover payment for future service.

P11552

CenterPoint Energy

Always There.®

Keep this part of your bill.

Customer name	ELMER H BRUNSTING
Account number	3850291-0
Date mailed	04/07/2011
Date due	**04/22/2011**
Total amount due	**$ 323.62**

QUESTIONS OR COMMENTS?

If you or any permanent occupant of your premises is seriously ill, or may be made seriously ill by discontinuance of service, a limited extension of time may be obtained if requested before the disconnect date shown on the bill and supported by a hand written statement by a licensed physician.

The address, telephone number, and office hours of your local CenterPoint Energy office are shown in the upper left hand corner of your bill.

When service has been disconnected for non-payment, the reconnection of service will be worked on or after the following business day after payment has been received.

If you have already paid the amount noted as past due, please disregard this notice.

EL PAGO DE TU CUENTA ESTÁ VENCIDO

EL ÚLTIMO DÍA PARA PAGAR TU MONTO VENCIDO DE $265.10 ES EL 04/17/2011 PARA EVITAR QUE TU SERVICIO SEA DESCONECTADO.

ÉSTE ES EL ÚNICO AVISO DE CORTE QUE RECIBIRÁS.

2200

AVISO DE DESCONEXIÓN

AVISO IMPORTANTE - CLIENTES DE TEXAS

La cuenta de tu servicio de gas natural está seriamente vencida. Por favor ten en cuenta que tu cuenta regular también sirve como un "Aviso de Desconexión" y es importante que lo atiendas de inmediato.

Si tu pago no es recibido en nuestra oficina en la fecha indicada para el saldo vencido, se podrá hacer un cargo por cobranza o tu servicio podrá ser desconectado sin nuevo aviso.

Si el servicio es desconectado será necesario que pagues el total de la cuenta, además de un cargo por reconexión. Tus requisitos de depósito serán re-evaluados y éste podrá ser aumentado si es necesario para cubrir el pago por servicio futuro.

Si tú o cualquier ocupante permanente del inmueble está gravemente enfermo o puede ponerse gravemente enfermo por la suspensión del servicio, se podrá obtener una prórroga limitada si ésta es solicitada antes de la fecha de desconexión que aparece en la cuenta, y es respaldada por un informe escrito a mano proveniente de un médico autorizado.

La dirección, el número de teléfono y horas de oficina de tu oficina local de CenterPoint Energy aparecen en el angulo superior izquierdo de tu cuenta.

Cuando el servicio ha sido desconectado por la falta de pago, es necesario que pagues todos los saldos pendientes. El servicio será reconectado el siguente día de trabajo después de que CenterPoint Energy haya recibido el pago.

CenterPoint Energy

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P11553

CenterPoint. Energy

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QUESTIONS OR COMMENTS?

CenterPoint Energy
PO BOX 2628
HOUSTON TX 77252-2628
Billing & Service:
In Houston Area 713-659-2111
Toll Free 1-800-752-8036
Monday-Friday Call 7 a.m. - 6 p.m.
CenterPointEnergy.com

Keep this part of your bill.

Customer name	ELMER H BRUNSTING
Account number	3850291-0
Date mailed	04/07/2011
Date due	**04/22/2011**
Total amount due	**$ 323.62**

Si ya pagaste la cantidad indicada como vencida, por favor haz caso omiso de este aviso.

2200

CenterPoint. Energy

Always There.®

P11554

Brunsting004385

Mr. Rooter PLUMBING

P.O. BOX 131643
SPRING, TX 77393
(281) 580-8899
(281) 364-7399 FAX

www.mrrooter.com/houston
www.mrrooter.com/woodlands
License #20433

CONTRACT/RETAIL INSTALLMENT

166810

489-A

DATE: 01 '04 '11

SERVICE ORDER 11155

JOB ADDRESS

CUSTOMER NAME: NELVA BRANSTING
ADDRESS: 13630 PINE ROCK
CITY: HOUSTON ST: TX ZIP: 77079 JOB PHONE:
EMAIL:

BILLING ADDRESS IF DIFFERENT

CUSTOMER NAME:
ADDRESS:
CITY: ST: ZIP: OTHER PHONE:
TECHNICIAN (S): 196 CONTACT:

TYPE ✓

- SERVICE ☐
- PREV MAINT ☐
- ADVANTAGE PLAN™ MEMBER ☐
- ESTIMATE ☐
- OPPORTUNITY CALL ☐
- OWNER ☐
- TENANT ☐
- RESIDENTIAL ☐
- COMMERCIAL ☐

✓ PAYMENT

☐ CASH ☐ CHECK ☐ BILLED AE MC VI DI CREDIT CARD # 4037 6600 1389 6626 EXP DATE 10/11 AUTH CODE

✓ EQUIPMENT

- ☐ H/ SCRUB (SMALL)
- ☐ H/ SCRUB (TRAILER)
- ☐ CAMERA
- ☐ PIPE LOCATOR
- ☐ CABLE MACHINE
- ☐ BACKHOE
- ☐ TRENCHLESS
- ☐ OTHER

SERVICE AUTHORIZATION

I AGREE THAT INITIAL PRICE QUOTED PRIOR TO START OF WORK DOES NOT INCLUDE ANY ADDITIONAL OR UNFORESEEN TASKS, NOR MATERIALS WHICH MAY BE FOUND TO BE NECESSARY TO COMPLETE REPAIRS OR REPLACEMENTS. I ALSO AGREE TO HOLD MR. ROOTER OR ITS ASSIGNS HARMLESS FOR PARTS DEEMED CORRODED, UNUSABLE OR UNRELIABLE FOR COMPLETION OF STATED WORK TO BE DONE. I HEREBY AUTHORIZE MR. ROOTER TO PERFORM PROPOSED WORK AND AGREE TO ALL AGREEMENT CONDITIONS AS DISPLAYED ON THE FACE AND REVERSE SIDES OF THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT THIS INVOICE IS DUE UPON RECEIPT.

An Independently Owned and Operated Franchise

AUTHORIZED SIGNATURE X Nelva Branstin $ 268.17

DIAGNOSIS WC CLEAR MAIN TOILET IN HALL

TASK #	WARRANTY	DESCRIPTION OF PRODUCTS AND SERVICES	APPROVAL INITIAL	STANDARD RATE	MEMBER RATE	YOU SAVE
SVC001	N/A	DIAGNOSTIC ANALYSIS (waived when service performed)		$49.95	complimentary	
C0051OT	30 DAY	CLEAR REMOVING WATER CLOSET	X NB	315.49	268.17	47.32

TASK (s) TOTAL $ $ 268.17 $

RECOMMENDATIONS

Advantage Plan™ Members save money!

☐ APPROVED ☐ DECLINED
☐ APPROVED ☐ DECLINED
☐ APPROVED ☐ DECLINED

ADVANTAGE PLAN™ ☐	$
SUB TOTAL	$
TAX	$
TOTAL	$ 268.17

ACCEPTANCE OF WORK PERFORMED: I FIND THE SERVICE AND MATERIALS PERFORMED AND INSTALLED HAVE BEEN COMPLETED IN ACCORDANCE WITH THIS AGREEMENT. I AGREE TO PAY REASONABLE ATTORNEY FEES, COLLECTION FEES AND COURT COSTS IN THE EVENT OF LEGAL ACTION PURSUANT TO COLLECTION OF AMOUNT DUE.

I DO HEREBY STATE THAT THE ABOVE WORK HAS BEEN DONE IN A WORKMANLIKE MANNER AND TO APPLICABLE CODES.

CUSTOMER SIGNATURE X Nelva Branstin

TECHNICIAN SIGNATURE X

MR 331
Rev. 11/06

Type 2-without notice of cancellation

The Plumber You Deserve.™ **24 Hours a Day • 7 Days a Week... Never An Overtime Charge!** **www.mrrooter.com**

CUSTOMER COPY

Mr. Rooter PLUMBING

P.O. BOX 131643
SPRING, TX 77393
(281) 580-8899
(281) 364-7399 FAX

www.mrrooter.com/houston
www.mrrooter.com/woodlands
License #20433

CONTRACT/RETAIL INSTALLMENT 166523

DATE: 01/08/11

JOB ADDRESS				BILLING ADDRESS IF DIFFERENT			
CUSTOMER NAME: Nelva Brunsting				CUSTOMER NAME:			
ADDRESS: 13630 Pine rock				ADDRESS:			
CITY Houston	ST	ZIP 77079	JOB PHONE	CITY	ST	ZIP	OTHER PHONE
EMAIL				TECHNICIAN (S) Victor M			CONTACT

SERVICE ORDER

TYPE ✓

- SERVICE ☐
- PREV MAINT ☐
- ADVANTAGE PLAN™ MEMBER ☐
- ESTIMATE ☐
- OPPORTUNITY CALL ☑
- OWNER ☐
- TENANT ☐
- RESIDENTIAL ☐
- COMMERCIAL ☐

✓ PAYMENT

☐ CASH ☐ CHECK ☐ BILLED AE MC VI DI CREDIT CARD # EXP DATE AUTH CODE

✓ EQUIPMENT

- ☐ H/ SCRUB (SMALL)
- ☐ H/ SCRUB (TRAILER)
- ☐ CAMERA
- ☐ PIPE LOCATOR
- ☐ CABLE MACHINE
- ☐ BACKHOE
- ☐ TRENCHLESS
- ☐ OTHER

SERVICE AUTHORIZATION I AGREE THAT INITIAL PRICE QUOTED PRIOR TO START OF WORK DOES NOT INCLUDE ANY ADDITIONAL OR UNFORESEEN TASKS, NOR MATERIALS WHICH MAY BE FOUND TO BE NECESSARY TO COMPLETE REPAIRS OR REPLACEMENTS. I ALSO AGREE TO HOLD MR. ROOTER OR ITS ASSIGNS HARMLESS FOR PARTS DEEMED CORRODED, UNUSABLE OR UNRELIABLE FOR COMPLETION OF STATED WORK TO BE DONE. I HEREBY AUTHORIZE MR. ROOTER TO PERFORM PROPOSED WORK AND AGREE TO ALL AGREEMENT CONDITIONS AS DISPLAYED ON THE FACE AND REVERSE SIDES OF THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT THIS INVOICE IS DUE UPON RECEIPT.

An Independently Owned and Operated Franchise **AUTHORIZED SIGNATURE** X $ 0

DIAGNOSIS Main line is stop previas tech cable line thru toilet drain (166840)

TASK #	WARRANTY	DESCRIPTION OF PRODUCTS AND SERVICES	APPROVAL INITIAL	STANDARD RATE	MEMBER RATE	YOU SAVE
SVC001	N/A	DIAGNOSTIC ANALYSIS (waived when service performed)		$49.95	complimentary	
C005101T	N/A	clear Removing water closet		315.49	268.17	
		we pull toilet in Hall Bathroom.				
		run cable 50-60 Ft. pull baby wipes				
		we recomend the use of baby wipe.				

TASK (s) TOTAL $ | $ | $

RECOMMENDATIONS *Advantage Plan™ Members save money!*

☐ APPROVED ☐ DECLINED	ADVANTAGE PLAN™ ☐	$
☐ APPROVED ☐ DECLINED	SUB TOTAL	$
☐ APPROVED ☐ DECLINED	TAX	$
	TOTAL	$

ACCEPTANCE OF WORK PERFORMED: I FIND THE SERVICE AND MATERIALS PERFORMED AND INSTALLED HAVE BEEN COMPLETED IN ACCORDANCE WITH THIS AGREEMENT. I AGREE TO PAY REASONABLE ATTORNEY FEES, COLLECTION FEES AND COURT COSTS IN THE EVENT OF LEGAL ACTION PURSUANT TO COLLECTION OF AMOUNT DUE.

I DO HEREBY STATE THAT THE ABOVE WORK HAS BEEN DONE IN A WORKMANLIKE MANNER AND TO APPLICABLE CODES.

CUSTOMER SIGNATURE (X) Nelva Brunsting

TECHNICIAN SIGNATURE X

P11556

MR 331
Rev. 11/06

Type 2-without notice of cancellation

The Plumber You Deserve.™ **24 Hours a Day • 7 Days a Week... Never An Overtime Charge!** **www.mrrooter.com**

CUSTOMER COPY

Brunsting004386

State Farm®

PO Box 2329
Bloomington IL 61702-2329

AT1 1012-3220-25 3502-F109 53
013342
BRUNSTING, ELMER H & NELVA
13630 PINEROCK LN
HOUSTON TX 77079-5914

ST-0101-C00808

NOTICE OF PAYMENT DUE

ACCOUNT NUMBER 1012-3220-25
Monthly Account

DATE DUE	PLEASE PAY THIS AMOUNT
SEP 1, 2011	SEE NOTE

P1155

** BILLING SUMMARY **

Last Amount Billed	$300.62
Last Amount Paid AUG 1, 2011	-300.62
Difference	0.00
Current Installment	289.04
Service Charge	1.00
Total Amount Due By SEP 1, 2011	**$290.04**

** POLICIES ON ACCOUNT **

2000 BUICK 073 1538-C07-53D	66.29
PERSONAL UMBRELLA 53-85-8985-5	20.50
HOMEOWNERS 53-08-8074-0	202.25
CURRENT INSTALLMENT	**$289.04**

** CURRENT CHANGES **

HOMEOWNERS
53-08-8074-0
Renewal premium changed.

Changes completed after 8-01-11 will appear on the next notice.

NOTE: Recurring payment of $290.04 will be entered SEP 1, 2011 through your financial institution.

Future notices will only be mailed if your amount due changes. Please continue to account for this amount in your financial records each month.

Elect paperless billing for your SFPP account. Login at statefarm.com® and click the "Turn off SFPP Paper Bills" link under your listed insurance policies. You will receive an e-mail when your bill is available for viewing at statefarm.com

Thanks for letting us serve you...

Agent Darrell Williams
Telephone 281-496-3360

87 4566 0834

Prepared Date AUG 1 2011

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT.

NAME	BRUNSTING, ELMER H & NELVA	
ACCOUNT NUMBER	1012-3220-25	Monthly Account

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM.

DATE DUE	PLEASE PAY THIS AMOUNT
SEP 1, 2011	SEE NOTE

Please contact your State Farm agent to make any policy changes.

2500109201
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001

107702.18 08-31-2010 (o1a0801k) (o1v080pa) o1v0803a

For office use only
Prepared AUG 1 2011 15014 3502-F109 53

SFPP BILL	SEE NOTE	0920

I1

100126300029004 200101232202511325>

Brunsting004387

State Farm Fire and Casualty Company

8900 Amberglen Boulevard
Austin, TX 78729-1110

RENEWAL CERTIFICATE

POLICY NUMBER 53-85-8985-5

Personal Liability Umbrella Policy
MAR 06 2011 to MAR 06 2012

BILLED THROUGH SFPP

AT1 P-25- 3502-F109 L F

001663
BRUNSTING, ELMER H & NELVA E
13630 PINEROCK LN
HOUSTON TX 77079-5914

COVERAGES AND LIMITS

L Personal Liability	$2,000,000
Self-Insured Retention	1,000

UNDERLYING EXPOSURES

Our records show the following underlying information. This information was used in determining the rate of the policy.

AUTOMOBILE EXPOSURES

Automobile(s)	1
Automobile Operator(s)	1

OTHER LIABILITY EXPOSURES

Personal Residential

SFPP No:1012322025

Forms and Endorsements

Personal Liability Umbrella	FP-7950.2
Amendatory Endorsement	FE-7643.5
Fuel Oil Exclusion	FE-5837

Annual Premium $246.00

***Notify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect. Your Coverages and/or bill can be affected if this information is not correct.**

The Class 50 Discount has reduced the premium on your policy by $62.00

Required Underlying Insurance on reverse side

138-3076 f.8 10-11-2010 (o1f30688b)

Thanks for letting us serve you...

6163 901 I
N C
008

Agent DARRELL WILLIAMS
Telephone (281) 496-3360

REP

Moving? See your State Farm agent.
See reverse for important information.
Prepared JAN 20 2011

P11558

CONTINUED FROM FRONT

Required Underlying Insurance

(Terms in Bold in this section are defined in the policy)
Minimum Underlying Limits

Type of Policy	Combined Limits (Bodily Injury and Property Damage)	or	Split Limits
Automobile Liability	$325,000	Bodily Injury-	$100,000 Per Person $300,000 Per Accident
		Property Damage-	$25,000 Per Accident
Recreational Motor Vehicle Liability Including Passenger Bodily Injury	$325,000	Bodily Injury-	$100,000 Per Person $300,000 Per Accident
		Property Damage-	$25,000 Per Accident
Personal Residential Liability	$100,000		
Watercraft Liability	$100,000		

NOTICE TO POLICYHOLDER:

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call State Farm®'s toll-free telephone number for information or to make a complaint at:

1-800-252-7645

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

To obtain price and policy form comparisons and other information relating to residential property insurance and personal automobile insurance, you may visit the Texas Department of Insurance/ Office of Public Insurance Counsel website:

www.helpinsure.com

PREMIUM OR CLAIM DISPUTES:
Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:
This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de State Farm® para informacion o para someter una queja al:

1-800-252-7645

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

Para obtener formas de comparacion de precios y poliza y otra informacion acerca del seguro de propiedad residencial y del seguro de automóvil, visite el sitio web del Departamento de Seguros de Texas y la Oficina del Asesor Publico de Seguros:

www.helpinsure.com

DISPUTAS SOBRE PRIMAS O RECLAMOS:
Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:
Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Medicare Summary Notice

June 22, 2011

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

771023 021651
0001 of 0004

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call
1-800-MEDICARE
(1-800-633-4227) (#04402)
TX
Ask for Doctor Services
TTY for hearing impaired: 1-877-486-2048

BE INFORMED: You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 04/11/2011 through 06/22/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11152-237-060						
Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018						
Dr. Wade, Shawna						
05/16/11	1.0 Emergency dept visit (99285)	$860.00	$171.85	$137.48	$34.37	
05/16/11	1.0 Electrocardiogram report (93010)	78.00	8.93	7.14	1.79	
	Claim Total	**$938.00**	**$180.78**	**$144.62**	**$36.16**	
Claim number 22-11159-357-060						
Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903						
Referred by: Szema, Robert Scott						
Dr. Achari, M.						
06/06/11	1.0 Initial hospital care (99223)	$450.00	$196.45	$157.16	$39.29	
Dr. Achari, M.						
06/07/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
	Claim Total	**$700.00**	**$297.13**	**$237.70**	**$59.43**	

EOF 1758(05/05)

THIS IS NOT A BILL - Keep this notice for your records. **P11561**

IMPORTANT INFORMATION
You Should Know About Your Medicare Part B Benefits

547769265

For more information about services covered by Medicare, please see your Medicare Handbook.

MEDICARE PART B MEDICAL INSURANCE: **Medicare Part B** helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. **Medicare Part A Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be **assigned or unassigned.** Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge,** for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice.** Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal,** a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE: Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicare & Medicaid Services

EOF 0783(07/07)

P11562

Your Medicare Number: XXX-XX-8905D

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

771023 021651
0002 of 0004

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11160-428-590						
Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903						
Referred by: Szema, Robert Scott						
Dr. Achari, M.						
06/07/11	1.0 Eeg awake and drowsy (95816-26) professional charge	$300.00	$55.23	$44.18	$11.05	
06/07/11	1.0 EEG digital analysis (95957-26) professional charge	300.00	101.25	81.00	20.25	
Dr. Achari, M.						
06/08/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
	Claim Total	**$850.00**	**$257.16**	**$205.72**	**$51.44**	
Claim number 58-10093-521-670						
Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000						
Dr. Mauk, Paul M.						
04/06/10	1.0 Office/outpatient visit est (99214)	$129.00	$99.26	$79.41	$19.85	
Claim number 58-10138-215-450						
Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000						
Dr. Mauk, Paul M.						
05/17/10	1.0 Office/outpatient visit est (99213)	$83.00	$66.31	$53.05	$13.26	
Claim number 58-10097-180-480						
Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000						
Referred by: Marconi, Andrea						
Dr. Govea, C. M.D.						
04/04/10	1.0 Chest x-ray (71010-26) professional charge	$38.00	$9.24	$7.39	$1.85	

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 58-10129-426-160 **Houston Progress Radio Assoc, 350,** **5301 Hollister , Houston, TX 77040-0000** Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct thorax w/o & w/dye (71270-26) professional charge	$284.00	$70.94	$56.75	$14.19	
Claim number 58-10129-426-170 **Houston Progress Radio Assoc, 350,** **5301 Hollister , Houston, TX 77040-0000** Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-26) professional charge	$284.00	$62.93	$50.34	$12.59	
Claim number 58-10129-426-180 **Houston Progress Radio Assoc, 350,** **5301 Hollister , Houston, TX 77040-0000** Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-26) professional charge	$319.00	$72.52	$58.02	$14.50	
Claim number 29-11116-428-020 **Houston Progress Radio Assoc, 350,** **5301 Hollister , Houston, TX 77040-0000** Referred by: Cheng, Thanh Chi Dr. Lee, Stephen						
01/16/11	1.0 Chest x-ray (71010-26) professional charge	$38.00	$8.93	$7.14	$1.79	

Your Medicare Number: XXX-XX-8905D

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

771023 021651
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Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11145-526-480						
Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000						
Referred by: Wade, Shawna						
Dr. Lee, Stephen						
05/16/11	1.0 Chest x-ray (71010-26) professional charge	$38.00	$8.93	$7.14	$1.79	
Claim number 22-11154-281-280						
Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						a
Dr. Jain, Ajay						
05/16/11	1.0 Initial observation care (99218-AI)	$115.00	$64.95	$51.96	$12.99	
Dr. Jain, Ajay						
05/17/11	1.0 Observation care discharge (99217)	150.00	70.00	56.00	14.00	
	Claim Total	$265.00	$134.95	$107.96	$26.99	
Claim number 58-10234-144-170						
Memorial Heramnn Hosp, PO Box 201367, Houston, TX 77216-0000						
Referred by: Mauk, Paul Martin						
04/26/10	150.0 LOCM 300-399mg/ml iodine,1ml (Q9967)	$520.00	$26.55	$21.02	$5.53	b
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-TC) technical charge	3,328.25	331.50	265.20	66.30	c
04/26/10	1.0 Ct thorax w/o & w/dye (71270-TC51) technical charge	2,996.00	225.50	180.40	45.10	c
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-TC51) technical charge	2,540.25	226.30	181.04	45.26	c
	Claim Total	$9,384.50	$809.85	$647.66	$162.19	
Claim number 22-11089-662-250						
Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418						
Referred by: Dr. Mauk, Paul M.						
Dr. Miro Quesada, Miguel V. M.D.						
03/28/11	1.0 Office/outpatient visit est (99213)	$135.00	$69.41	$55.53	$13.88	

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
03/28/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	d
03/28/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	d
	Claim Total	**$188.00**	**$83.35**	**$69.47**	**$13.88**	
Claim number 58-10185-046-160						
Rosewood Family Physicians, Suite B,						
2405 South Gessner , Houston, TX 77063-2005						
Dr. White, Robert E. M.D.						
01/22/10	1.0 Office/outpatient visit est (99213-25)	$115.00	$66.31	$0.00	$66.31	e
01/22/10	1.0 Routine venipuncture (36415)	10.00	3.00	3.00	0.00	d
	Claim Total	**$125.00**	**$69.31**	**$3.00**	**$66.31**	
Claim number 58-10192-239-080						
Rosewood Family Physicians, Suite B,						
2405 South Gessner , Houston, TX 77063-2005						
Dr. White, Robert E. M.D.						
03/19/10	1.0 Office/outpatient visit est (99213)	$115.00	$66.31	$0.00	$66.31	e

Notes Section:

a The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.

b $ 0.28 of this approved amount has been applied toward your deductible.

c The approved amount is based on a special payment method.

d This service is paid at 100 percent of the Medicare approved amount.

e This approved amount has been applied toward your deductible.

Deductible Information:

You have now met $155.00 of your $155.00 Part B deductible for 2010.

You have met the Part B deductible for 2011.

General Information:

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You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Appeals Information - Part B

If you disagree with any claims decision on this notice, your appeal must be received by **October 25, 2011.** Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)

3) Sign here_____ Phone number (____)_____

4) Medicare Number_____ **P11567**

Medicare Summary Notice

CMS CENTERS for MEDICARE & MEDICAID SERVICES

September 23, 2011

NELVA E. BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

842905 003044
0001 of 0003

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call 1-800-Medicare
(1-800-633-4227)(#04001)

Ask for Hospital Services

TTY for Hearing Impaired:1-877-486-2048

BE INFORMED: You may see claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 06/21/2011 through 08/17/2011.

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21117100910204TXA **Memorial Hermann Hospital Syste** **921 Gessner Rd** **Memorial Hermann Memorial City** **Houston, TX 77024-2501** Referred by: Robert S. Szema					**a**
06/06/11-06/11/11	5 days	$0.00	$1,132.00	$1,132.00	b,c
Control number 21120200543404TXA **Memorial Hermann Hospital Syste** **921 Gessner Rd** **Memorial Hermann Memorial City** **Houston, TX 77024-2501** Referred by: Monta K. Pattison					**d**
07/11/11-07/15/11	4 days	$0.00	$0.00	$0.00	b
Control number 21118701337404TXA **Memorial Hermann Rehabilitation** **21720 Kingsland Blvd #102** **Memorial Hermann Rehabilitation** **Katy, TX 77450-2550** Referred by: Mubarak A. Khawaja					**e**
06/11/11-06/25/11	14 days	$0.00	$0.00	$0.00	b

EOF 2119(07/06)

THIS IS NOT A BILL - Keep this notice for your records. **P11568**

IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

PART A HOSPITAL INSURANCE (INPATIENT) helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

THE AMOUNT YOU MAY BE BILLED for **Part A** services includes:

- **an inpatient hospital deductible** once during each benefit period,
- **a coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- **a coinsurance amount for each Lifetime Reserve Day,** which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- **a blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- **an inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility,**
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES) helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

THE AMOUNT YOU MAY BE BILLED for **Part B** services includes:

- **an annual deductible,** taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a **coinsurance** amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice.** Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want **help with your appeal,** a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE: Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

CENTERS for MEDICARE & MEDICAID SERVICES

EOF 2118(06/05)

P11569

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0002 of 0003

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS (continued)

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122701115204TXA **Memorial Hermann Rehabilitation** **21720 Kingsland Blvd #102** **Memorial Hermann Rehabilitation** **Katy, TX 77450-2550** Referred by: Mubarak A. Khawaja					**f,g**
06/11/11-06/25/11	14 days	$0.00	$0.00	$0.00	b
Control number 21122402271501TXA **The Concierge** **2310 S Eldridge Pkwy** **Houston, TX 77077** Referred by: Jasmin Baleva					**h,i**
07/08/11-07/11/11	3 days	$0.00	$0.00	$0.00	

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122101254004TXA **Memorial Hermann Hospital Syste** **921 Gessner Rd** **Memorial Hermann Memorial City** **Houston, TX 77024-2501** Referred by: Miguel V. Miro Quesada						**j**
08/01/11	Ct thorax w/dye (71260)	$2,263.75	$0.00	$124.99	$124.99	k
	Ct abd&pelv 1+ section/regns (74178)	5,435.50	0.00	0.00	0.00	l
	LOCM 300-399mg/ml iodine,1ml (Q9967)	424.00	0.00	0.00	0.00	l
	Claim Total	**$8,123.25**	**$0.00**	**$124.99**	**$124.99**	

Notes Section:

a The amount Medicare paid the provider for this claim is $5,673.14.

b Days are being subtracted from your total inpatient hospital benefits for this benefit period.

c $1,132.00 was applied to your inpatient deductible.

(continued)

P11570

Notes Section: (continued)

d The amount Medicare paid the provider for this claim is $4,264.36.

e The amount Medicare paid the provider for this claim is $17,361.40.

f The amount Medicare paid the provider for this claim is $18,380.25.

g This is an adjustment to a previously processed claim and/or deductible record.

h You have 97 day(s) remaining of your total 100 days of skilled nursing facility benefits for this benefit period.

i The amount Medicare paid the provider for this claim is $649.86.

j The amount Medicare paid the provider for this claim is $499.92.

k The following policies L26732 were used when we made this decision.

l Payment is included in another service received on the same day.

Deductible Information:

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2011.

General Information:

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. Afican-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

General Information (continued):

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

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0003 of 0003

Please send written appeal requests to:Medicare Part A
P.O. Box 660155 Dallas, TX 75266-0155.
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297, Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at medicare.gov/caregivers for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

P11572

General Information (continued):

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare covers prostate screening tests once every 12 months for men with Medicare who are over age 50.

Appeals Information - Part A (Inpatient) and Part B (Outpatient)

If you disagree with any claims decision on either PART A or PART B of this notice, your appeal must be received by **January 26, 2012.**
Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the following address:
TRAILBLAZER HEALTH ENTERPRISES, LLC
PO BOX 660155
DALLAS, TX 75266-0155
(You may also send any additional information you may have about your appeal.)

3) Sign here _____ Phone number (____)_____

4) Medicare Number: _____

P11573

Medicare Summary Notice

September 29, 2011

626231988501

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

BE INFORMED: Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call:
Call: 1-800-MEDICARE
(1-800-633-4227) (18003)
Ask for Medical Supplies

TTY (tele-typewriter) and TDD users only should call: 1-877-486-2048

This is a summary of claims processed from 07/01/2011 through 09/29/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11202715906000						
DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366						
Referred by: RICHARD J POHIL						
07/20/11	1.0 Nebulizer with compression (E0570-RRKJKX) Rental	$25.00	$12.67	$10.14	$2.53	a
Claim number 11234767175000						
DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366						
Referred by: RICHARD J POHIL						
08/20/11	1.0 Nebulizer with compression (E0570-RRKJ) Rental	$25.00	$12.67	$10.14	$2.53	
Claim number 11178818584000						
MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
Referred by: ROBERT E WHITE						
06/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	$276.20	$173.31	$138.65	$34.66	b
06/22/11	1.0 Portable gaseous 02 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
	Claim Total	**$319.63**	**$202.05**	**$161.64**	**$40.41**	

THIS IS NOT A BILL - Keep this notice for your records

0786744 12723699284

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11206816762000						
MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
Referred by: ROBERT E WHITE						
07/22/11	1.0 Portable gaseous 02 (E0431-RR) Rental	$43.43	$28.74	$22.99	$5.75	b
07/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	173.31	138.65	34.66	b
	Claim Total	**$319.63**	**$202.05**	**$161.64**	**$40.41**	
Claim number 11234820178000						
MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
Referred by: ROBERT E WHITE						
08/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	$276.20	$173.31	$138.65	$34.66	b
08/22/11	1.0 Portable gaseous 02 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
	Claim Total	**$319.63**	**$202.05**	**$161.64**	**$40.41**	
Claim number 11269824481000						
MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
Referred by: ROBERT E WHITE						
09/22/11	1.0 Portable gaseous 02 (E0431-RR) Rental	$43.43	$0.00	$0.00	$0.00	c,d
09/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	0.00	0.00	0.00	c,d
	Claim Total	**$319.63**	**$0.00**	**$0.00**	**$0.00**	
Claim number 11241841359000						
ONCOLOGY CONSULTANTS, P.A, PO BOX 4827, HOUSTON, TX 77210-4827						
Referred by: ALEX P NGUYEN						
08/25/11	1.0 Sup fee antiem,antica,immuno (Q0511)	$24.00	$24.00	$19.20	$4.80	
08/25/11	120.0 Medical service (WW093)	6,654.95	2,924.64	2,339.71	584.93	e
	Claim Total	**$6,678.95**	**$2,948.64**	**$2,358.91**	**$589.73**	
Claim number 11251714283000						
SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902						
Referred by: AJAY JAIN						
08/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKIKX) Rental	$150.00	$126.99	$101.59	$25.40	f

Your Medicare Number: XXX-XX-8905D

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11251714451000 **SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902** Referred by: AJAY JAIN						
07/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKHKX) Rental	$150.00	$126.99	$101.59	$25.40	f

Notes Section:

a Payment is reduced by 25 percent beginning the 4th month of rental.

b Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.

c This item cannot be paid without a new, revised or renewed certificate of medical necessity.

d You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You may be billed" column.

e The approved amount is based on a special payment method.

f Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.

Deductible Information:

You have met the Part B deductible for 2011.

General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

(continued)

General Information: (continued)

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

Appeals Information - Part B

If you disagree with any claims decisions on this notice, your appeal must be received by **February 1, 2012.** Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the following address: CGS - DME MAC Jurisdiction C, Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

   (You may also send any additional information you may have about your appeal.)

3) Sign here _____ Phone number (___)_____

4) Medicare Number _____.

P11577

12723699284

IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

626231988503

MEDICARE PART B MEDICAL INSURANCE: Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be **assigned** or **unassigned.** Providers who accept **assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the **limiting charge,** for unassigned claims, and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice.** Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal,** a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE: Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicare & Medicaid Services

Spring Branch Medical Supply
8700 Longpoint Rd. Suite #106
Houston, Tx, 77055
713-465-2200

I N V O I C E

Ship To: MR. ROBERT LEE CANTU
HOUSTON, TX 77064-

ATTN: R. CANTU

Bill To: MR. ROBERT LEE CANTU
HOUSTON, TX 77064-

Ph:(281) 382-9451

ATTN: R. CANTU

INVOICE NO. 114895 MCA #134226 10:18 am 07/02/11 Page # 1

SKU	DESCRIPTION	QTY	Per/Unit PRICE	TOTAL
ALE501312	BED WEDGE 12"	1.00	47.95	**47.95**
	7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11			
	AS LONG AS NOT OPENED .MCA			

SPRING BRANCH MEDICAL
8700 LONG POINT RD 106
HOUSTON, TX 77055

07/02/2011 10:18:43
Merchant ID: 000000001116190
Terminal ID: 02010851
455502350990

CREDIT CARD
VISA SALE

CARD # XXXXXXXXXXXX6258
INVOICE 0001
Batch #: 000586
Approval Code: 031811
Entry Method: Swiped
Approved: Online

SALE AMOUNT $51.91

.T.

Master/Visa $ 51.91

Subtotal:	**$47.95**
Tax:	**$3.96**
Amount Charged:	**$0.00**
TOTAL:	**$51.91**

P11579

Version 6.0

All Sales Final. No Returns, Exchanges, Refunds or Exception

Mail Your Payment To:

DENTEX

DENTEX DENTAL PLAN, INC.

9099 Katy Freeway, Suite 100
Houston, TX 77024

Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77029

Renewal Invoice

Dentex Dental Plan

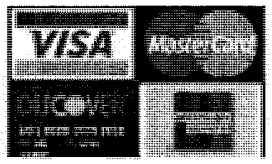
For Coverage

From: 10/13/2011 To: 10/13/2012

Your dental coverage with Dentex Dental Plan, Inc. will expire soon!

If payment is not received by renewal date a registration fee may apply to renew.

Please pay the Annual or Monthly Premium Due to continue your coverage. Send your payment, bank draft or credit card information as listed below.



Annual Premium	$155.40

Renew Online - www.dentex.net

Tell a friend about your great dental plan! DENTEX

Return the bottom part of this page with your payment to Dentex Dental Plan, Inc.

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77029

I WANT TO PAY MY MONTHLY MEMBERSHIP BY:

☐ **Bank Draft** ☐ **Credit Card**

(Attached voided check)

I authorize Dentex to deduct my monthly membership fee on the third business day of each month in the amount of $12.95

Dentex will continue drafting until notified of cancellation in writing.

Signature

Account #	Credit Card Number	Expires	Signature	Amount Paid
7008830		/		

P11580

AN APPOINTMENT HAS BEEN RESERVED FOR

M Delva Brunsting

☒ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT

DATE 2/28/2011 AT 2:45 A.M. P.M.

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL TO CANCEL

MEDICAL CHEST ASSOCIATES, P.A.

AJAY JAIN, M.D

902 FROSTWOOD, SUITE 188
HOUSTON, TEXAS 77024
PHONE (713) 467-8888

701 FRY ROAD, SUITE 116
KATY, TEXAS 77450
FAX (713) 467-5569

P11581

SALE RECEIPT

Store #37552 tko 03/31/11 12:46:55
Trans# 92 Clerk 22 Dwr 1 TRDT 033111
Receipt # 0000215471 Reg-ID REG-MAIN

Sales Tx	0.64	Tax B	0.00
Tax C	0.00	Tax D	0.00
Tax E	0.00	Tax F	0.00
		**TOTAL	8.43
AMT TEND	8.43	CHANGE DUE	0.00

CHANGE DUE$ 0.00

Approval No: 21138B
Reference No: 21138B
Account No: **********6626
Card Issuer: VISA
Amount: $8.43

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 0717.tseE

P11582

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
SUITE 400
HOUSTON, TX 77024-2545

Cardiology Associates OF HOUSTON, PA

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting 2 6
13630 PINEROCK LN
HOUSTON, TX 77079-5914

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard ☐ DISCOVER

CARD NUMBER | EXP. DATE

SIGNATURE | PRINT NAME

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
04/07/2011	$28.60	11426

SHOW AMOUNT PAID HERE $

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
STE 400
HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment.
Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
PatientNelva BrunAccount #:11426		Doctor: Mark A Yeoman MD Code:MC034429 Location:	Memorial Hermann Memorial		City Hospital
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	$95.00	$95.00	$.00
12/30/2010		Insurance Adjustment from Medicare	$.00	$-23.46	$.00
12/30/2010		Insurance payment Payment from Medicare	$.00	$-57.23	$.00
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$-11.45	$.00
01/19/2011		Transfer from Insurance	$.00	$-2.86	$2.86
This balance was due to your co-insurance not met for this visit.					
02/03/2011		Conveyance Payment from Brunsting, Nelva	$.00	$.00	$-2.47
			BALANCE:	$.00	$.39
PatientNelva BrunAccount #:11426		Doctor: Harold A Condara Jr Code:OFC13360 Location:	Cardiology Associates of Houston P A		
12/20/2010	99214	Established Patient Detailed	$145.00	$145.00	$.00
01/10/2011		Insurance Adjustment from Medicare	$.00	$-43.55	$.00
01/10/2011		Insurance payment Payment from Medicare	$.00	$-81.16	$.00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	$.00	$-16.23	$.00
01/31/2011		Transfer from Insurance	$.00	$-4.06	$4.06
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	$.00	$4.06
PatientNelva BrunAccount #:11426		Doctor: Charles H Caplan MD Code:MC035192 Location:	Memorial Hermann Memorial		City
01/16/2011	99220	Initial observation care, high complexity	$245.00	$245.00	$.00
02/11/2011		Insurance Adjustment from Medicare	$.00	$-93.05	$.00
02/11/2011		Insurance payment Payment from Medicare	$.00	$-121.56	$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$-21.50	$.00
03/09/2011		Transfer from Insurance	$.00	$-8.89	$8.89
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	$.00	$8.89
PatientNelva BrunAccount #:11426		Doctor: Harold A Condara Jr Code:MC035204 Location:	Memorial Hermann Memorial		City

CONTINUED on next page

Deposit	0-30	31-60	61-90	91-120

Total Balance	Ins. Balance	Patient Balance

P11583

2/11

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
SUITE 400
HOUSTON, TX 77024-2545

Cardiology Associates OF HOUSTON, PA

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting 2 6
13630 PINEROCK LN
HOUSTON, TX 77079-5914

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard ☐ DISCOVER

CARD NUMBER	EXP. DATE
SIGNATURE	PRINT NAME

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
04/07/2011	$28.60	11426

SHOW AMOUNT PAID HERE $

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
STE 400
HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment.
Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	$110.00	$110.00	$.00
02/11/2011		Insurance Adjustment from Medicare	$.00	$-35.50	$.00
02/11/2011		Insurance payment Payment from Medicare	$.00	$-59.60	$.00
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$.00	$.00
03/08/2011		Transfer from Insurance	$.00	$-14.90	$14.90
This charge was applied to your yearly deductible. Please forward your payment.					
			BALANCE:	$.00	$14.90
PatientNelva BrunAccount #:11426 Doctor: Jon E Heine MD Code:MC035289 Location:Memorial Hermann Memorial City					
01/17/2011	93010	Ekg Interpretation & Reporting Hospital IP or OP	$15.00	$15.00	$.00
02/18/2011		Insurance Adjustment from Medicare	$.00	$-6.07	$.00
02/18/2011		Insurance payment Payment from Medicare	$.00	$-7.14	$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$-1.43	$.00
03/09/2011		Transfer from Insurance	$.00	$-.36	$.36
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	$.00	$.36

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Deposit	0-30	31-60	61-90	91-120
	$9.25	$14.90	$4.46	$.00

Total Balance	Ins. Balance	Patient Balance
$28.60	$.00	$28.60

P11584

2/11

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Nelva Brunsting						
Voucher: 2690140						
10/20/10	99214	Office/outpatient Visit	152.50			
10/20/10	94760	Measure Blood Oxygen Le	15.50			
10/20/10	71020	Chest X-Ray	57.00			
11/05/10	888546636	Medicare Payment			-106.14	
11/05/10	888546636	Medicare Adjustment			-76.83	
11/05/10	888546636	Medicare Payment			0.00	
11/05/10	888546636	Medicare Adjustment			-15.50	
11/05/10	888546636	Medicare Transfer				
12/07/10	1041187587	Commercial Insurance Pa			-21.22	
12/07/10	1041187587	Commercial Insurance Tr				
		---- Visit Total				5.31
Voucher: 2789760						
11/11/10	99213	Office/outpatient Visit	102.00			
11/30/10	888727019	Medicare Payment			-54.22	
11/30/10	888727019	Medicare Adjustment			-34.23	
11/30/10	888727019	Medicare Transfer				
12/21/10	1QG90026431	Commercial Insurance Pa			-10.84	
12/21/10	1QG90026431	Commercial Insurance Tr				
		---- Visit Total				2.71

pd. 1/13/11

MEMORIAL CLINICAL ASSOCIATES
1201 DAIRY ASHFORD STE 200
HOUSTON, TX 77079-3023

Account Number: 969650

Office Phone Number: (713)407-3000

Patient Balance: 8.02

92096S11028

01836 7800893 001837 001837 00001/00001 920966912

P11585

STATEMENT DATE: 12/31/10	ACCOUNT: 00026200	NAME: BRUNSTING, E.H.

DATE	INVOICE	QUANTITY	U/M	DESCRIPTION	PRICE	CASH	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
12/06	15095B	150.00	GAL	LP-FARM USE-T/W	1.5900					238.50

Tank:BARN
121874
100)ORDER#: 0001589
50.00% of Total
Ticket Split with:
00010900 BEYER, RICHARD
00026200 BRUNSTING, E.H.

*** Ticket total: 238.50

Category Summary	Quantity	Amount
PROPANE:	150.0000	238.50
Total:	150.0000	238.50

This summary may not be all-inclusive. Amount due is listed below.

pd 1/13/11

AGING	CURRENT	30 - 60	60 - 90	OVER 90
BUDGET	.00	.00	.00	.00
DEFERRED	.00	.00	.00	.00
PREPAID	.00	.00	.00	.00
CHARGE	238.50	.00	.00	.00

	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
ACCOUNT BALANCE	.00	.00	.00	238.50
AMOUNT DUE	.00	.00	.00	238.50

PLEASE PAY THIS AMOUNT BY 01/10/11	238.50

THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT
REMEMBER TO CHECK THE CONDITION OF YOUR STORED GRAIN.

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS

Hull Cooperative Association * PO Box 811 * Hull, IA 51239

P11586

Statement

AMRIT N ACHARI MD PA
MADHUREETA ACHARI M D
8915 GAYLORD ST
HOUSTON TX 77024

PD
8-02. G office
Check # 285

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

Account Number	Date
	07/15/2011

Card Number	
Signature	
Amount	Exp. Date

Amount Due	Amount Paid
24.98	

For assistance please call **(713) 780-8144**

☐ Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

☐ Please ✓ box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Insurance	Patient
06/06/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
06/07/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/22/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-237.70	0.00
06/22/11	ADJUSTMENT	BRUNSTING NELVA E	-402.87	0.00
06/22/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-47.54	0.00
07/14/11	CO-INSURANCE TO PATIENT: $11.89	BRUNSTING NELVA E	-11.89	11.89
06/07/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
06/07/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00
06/08/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/23/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-205.72	0.00
06/23/11	ADJUSTMENT	BRUNSTING NELVA E	-592.84	0.00
06/23/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-41.15	0.00
07/14/11	CO-INSURANCE TO PATIENT: $10.29	BRUNSTING NELVA E	-10.29	10.29
06/09/11	99232 HOSP/SUBSEQUENT	BRUNSTING NELVA E	200.00	0.00
06/28/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-56.06	0.00
06/28/11	ADJUSTMENT	BRUNSTING NELVA E	-129.92	0.00
06/28/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-11.22	0.00

P11587

Statement

AMRIT N ACHARI MD PA
MADHUREETA ACHARI M D
8915 GAYLORD ST
HOUSTON TX 77024

Account Number	Date
	07/15/2011

Card Number	
Signature	
Amount	Exp. Date

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

Amount Due	Amount Paid
24.98	

For assistance please call **(713) 780-8144**

☐ Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

☐ Please ✓ box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Insurance	Patient
07/14/11	CO-INSURANCE TO PATIENT: $2.80	BRUNSTING NELVA E	-2.80	2.80
07/11/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
07/12/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
07/12/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
07/12/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00

Total	1,300.00	24.98
Please Pay This Amount		24.98

PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)

Tax ID

742127802

P11588

Thank you for choosing Memorial Hermann for your healthcare needs. Your insurance company has informed us that the balance listed below is your responsibility. If you have any questions about how your claim was processed, call your insurance company. Please send payment in full within 15 days. Thank you.

CT SCAN	**7,635.50**
PHARMACY	**424.00**
SUPPLIES	**97.25**

PD CC 32Y

PATIENT NAME	ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
BRUNSTING, NELVA E	0343169228500	08/01/11	08/01/11	OUTPATIENT

TOTAL CHARGES	TOTAL INSURANCE PAYMENTS	TOTAL PATIENT PAYMENTS	TOTAL ADJUSTMENTS	BALANCE DUE
$8,156.75	$-599.91	$0.00	$-7,531.84	$25.00

Our Customer Service Department is available:
Monday-Friday 8:00a.m. to 8:00p.m. cst
Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System
P.O. BOX 4370
Houston, TX 77210-4370

patient.billing@memorialhermann.org

Local Phone:
(713)448-5502

Toll Free:
(800)526-2121

Pay your bill on-line at: www.memorialhermann.org
Para la ayuda en español, llame (713)448-5502.

BALANCE LAST STATEMENT	$25.00
PAYMENTS SINCE LAST STATEMENT	$0.00
STATEMENT DATE	08/31/11
DUE DATE	09/17/11

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE

MEMORIAL HERMANN

P11589

↑ *Detach Here* ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
05/16/11	101335671	EMERGENCY DEPT VISIT	WADE DO,SHAWNA N	$860.00	
05/16/11	101335671	ELECTROCARDIOGRAM REPORT	WADE DO,SHAWNA N	$78.00	
06/18/11	101335671	EDI AUTOMATIC MEDICARE/RR PAYMENT			$144.62
06/18/11	101335671	CONTRACTUAL ADJUSTMENT			$757.22
07/14/11	101335671	EDI AUTOMATIC MANAGED CARE PAYMENT			$28.93
07/11/11	102750529	EMERGENCY DEPT VISIT	PATTISON MD,MONTA K	$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT			$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT			$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			$27.50
08/16/11		SELF PAY LOCKBOX NO DOC PT PAY			$7.23

CR 32

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 08/28/11 TOTAL NOW DUE: $6.87

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at www.teamhealth.com

↓ *Detach Here* ↓

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME: NELVA E BRUNSTING ACCT#: 32622571-106-2667 CHECK#: _____ AMT PAID: _____

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

❒ CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

32622571-106-2667
Nelva E Brunsting
13630 Pinerock Ln
Houston TX 77079-5914

106
ACS PRIMARY CARE PHYS SW PA
PO BOX 740021
CINCINNATI OH 45274-0021

0180003262257110181063333802667000000068746

P11590

STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME		
Nelva E Brunsting		
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

Pd
ck 320

Nelva E Brunsting
13630 Pinerock Ln.
Houston TX 77079

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA
707 S Fry Rd Suite 375
Katy, TX 774502259
281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVICE			AMOUNT
06/13/2011	Claim:34700, Provider: Mubarak, Khawaja, MD			
06/13/2011	99232 HOSP SUB CARE-MOD CPLX (06/13/2011 - 06/18/2011)	726.00		
07/25/2011	Medicare Payment		336.38	
07/25/2011	Medicare Adjustment		305.52	
08/16/2011	United Health Care Medco Payment		67.28	
09/06/2011	Coinsurance Amount			
09/06/2011	Your Payment is now due. Thank you for your prompt response.			
	Your Balance Due On These Services ...			16.82
06/20/2011	Claim:34712, Provider: Mubarak, Khawaja, MD			
06/20/2011	99232 HOSP SUB CARE-MOD CPLX	121.00		
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/21/2011)	121.00		
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/23/2011)	121.00		

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT	
09/06/2011	Nelva E Brunsting	17324		28.04

MAKE CHECK PAYABLE TO: **Dr Mubarak Khawaja PA**

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

P11591

STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME		
Nelva E Brunsting		
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

Nelva E Brunsting
13630 Pinerock Ln.
Houston TX 77079

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA
707 S Fry Rd Suite 375
Katy, TX 774502259
281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVICE			AMOUNT
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/24/2011)	121.00		
07/25/2011	Medicare Payment		224.24	
07/25/2011	Medicare Adjustment		203.68	
08/16/2011	United Health Care Medco Payment		44.86	
09/06/2011	Coinsurance Amount			
09/06/2011	Your Payment is now due. Thank you for your prompt response.			
	Your Balance Due On These Services ...			11.22

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT	
09/06/2011	Nelva E Brunsting	17324		28.04

MAKE CHECK PAYABLE TO: **Dr Mubarak Khawaja PA**

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

P11592

Any Lab Test Now

Any Lab Test Now
9742 Katy Freeway
Suite 200
Houston, TX 77055

713-461-2121

Sales Receipt

DATE	SALE #
04/19/2011	13979

SOLD TO
Brunsting, Carle

PMT METHOD	Heard about us?
Visa	friend

Service	Activity	Quantity	Rate	Amount
Culture	**April 2011** • UA	1	59.00	59.00

ANY LAB TEST NOW
9742 KATY FREEWAY STE D 200
HOUSTON, TX 77055
7134612121
413998099880 21

Merchant ID: 399800988021
Ref #: 001

Sale

XXXXXXXXXXXX6626
VISA Entry Method: Swiped

Total: $ 59.00

04/19/11 16:17:57
Inv #: 000013 Appr Code: 61917B
Apprvd: Online Batch#: 000342

Customer Copy
THANK YOU

Thank you for using Any Lab Test Now! Please bring this receipt in for $10.00 off your next test.

TOTAL	$59.00
AMOUNT RECEIVED	$59.00
BALANCE DUE	$0.00

P11593

AKRON BILLING CENTER
2620 RIDGEWOOD RD STE 300
AKRON OH 44313-3527

DETACH AND RETURN THIS COUPON WITH THE REVERSE SIDE COMPLETED TO PAY BY CREDIT CARD, TO PROVIDE INSURANCE INFORMATION OR FOR CHANGE OF ADDRESS.

Credit card charges will appear as "Team Health"

Patient
Name: NELVA E BRUNSTING AMT DUE: $7.23

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

106
ACS PRIMARY CARE PHYS SW PA
DEPT: A ❒ B ❒ C ❒ (check one - see reverse)
2620 RIDGEWOOD RD STE 300
AKRON OH 44313-3527

32622571-106-2667
NELVA E BRUNSTING T152 P1 PS/041172
13630 PINEROCK LN
HOUSTON TX 77079-5914

0180003262257110181063333802667000000072379

↑ *Detach Here* ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
11/30/10	97046610	EMERGENCY DEPT VISIT	MARCONI DO,ANDREA	$748.00	
11/30/10	97046610	ELECTROCARDIOGRAM REPORT	MARCONI DO,ANDREA	$68.00	
01/12/11	97046610	EDI AUTOMATIC MEDICARE/RR PAYMENT			$151.27
01/12/11	97046610	CONTRACTUAL ADJUSTMENT			$626.91
02/07/11	97046610	EDI AUTOMATIC MANAGED CARE PAYMENT			$30.26
01/16/11	98211454	EMERGENCY DEPT VISIT	CHENG MD,THANH CHI	$860.00	
01/16/11	98211454	ELECTROCARDIOGRAM REPORT	CHENG MD,THANH CHI	$78.00	
03/08/11	98211454	EDI AUTOMATIC MEDICARE/RR PAYMENT			$144.62
03/08/11	98211454	CONTRACTUAL ADJUSTMENT			$757.22
04/04/11	98211454	EDI AUTOMATIC MANAGED CARE PAYMENT			$28.93
03/14/11		EDI AUTOMATIC SELF PAY PAYMENT			$7.56

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 04/10/11 TOTAL NOW DUE: $7.23

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

P11594

Date	CPT	Description	Total Fee	Insurance	Patient
PatientNelva BrunAccount #:11426		Doctor: Mark A Yeoman MD Code:MC034429 Location:Memorial Hermann Memorial City Hospital			
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	$95.00	$95.00	$.00
12/30/2010		Insurance Adjustment from Medicare	$.00	$-23.46	$.00
12/30/2010		Insurance payment Payment from Medicare	$.00	$-57.23	$.00
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$-11.45	$.00
01/19/2011		Transfer from Insurance	$.00	$-2.86	$2.86
This balance was due to your co-insurance not met for this visit.					
02/03/2011		Conveyance Payment from Brunsting, Nelva	$.00	$.00	$-2.47
			BALANCE:	$.00	$.39
PatientNelva BrunAccount #:11426		Doctor: Harold A Condara Jr Code:OFC13360 Location:Cardiology Associates of Houston P A			
12/20/2010	99214	Established Patient Detailed	$145.00	$145.00	$.00
01/10/2011		Insurance Adjustment from Medicare	$.00	$-43.55	$.00
01/10/2011		Insurance payment Payment from Medicare	$.00	$-81.16	$.00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	$.00	$-16.23	$.00
01/31/2011		Transfer from Insurance	$.00	$-4.06	$4.06
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	$.00	$4.06
PatientNelva BrunAccount #:11426		Doctor: Charles H Caplan MD Code:MC035192 Location:Memorial Hermann Memorial City			
01/16/2011	99220	Initial observation care, high complexity	$245.00	$245.00	$.00
02/11/2011		Insurance Adjustment from Medicare	$.00	$-93.05	$.00
02/11/2011		Insurance payment Payment from Medicare	$.00	$-121.56	$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$-21.50	$.00
03/09/2011		Transfer from Insurance	$.00	$-8.89	$8.89
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	$.00	$8.89
PatientNelva BrunAccount #:11426		Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City			

CONTINUED on next page

Deposit	0-30	31-60	61-90	91-120

Total Balance	Ins. Balance	Patient Balance

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
SUITE 400
HOUSTON, TX 77024-2545

Cardiology Associates OF HOUSTON, PA

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard ☐ DISCOVER

CARD NUMBER	EXP. DATE
SIGNATURE	PRINT NAME

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/31/2011	$28.60	11426

SHOW AMOUNT PAID HERE $

Nelva Brunsting 1 14
13630 PINEROCK LN
HOUSTON, TX 77079-5914

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
STE 400
HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment.
Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	$110.00	$110.00	$.00
02/11/2011		Insurance Adjustment from Medicare	$.00	$-35.50	$.00
02/11/2011		Insurance payment Payment from Medicare	$.00	$-59.60	$.00
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$.00	$.00
03/08/2011		Transfer from Insurance	$.00	$-14.90	$14.90
This charge was applied to your yearly deductible. Please forward your payment.					
			BALANCE:	$.00	$14.90
Patient:Nelva Brun		Account #:11426 Doctor: Jon E Heine MD Code:MC035289 Location:Memorial Hermann Memorial City			
01/17/2011	93010	Ekg Interpretation & Reporting Hospital IP or OP	$15.00	$15.00	$.00
02/18/2011		Insurance Adjustment from Medicare	$.00	$-6.07	$.00
02/18/2011		Insurance payment Payment from Medicare	$.00	$-7.14	$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	$.00	$-1.43	$.00
03/09/2011		Transfer from Insurance	$.00	$-.36	$.36
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	$.00	$.36

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Deposit	0-30	31-60	61-90	91-120
	$24.15	$4.07	$.39	$.00

Total Balance	Ins. Balance	Patient Balance
$28.60	$.00	$28.60

P11596

Duke Medical Equipment

Toll Free: 888-329-1338

281-420-2311

DOB: ____/____/____

HT: _____ WT: _____

Call Type: ☐ Delivery ☐ Service ☐ Pickup

Name: _____ SS#: _____

Address: _____ Apt#: _____

City/State/Zip: _____ Phone: _____

Emergency Name: _____ Phone: _____

ID#: _____ GP#: _____ Payor: _____

2nd Ins. ID#: _____ GP#: _____ Payor: _____

Phone#: _____ Address: _____

Equipment Information

Trans (R/P)*	HCPCS-Item Code	DSP	Description	Manufacturer's Brand	Serial/Asset #	Qty

* Trans type: R=Rental P=Purchase

By signing below, I acknowledge that:

I understand the supplier will bill my insurance claim Assigned, unless I otherwise indicate by checking this box: ☐ Non-Assigned.

1. I have received the equipment/supplies listed above, in good working condition.
2. I have read, understand, and agree to be bound by the terms and conditions of this agreement, including those on the reverse side of this document, **OR:**
3. I acknowledge that the above equipment, listed as picked-up, was picked up per my request or the request of my physician. Reason for pickup: _____
4. I have received written and verbal instruction on the safe use, storage, and handling related to oxygen therapy, if applicable. I understand that smoking or open flames are not allowed within 8 feet of the oxygen equipment of my person while oxygen therapy is used because oxygen supports combustion. Any use of either is at my own risk and considered a safety hazard.

Beneficiary/Third Party Signor Date Employee/Lessor

If Beneficiary is unable to sign, complete the following section: (may be completed by employee)

BY:

Beneficiary Name Name of Signor Date Relationship to Beneficiary

Address of Signor (If not signed by Beneficiary) Telephone Number of Signor

Why Beneficiary Cannot Sign

White = Billing Pink = Patient Yellow = File

P11597
Rev. 01/2008

Duke Medical Equipment Patient Agreement and Consent (281-420-2311)

REQUEST FOR PROVISION OF SERVICES

The undersigned, being the above-named patient (the "Patient") or the guardian or representative payee of the Patient, understands that signing this *Patient Agreement and Consent* indicates his/her desire to purchase health care products or services or both from Duke Medical Equipment or its affiliates.

ACKNOWLEDGMENT OF MEDICAL RESPONSIBILITY

The undersigned, as or on behalf of the Patient, understands that (A) Patient is under the supervision and control of his/her attending physician; (B) Patient's physician has prescribed the therapy noted as part of Patient's treatment; (C) Duke Medical Equipment services do not include diagnostic, prescriptive or other functions typically performed by licensed physicians and (D) Patient's physician is solely responsible for diagnosing and prescribing drugs and therapy for Patient's condition and otherwise supervising and controlling Patient's medical condition.

AGREEMENT TO PAY

In consideration of Duke Medical Equipment undertaking to supply Patient with any products and/or services ordered by or on behalf of the Patient, the undersigned agrees that he/she is responsible for payment to Duke Medical Equipment for all such products and/or services provided to Patient. In addition, the undersigned understands that the monthly balance due will be the portion of applicable charges that is unpaid by Patient's insurance, including copayment and deductible amounts. The undersigned agrees to pay the balance due in full upon receipt of and invoice therefor from Duke Medical Equipment. If payment is not made, the undersigned understands that Duke Medical Equipment will pursue its normal collection policy with respect thereto.

RELEASE OF INFORMATION

Patient's Insurer(s) and any other third party payor(s) which provided Patient with coverage are hereby authorized by or an behalf of Patient to disclose to Duke Medical Equipment any information regarding such coverage, including but not limited to (A) payment made by such insured or third party payor(s) to Patient or the undersigned for products and/or services rendered to Patient by Duke Medical Equipment (B) the scope and extent of coverage from time to time. All medical personnel are hereby authorized by or on behalf of Patient to disclose information to Duke Medical Equipment concerning Patient's medical history as it may relate to the therapy rendered to Patient by Duke Medical Equipment.

In signing the *Patient Agreement and Consent,* the undersigned, as or on behalf of Patient, authorizes any holder of medical or other information about Patient to release to the Social Security Administration, its intermediaries or carriers, or to any third party payor(s), including without limitation Medicare, Medicaid, OCHAMPUS or private payors and their agents any information need to determine applicable benefits and process claims for these or related services.

CREDIT CHECK AUTHORIZATION

Duke Medical Equipment is hereby authorized to verify any information disclosed by Patient or the undersigned and to perform a credit investigation for the purposes of extending credit for the purchase or rental of medical equipment. In addition, Duke Medical Equipment, is authorized to answer any questions form other creditors about Patient's credit and account experience with Duke Medical Equipment.

ASSIGNMENT OF BENEFITS

The undersigned, as or on behalf of Patient, hereby authorizes, Duke Medical Equipment to request on Patient's behalf, and to collect directly, all of public and private insurance coverage benefits due for products and/or services supplied to Patient by Duke Medical Equipment. In the event payments for insurance benefits are made directly to Patient or the undersigned, the payee will endorse to Duke Medical Equipment all checks for such payments. **Responsibilities for overpayments accepted per statement.**

EXTENDED ASSIGNMENT OF MEDICARE AND OTHER BENEFITS

The undersigned certifies that the information provided to Duke Medical Equipment by or on behalf of Patient for payment under Medicare (title XVIII of the Social Security Act) and/or any other medical insurance is correct.

1. Patient, if physically and mentally competent, must sign on his/her own behalf. If Patient cannot sign for himself/herself, a representative payee as designated by Social Security Administration or a legally appointed guardian may sign on behalf of the Patient. The source of the signatory's authority **must** be stated.
2. This *Patient Agreement and Consent* is used in lieu of the Patient's or his/her representative's signature on the "Request for Payment" HCFA-1500 (I-84) and is therefore an extension of that form. Anyone who misrepresents or falsifies essential information in making a Medicare claim may, upon conviction, be subjected to a fine and imprisonment under Federal Law. Penalties may also result from falsification or misrepresentation of other medical insurance claims. The undersigns, as or on behalf of Patient agrees that a copy of this *Patient Agreement and Consent* may be used in place of the original.
3. On assigned Medicare claims, Duke Medical Equipment agrees to accept the applicable Medicare carrier's allowable amount as payment in full for services. The undersigned is responsible for the payment of deductibles, copayments and co-insurance and for non-covered services. The agreements contained in this paragraph may be canceled by mutual agreement of Duke Medical Equipment and the undersigned, as or on behalf of Patient, and any time by written notice to the applicable Medicare carrier.

A copy of this *Patient Agreement and Consent* shall be considered the same as original.

The undersigned certifies that he/she has read the foregoing and received a copy of this *Patient Agreement and Consent*, including a copy of the *Patient Responsibilities*, as well as a copy of the *Patient Bill of Rights.* The undersigned further certifies that he/she is the Patient or is duly authorized to execute this *Patient Agreement and Consent* and accepts its terms on behalf of the Patient.

P11598

STATEMENT OF SERVICES RENDERED

Schleicher-Read Dental, PLLC
9099 Katy Freeway Ste.180
Houston, TX 77024

(713)932-0441

CHART NO.	PAGE NO.
BR0017	1

BILLING DATE
08/26/2010

GUARANTOR NAME AND MAILING ADDRESS

Elmer H Brunsting
13630 Pinerock
Houston, TX 77029

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Nelva			Periodontal maintenance	75.00	
Nelva			Inf.Control/Routine Office Vis	10.00	
Nelva			Check Payment - Thank You Ch # 6632		-85.00

PRIOR BALANCE		CURRENT CREDITS		CURRENT CHARGES		NEW BALANCE		DENTAL INS. EST.		PLEASE PAY
0.00	-	85.00	+	85.00	=	0.00	-	0.00	=	0.00

PATIENT	DATE	TIME	REASON
Nelva	Wednesday - February 2, 2011	11:00 am	PerioM ex

YOUR INSURANCE DID NOT PAY FULL AMOUNT OF CLAIM

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P11599

Chevron HRSC
PO Box 436
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan®(PDP)

Chevron

August 21, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031696104181//6056//3896//
Cyc4572//0003875//0269

Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

MD07026900387501040000

Your Monthly Prescription Drug Summary

For July, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month
SECTION 2. Which "drug payment stage" are you in?
SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
SECTION 4. Updates to the plan's Drug List that will affect drugs you take
SECTION 5. If you see mistakes on this summary or have questions, what should you do?
SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-800-935-6215

TTY users call: 1-800-716-3231

On the Web at: www.medco.com

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1. Your prescriptions for covered Part D drugs July 2011	**Plan paid**	**You paid**	**Other payments** (made by programs or organizations; see Section 3)
AVELOX 400 MG TABLET 7/15/2011, WALGREENS #3328 Rx# 000001564926, 5 day supply	$0.00	$21.00	$42.78 (paid by "Medicare Coverage Gap Discount Program") $22.77 (paid by "Commercial Wrap")
MEGESTROL ACET 40 MG/ML SUSP 7/15/2011, WALGREENS #3328 Rx# 000001564925, 30 day supply	$60.05	$5.00	$0.00
Totals for the month of July 2011 **Your "out-of-pocket costs" amount is $68.78.** (This is the amount you paid this month ($26.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" ($42.78). See definitions in Section 3.) **Your "total drug costs" amount is $151.60.** (This is the total for this month of all payments made for your drugs by the plan ($60.05) and you ($26.00) plus "other payments" ($65.55).)	$60.05 (total for the month)	$26.00 (total for the month) (Of this amount, $26.00 counts toward your out-of-pocket costs.)	$65.55 (total for the month) (Of this amount, $42.78 counts toward your "out-of pocket costs". See definitions in Section 3.)

P11601

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(continue)

Year-to-date totals 1/1/2011 through 7/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for "out-of-pocket costs" is $817.48. **Your year-to-date amount for "total drug costs" is $3,551.05.** For more about "out-of-pocket costs" and "total drug costs", see Section 3.	$2,585.99 (year-to-date total)	$624.88 (year-to-date total) (Of this amount, $624.88 counts toward your "out-of pocket costs".)	$340.18 (year-to-date total) (Of this amount, $192.60 counts toward your "out-of pocket costs." See definitions in Section 3.)

P11602

Brunsting004432

SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1 Yearly Deductible	STAGE 2 Initial Coverage	You are in this stage: STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs. • You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid $310.00 for your brand-name drugs ($310.00 is the amount of your brand name deductible).	• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost. • You generally stay in this stage **until the amount of your year-to-date "total drug costs" reaches $2,840.00.** Then you move to payment stage 3, Coverage Gap.	• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage. • You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches $4,550.00. As of 07/31/2011 your year-to-date "out-of-pocket costs" was $817.48 (see Section 3). What happens next? • Once you (or others on your behalf) have paid **an additional $3,732.52 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).	• During this payment stage, the plan pays **most** of the cost for your covered drugs. • You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

P11603

Brunsting004433

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"
$68.78 month of July 2011
$817.48 year-to-date (since January 2011)

DEFINITION:
"Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Your "total drug costs"
$151.60 month of July 2011
$3,551.05 year-to-date (since January 2011)

DEFINITION:
"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

NOTE: Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

Learn More: Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

P11604

Brunsting004434

SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: www.medco.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

P11605

Brunsting004435

SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

(continue)

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage.*

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage.*

P11606

Brunsting004436

Chevron HRSC
PO Box 436
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan® (PDP)

Chevron

September 15, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031798801805//6056//3896//
Cyc4574//0003998//0066

Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

MD0800660039980104000O

Your Monthly Prescription Drug Summary

For August, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month
SECTION 2. Which "drug payment stage" are you in?
SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
SECTION 4. Updates to the plan's Drug List that will affect drugs you take
SECTION 5. If you see mistakes on this summary or have questions, what should you do?
SECTION 6. Important things to know about your drug coverage and your rights

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For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-800-935-6215

TTY users call: 1-800-716-3231

On the Web at: www.medco.com

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1. Your prescriptions for covered Part D drugs August 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
BROVANA 15 MCG/2 ML SOLUTION 7/11/2011, LEGENDS PHARMACY II Rx# 000006048463, 15 day supply	$0.00	$42.00	$102.79 (paid by "Medicare Coverage Gap Discount Program") $62.79 (paid by "Commercial Wrap")
LEVOTHYROXINE 50 MCG TABLET 8/1/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	$1.36	$2.50	$2.50 (paid by "Medicare Coverage Gap Discount Program")
PLAVIX 75 MG TABLET 8/5/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	$0.00	$21.00	$95.63 (paid by "Medicare Coverage Gap Discount Program") $75.62 (paid by "Commercial Wrap")
AMLODIPINE BESYLATE 5 MG TAB 8/5/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	$10.37	$5.00	$0.00

P11608

Brunsting004438

(continue)

CHART 1.
Your prescriptions for covered Part D drugs
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
ALENDRONATE SODIUM 70 MG TAB 8/11/2011, WALGREENS #3328 Rx# 000001550332, 28 day supply	$20.06	$5.00	$0.00
SPIRIVA 18 MCG CP-HANDIHALER 8/11/2011, WALGREENS #3328 Rx# 000001540089, 30 day supply	$0.00	$21.00	$115.86 (paid by "Medicare Coverage Gap Discount Program") $95.86 (paid by "Commercial Wrap")
HYDROCODON-ACETAMINOPHEN 5-500 8/22/2011, WALGREENS #3328 Rx# 000001575622, 7 day supply	$3.64	$5.00	$0.00
METOPROLOL TARTRATE 50 MG TAB 8/23/2011, WALGREENS #3328 Rx# 000001575953, 30 day supply	$0.00	$4.38	$0.00
MEGESTROL ACET 40 MG/ML SUSP 8/30/2011, WALGREENS #3328 Rx# 000001578099, 30 day supply	$60.05	$5.00	$0.00
AMLODIPINE BESYLATE 5 MG TAB 8/30/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	$10.37	$5.00	$0.00

P11609

(continue)

Brunsting004439

CHART 1. Your prescriptions for covered Part D drugs August 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Totals for the month of August 2011 **Your "out-of-pocket costs" amount is $432.66.** (This is the amount you paid this month ($115.88) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" ($316.78). See definitions in Section 3.) **Your "total drug costs" amount is $772.78.** (This is the total for this month of all payments made for your drugs by the plan ($105.85) and you ($115.88) plus "other payments" ($551.05).)	$105.85 (total for the month)	$115.88 (total for the month) (Of this amount, $115.88 counts toward your out-of-pocket costs.)	$551.05 (total for the month) (Of this amount, $316.78 counts toward your "out-of pocket costs". See definitions in Section 3.)

Year-to-date totals 1/1/2011 through 8/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for "out-of-pocket costs" is $1,250.14. **Your year-to-date amount for "total drug costs" is $4,323.83.** For more about "out-of-pocket costs" and "total drug costs", see Section 3.	$2,691.84 (year-to-date total)	$740.76 (year-to-date total) (Of this amount, $740.76 counts toward your "out-of pocket costs".)	$891.23 (year-to-date total) (Of this amount, $509.38 counts toward your "out-of pocket costs." See definitions in Section 3.)

P11610

Brunsting004440

SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1 Yearly Deductible	STAGE 2 Initial Coverage	You are in this stage: STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs. • You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid $310.00 for your brand-name drugs ($310.00 is the amount of your brand name deductible).	• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost. • You generally stay in this stage **until the amount of your year-to-date "total drug costs" reaches $2,840.00.** Then you move to payment stage 3, Coverage Gap.	• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage. • You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches $4,550.00. As of 08/31/2011 your year-to-date "out-of-pocket costs" was $1,250.14 (see Section 3). What happens next? • Once you (or others on your behalf) have paid **an additional $3,299.86 in "out-of-pocket costs",** you move to the next payment stage (stage 4, Catastrophic Coverage).	• During this payment stage, the plan pays **most** of the cost for your covered drugs. • You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

P11611

Brunsting004441

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"
$432.66 month of August 2011
$1,250.14 year-to-date (since January 2011)

DEFINITION:
"Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Your "total drug costs"
$772.78 month of August 2011
$4,323.83 year-to-date (since January 2011)

DEFINITION:
"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

NOTE: Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

Learn More: Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

P11612

Brunsting004442

SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: www.medco.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

P11613

Brunsting004443

SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

(continue)

health requires a quick decision.

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- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage.*

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage.*

P11614

Brunsting004444

Medco Health Solutions, Inc.
P.O. Box 14235
Lexington, KY 40512

Medco Medicare Prescription Plan® (PDP)

September 30, 2011

0042127-00-01831
31791503704//9999//3896//EME8513//9999//09/21/2011//CHE1//CMDMPP

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77079

Dear NELVA BRUNSTING:

2011 Chevron Evidence of Coverage (EOC)—Notice of Errata (Correction)

We are writing to provide you with important information about your EOC document, which explains your Chevron Medicare prescription drug plan costs.

Catastrophic copayment maximum correction

Page 74 of the 2011 **Medco Medicare Prescription Plan®** (PDP) for Chevron EOC displays the incorrect *Brand Drug* Catastrophic Coverage stage maximum copayment amounts. **Please note:** The copayments you have been paying are correct.

In 2011, you enter the Catastrophic Coverage stage when your total out-of-pocket costs reach $4,550. **Your maximum copayments for the 2011 plan year while in the Catastrophic Coverage stage have not changed and remain consistent with prior plan years.** The intent of the maximums is to ensure that your costs do not exceed your standard copayments in the Initial Coverage stage.

The correct Catastrophic Coverage stage maximums for all drugs for the 2011 plan year are listed below:

At retail:

Generic Drugs
For a 34-day supply: 5% coinsurance with a $5 maximum
For a 90-day supply: 5% coinsurance with a $15 maximum

Preferred Brand Drugs
For a 34-day supply: 5% coinsurance with a $21 maximum
For a 90-day supply: 5% coinsurance with a $63 maximum

Non-Preferred Brand Drugs
For a 34-day supply: 5% coinsurance with a $42 maximum
For a 90-day supply: 5% coinsurance with a $126 maximum

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Specialty Tier Drugs
For a 34-day supply of a drug: 5% coinsurance with a $50 maximum
For a 90-day supply of a drug: 5% coinsurance with a $150 maximum

At mail:
For up to a 90-day supply of a **Generic Drug:** 5% coinsurance with a $10 maximum
For up to a 90-day supply of a **Preferred Brand Drug:** 5% coinsurance with a $42 maximum
For up to a 90-day supply of a **Non-Preferred Brand Drug:** 5% coinsurance with an $84 maximum
For up to a 90-day supply of a **Specialty Tier Drug:** 5% coinsurance with a $100 maximum

Please note: This error affects only the dollar amounts listed in the Catastrophic Coverage stage and the remainder of the EOC document remains in effect as is.

We apologize for any inconvenience this error may have caused.

If you have any questions or concerns, please call Customer Service toll-free at **1-800-935-6215.** TTY/TDD users should call **1-800-716-3231.** Customer Service is available 24 hours a day, 7 days a week. Customer Service is available in English and other languages.

Sincerely,

Ellie Gilbert

Ellie Gilbert
Vice President/General Manager
Medicare Customer Service
Medco

Chevron HRSC
PO Box 436
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan®(PDP)

Chevron

October 20, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031813401809//6056//3896//
Cyc4576//0003925//0309

Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

MD0903090039250104000O

Your Monthly Prescription Drug Summary

For September, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month
SECTION 2. Which "drug payment stage" are you in?
SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
SECTION 4. Updates to the plan's Drug List that will affect drugs you take
SECTION 5. If you see mistakes on this summary or have questions, what should you do?
SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-800-935-6215

TTY users call: 1-800-716-3231

On the Web at: www.medco.com

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1. Your prescriptions for covered Part D drugs September 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
LEVOTHYROXINE 50 MCG TABLET 9/6/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	$1.36	$2.50	$2.50 (paid by "Medicare Coverage Gap Discount Program")
PLAVIX 75 MG TABLET 9/6/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	$0.00	$21.00	$95.63 (paid by "Medicare Coverage Gap Discount Program") $75.62 (paid by "Commercial Wrap")
SPIRONOLACTONE 100 MG TABLET 9/13/2011, WALGREENS #3328 Rx# 000001582039, 30 day supply	$20.95	$5.00	$0.00
FUROSEMIDE 40 MG TABLET 9/14/2011, WALGREENS #3328 Rx# 000001582564, 30 day supply	$0.00	$2.69	$1.69 (paid by "Medicare Coverage Gap Discount Program")
WARFARIN SODIUM 5 MG TABLET 9/19/2011, WALGREENS #13142 Rx# 000000075984, 30 day supply	$7.46	$5.00	$0.00

CHART 1.
Your prescriptions for covered Part D drugs
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
CARTIA XT 120 MG CAPSULE 9/19/2011, WALGREENS #13142 Rx# 000000075983, 30 day supply	$19.73	$5.00	$0.00
POTASSIUM CL ER 20 MEQ TABLET 9/20/2011, WALGREENS #3328 Rx# 000001584402, 30 day supply	$10.11	$5.00	$0.00
SPIRIVA 18 MCG CP-HANDIHALER 9/22/2011, WALGREENS #3328 Rx# 000001584751, 30 day supply	$0.00	$21.00	$115.86 (paid by "Medicare Coverage Gap Discount Program") $95.86 (paid by "Commercial Wrap")
WARFARIN SODIUM 2 MG TABLET 9/28/2011, O C PHARMACY Rx# 000006014189, 30 day supply	$7.27	$5.00	$0.00

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CHART 1. Your prescriptions for covered Part D drugs September 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Totals for the month of September 2011 **Your "out-of-pocket costs" amount is $287.87.** (This is the amount you paid this month ($72.19) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" ($215.68). See definitions in Section 3.) **Your "total drug costs" amount is $526.23.** (This is the total for this month of all payments made for your drugs by the plan ($66.88) and you ($72.19) plus "other payments" ($387.16).)	$66.88 (total for the month)	$72.19 (total for the month) (Of this amount, $72.19 counts toward your out-of-pocket costs.)	$387.16 (total for the month) (Of this amount, $215.68 counts toward your "out-of pocket costs". See definitions in Section 3.)

Year-to-date totals 1/1/2011 through 9/30/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for "out-of-pocket costs" is $1,538.01. **Your year-to-date amount for "total drug costs" is $4,850.06.** For more about "out-of-pocket costs" and "total drug costs", see Section 3.	$2,758.72 (year-to-date total)	$812.95 (year-to-date total) (Of this amount, $812.95 counts toward your "out-of pocket costs".)	$1,278.39 (year-to-date total) (Of this amount, $725.06 counts toward your "out-of pocket costs." See definitions in Section 3.)

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SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1 Yearly Deductible	STAGE 2 Initial Coverage	You are in this stage: STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs. • You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid $310.00 for your brand-name drugs ($310.00 is the amount of your brand name deductible).	• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost. • You generally stay in this stage **until the amount of your year-to-date "total drug costs" reaches $2,840.00.** Then you move to payment stage 3, Coverage Gap.	• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage. • You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches $4,550.00. As of 09/30/2011 your year-to-date "out-of-pocket costs" was $1,538.01 (see Section 3). What happens next? • Once you (or others on your behalf) have paid **an additional $3,011.99 in "out-of-pocket costs",** you move to the next payment stage (stage 4, Catastrophic Coverage).	• During this payment stage, the plan pays **most** of the cost for your covered drugs. • You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

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SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"
$287.87 month of September 2011
$1,538.01 year-to-date (since January 2011)

DEFINITION:
"Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Your "total drug costs"
$526.23 month of September 2011
$4,850.06 year-to-date (since January 2011)

DEFINITION:
"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

NOTE: Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

Learn More: Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: www.medco.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

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SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

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health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage.*

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage.*

As a Medicare Part D prescription drug plan approved by the Centers for Medicare & Medicaid Services, Medco is required to detect, correct, and prevent fraud, waste, and abuse. We take this responsibility seriously and are asking for your help in this important matter.

Examples of fraud, waste, and abuse:

- A Medicare Part D card is stolen or is used illegally.
- A Medicare plan member is asked for money or for his/her personal information (e.g., Medicare or Social Security numbers, bank account number, credit card number, etc.) by someone pretending to represent Medicare, Social Security, and/or the plan sponsor.
- A plan member is asked to use his/her Medicare prescription drug card to obtain drugs for another person.
- A plan member is asked to sell his/her Medicare prescription drug card.
- Several payers, including Medicare Part D, are billed for the entire cost of the same prescription.
- The Explanation of Benefits statement lists prescriptions for medications the member is not taking.

What you should do if you suspect fraud, waste, or abuse

If you suspect any instances of fraud, waste, or abuse, we urge you to call Medco's Medicare Fraud, Waste, and Abuse Hotline toll-free at **1-800-303-9373.** This hotline is available 24 hours a day, 7 days a week.

When you call the hotline, you may leave your name and number or choose to remain anonymous. The information you provide will be treated in the strictest confidence.

Thank you for your attention to this important matter. Your help is greatly appreciated.

En su condición de plan de medicamentos recetados Medicare Parte D aprobado por los Centers for Medicare & Medicaid Services, se le requiere a Medco detectar, corregir e impedir el fraude, desperdicio y abuso. Nos tomamos esta responsabilidad en serio y solicitamos su ayuda en este asunto importante.

Ejemplos de fraude, desperdicio y abuso:

- Alguien roba una tarjeta de Medicare Parte D o la usa ilegalmente.
- Alguien le pide a un miembro de un plan Medicare dinero o su información personal (por ejemplo, el número de Medicare o de Social Security, el número de su cuenta bancaria, el número de su tarjeta de crédito, etc.) y tal persona finge representar a Medicare, a la agencia Social Security y/o al patrocinador del plan.
- Alguien le pide a un miembro del plan que use su tarjeta de medicamentos recetados Medicare para obtener medicamentos para otra persona.
- Alguien le pide a un miembro del plan que venda su tarjeta de medicamentos recetados Medicare.
- Varias entidades a cargo de los pagos, inclusive Medicare Parte D, reciben una factura por el costo total de la misma receta.
- El informe de Explicación de beneficios enumera los medicamentos recetados que el miembro no está tomando.

Lo que debe hacer si sospecha que hay un fraude, desperdicio o abuso

Si sospecha cualquier instancia de fraude, desperdicio o abuso, lo instamos a comunicarse con la línea telefónica gratuita de Medco sobre fraude, desperdicio y abuso en relación con Medicare al **1-800-303-9373.** Esta línea gratuita está disponible las 24 horas del día, los 7 días de la semana.

Cuando se comunique con la línea gratuita, puede declarar su nombre y número o puede optar por permanecer en el anonimato. La información que provee será considerada en forma estrictamente confidencial.

Agradecemos su atención con respecto a este asunto importante. Valoramos enormemente su ayuda.

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER TWICE DAILY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

LIQUID

INGREDIENT NAME: ARFORMOTEROL (ar-for-MOE-ter-ole)

COMMON USES: This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. SOME MEDICINES MAY INTERACT with this medicine. DO NOT TAKE THIS MEDICINE if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. TELL YOUR HEALTH CARE PROVIDER if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. USE OF THIS MEDICINE IS NOT RECOMMENDED if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. THIS MEDICINE SHOULD NOT BE USED IN CHILDREN; safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. IF THE MEDICINE CONTAINS PARTICLES, is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES in your nebulizer machine. TO USE THIS MEDICINE, twist open the top of the vial and pour the entire contents into the nebulizer reservoir. CONNECT THE NEBULIZER RESERVOIR to the mouthpiece or face mask. CONNECT THE NEBULIZER to the compressor. Sit in a comfortable, upright position. PLACE THE MOUTHPIECE in your mouth (or put on the face mask) and turn on the nebulizer. BREATHE AS CALMLY, deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. STORE THIS MEDICINE IN THE REFRIGERATOR, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. UNOPENED POUCHES MAY BE STORED at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. DO NOT USE this medicine if it is past the expiration date on the container. KEEP THIS MEDICINE out of the reach of children and away from pets. CONTINUE TO USE THIS MEDICINE even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. LAB TESTS, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DIZZINESS. This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED. Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. THE RISK OF SERIOUS HEART PROBLEMS (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. TELL YOUR DOCTOR AT ONCE if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. TALK WITH YOUR DOCTOR OR PHARMACIST about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any breathing medicine unless your doctor tells you to. THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE. If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

ADDITIONAL INFORMATION: If your symptoms do not improve or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1540088-03328 DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 2 REFILLS BEFORE 04/21/12
Copy NDC:63402-0911-30

$ 527.99

A. JAIN, MD
MFG:SEPRACOR
XXX/RJW/KHT/ /PBP

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH:(713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1540088-03328 DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 2 REFILLS BEFORE 04/21/12
Copy NDC:63402-0911-30

$ 527.99

A. JAIN, MD
MFG:SEPRACOR
XXX/RJW/KHT/ /PBP

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH:(713)722-7247

Duplicate Receipt

P1627

Pharmacy use only

THU 5:16PM
Copy

BROVANA 15MCG/2ML INH SOL 30X2ML
63402-**0911**-30
REFRIG

QTY 120

LIQUID

XXX/RJW/KHT/ /PBP

Med Guide

Brunsting004457

Save up to 30% on your prescriptions

Enroll today for only $19.95!

The AARP® Prescription Discount Program from Walgreens saves you up to 30 percent on all your FDA-approved prescriptions. This includes generic, brand name and specialty medications.

AARP | Prescription Discount Program from Walgreens

57616

How Does It Work?

Your AARP Prescription Discount Program card can be used for drugs not covered by your insurance plan or if you have no prescription insurance. Simply present your AARP Prescription Discount Program card to your Walgreens pharmacist — after any other insurance card you may also have — when you fill or refill a prescription.

Note: This program is not a prescription drug insurance plan or a Medicare Part D plan, and does not replace such coverage.

How Do I Enroll?

You must be an AARP member to enroll. We can enroll you into both programs with one easy call. Just dial 1-877-4AARP19 (1-877-422-7719). You can also enroll online by visiting us at www.aarppharmacy.com.

What If I Have Questions?

Visit aarppharmacy.com or call the Walgreens Customer Care Center toll free, 24/7 at 1-877-4AARP19 (1-877-422-7719), or TTY 1-800-925-0178.

57616

OPT: 2875 677 116 0935995 INFO: 0916 6340209 1130

8
BR

1540088 0501 3 0052799 5

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- PAIDMPD: Prior Authorization Required
- Prescription Savings Club could save you $117.29! Ask if you qualify.

THU 5:16PM
$527.99
EXPRESS PAY

04/21/11
Copy
REFRIGERATE
MED GUIDE

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P11628

YOUR PERSONAL PRESCRIPTION INFORMATION

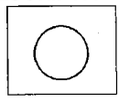
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



PINK
FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-lole)

COMMON USES: This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking mibefradil. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, propylthiouracil, verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTHEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS: this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1534699-03328 DATE: 04/29/11

METOPROLOL TARTRATE 50MG TABLETS
QTY: 60 1 REFILL BEFORE 04/05/12
Refill NDC: 00378-0032-10
Retail Price: $16.66 Your Insurance Saved You: $12.28

$ 4.38

A. JAIN, MD
MFG: MYLAN
XXX/PBP/PBP/ /PBP
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# SLQMDCX

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1534699-03328 DATE: 04/29/11

METOPROLOL TARTRATE 50MG TABLETS
QTY: 60 1 REFILL BEFORE 04/05/12
Refill NDC: 00378-0032-10
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$ 4.38

A. JAIN, MD
MFG: MYLAN
XXX/PBP/PBP/ /PBP
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# SLQMDCX

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

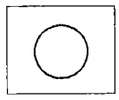
P1629

Pharmacy use only

SUN 11:00AM
Refill

METOPROLOL TARTRATE 50MG TABLETS
00378-**0032**-10
CELL 138

QTY 60
20 DRAM



PINK
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XXX/PBP/PBP/ /PBP

Brunsting004459

Cold or flu?

Antibiotics aren't for you.

Antibiotics kill bacteria, not viruses.

- Antibiotics can cure most bacterial infections, such as sore throats caused by strep and bacterial sinus infections.
- Using antibiotics for viral illness, like the common cold, will not help you feel better or prevent spreading it.

Please follow your healthcare provider's advice. And to learn more about antibiotics, visit **www.cdc.gov/getsmart** today.

57495

When you're sick, antibiotics aren't always the answer.

To avoid antibiotic-resistant infections and adverse drug events, avoid seeking an antibiotic prescription for colds, coughs and sniffles.

- Taking antibiotics when they are not needed causes some bacteria to become resistant to the antibiotic.
- Resistant bacteria are stronger and make future bacterial illnesses harder to treat.

To learn more, talk with your Walgreens pharmacist today.

57495

OPT: 2875 677 119 0963941 INFO: 0917 0037800321 0

8
BR
PAIDMPD *1534699 0302 3 0000438 5*

SUN 11:00AM
$4.38
EXPRESS PAY

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

04/29/11
Refill

- Store TT 2 of 5
- Your Insurance Saved You: $12.28

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P11630

YOUR PERSONAL PRESCRIPTION INFORMATION

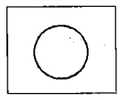
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION ETHAMBUTOL 400MG TABLETS
QUANTITY 90
DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



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INGREDIENT NAME: ETHAMBUTOL (e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1534700-03328 DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 1 REFILL BEFORE 04/05/12
Refill NDC: 68180-0281-01
Retail Price: $153.59 Your Insurance Saved You: $148.59

$ 5.00

A. JAIN, MD
MFG: LUPIN
XXX/PBP/PBP/ /PBP

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# 7C1HH79

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1534700-03328 DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 1 REFILL BEFORE 04/05/12
Refill NDC: 68180-0281-01
Retail Price: $153.59 Your Insurance Saved You: $148.59

$ 5.00

A. JAIN, MD
MFG: LUPIN
XXX/PBP/PBP/ /PBP

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# 7C1HH79

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

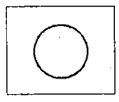
P116311

Pharmacy use only

SUN 11:00AM
Refill

ETHAMBUTOL 400MG TABLETS
68180-**0281**-01
ALPHA

QTY 90



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BACK: C32

XXX/PBP/PBP/ /PBP

Brunsting004461

Take your antibiotics **the right way.**

- ☑ Precisely follow usage directions.
- ☑ Do not skip doses.
- ☑ Do not share them with others.
- ☑ Finish the prescription even if you feel better.
- ☑ Do not save them for future use.

Why is this checklist so important?

Using an antibiotic the wrong way can make infections stronger and harder to treat. You can prevent this problem by getting smart about antibiotics.

For more information talk to your Walgreens pharmacist. Or call 1-800-CDC-INFO or visit **www.cdc.gov/getsmart**.

S7494

Do you have a higher risk of getting pneumonia?

Are you:

- Age 19 through 64 and smoke or have asthma?
- Age 64 or younger and have diabetes, heart disease, lung disease, leukemia, lymphoma, Hodgkin's disease, kidney problems, HIV or other condition that lowers the body's resistance to infection?
- Age 64 or younger and are taking a drug or treatment that lowers the body's resistance to infection, such as long-term steroids, certain cancer drugs or radiation therapy?
- Age 65 or older?

If you answered, "yes" to any of these questions, the Centers for Disease Control & Prevention (CDC) recommends that you receive a pneumonia vaccination.

Talk to your Walgreens pharmacist to get vaccinated today!

No out-of-pocket cost for Medicare Part B beneficiaries*!

Walgreens

There's a way *to stay well.*

*Medicare Part B generally covers the pneumonia vaccine once per beneficiary. Vaccine subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

S7678

OPT: 2875 677 119 0964305 INFO: 0917 6818 0028101

8
BR

PAIDMPD *1534700 0302 3 0000500 1*

SUN 11:00AM
$5.00
EXPRESS PAY

04/29/11
Refill

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 1 of 5
- Your Insurance Saved You: $148.59

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts · Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P11632

YOUR PERSONAL PRESCRIPTION INFORMATION

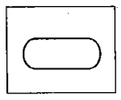
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SERTRALINE 50MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



BLUE
FRONT: G 4900
BACK: 50MG

INGREDIENT NAME: SERTRALINE (SER-tra-leen)

COMMON USES: This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking a fenfluramine derivative (eg, dexfenfluramine); nefazodone; pimozide; sibutramine; or thioridazine. DO NOT TAKE THIS MEDICINE IF you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anorexiants (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine);carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. TAKE THIS MEDICINE by mouth with or without food. STORE THIS MEDICINE at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. CONTINUE TO TAKE THIS MEDICINE even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you remember to take it. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without checking with your doctor. Side effects may occur. They may include mental or mood changes, numbness or tingling of the skin, dizziness, confusion, headache, trouble sleeping, or unusual tiredness. You will be closely monitored when you start this medicine and whenever a change in dose is made. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. DO NOT take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine. THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DO NOT DRINK ALCOHOL while you are taking this medicine. Check with your doctor before you use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are taking this medicine; it may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. Several weeks may pass before your symptoms improve. DO NOT TAKE MORE THAN THE RECOMMENDED DOSE, change your dose, or use this medicine for longer than prescribed without checking with your doctor. IF YOUR DOCTOR TELLS YOU TO STOP TAKING THIS MEDICINE, you will need to wait for several weeks before beginning to take certain other medicines (eg, MAOIs, nefazodone). Ask your doctor when you should start to take your new medicines after you have stopped taking this medicine. SEROTONIN SYNDROME and NEUROLEPTIC MALIGNANT SYNDROME (NMS) are possibly fatal syndromes that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg, "triptans", MAOIs, antipsychotics). Symptoms of these syndromes may include blood pressure changes; agitation; confusion; hallucinations; other mental or mood changes; coma; fever; fast or irregular heartbeat; tremor; excessive sweating; rigid muscles; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Caution is advised when using this medicine in the ELDERLY; they may be more sensitive to its effects, especially low blood sodium levels. Caution is advised when using this medicine in CHILDREN; they may be more sensitive to its effects, especially increased risk of suicidal thoughts or actions. THIS MEDICINE MAY CAUSES WEIGHT CHANGES. CHILDREN AND TEENAGERS may need regular weight and growth checks while they take this medicine. FOR MEN: THIS MEDICINE MAY RARELY CAUSE a prolonged, painful erection. This could happen even when you are not having sex. If this is not treated right away, it could lead to permanent sexual problems such as impotence. Contact your doctor right away if this happens. FOR WOMEN: THIS MEDICINE MAY CAUSE HARM TO THE FETUS if it is used during the last 3 months of pregnancy. IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include anxiety; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; increased sweating; loss of appetite; nausea; nervousness; stomach upset; tiredness; trouble sleeping; vomiting; or weight loss. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience bizarre behavior; black or bloody stools; chest pain; decreased bladder control; exaggerated reflexes; fast or irregular heartbeat; fever; hallucinations; loss of coordination; new or worsening agitation, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, restlessness, or inability to sit still; persistent or severe ringing in the ears; persistent, painful erection; red, swollen, blistered, or peeling skin; seizures; severe or persistent anxiety or trouble sleeping; stomach pain; suicidal thoughts or attempts; tremor; unusual bruising or bleeding; unusual or severe mental or mood changes; vision changes; or worsening of depression. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include coma; fainting; fast, slow, or irregular heartbeat; hair loss; hallucinations; seizures; severe or persistent dizziness, drowsiness, diarrhea, nausea, or vomiting; or tremor.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

P1633

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1515376-03328 DATE: 03/02/11

SERTRALINE 50MG TABLETS
QTY: 30 1 REFILL BEFORE 02/02/12
Refill NDC: 59762-4900-05
Retail Price: $29.99 Your Insurance Saved You: $24.99

$ 5.00

A. JAIN, MD
MFG:GREENSTONE
XXX/KMN/KMN/ /KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# OXHXMT3

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1515376-03328 DATE: 03/02/11

SERTRALINE 50MG TABLETS
QTY: 30 1 REFILL BEFORE 02/02/12
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PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# OXHXMT3

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

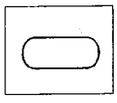
Duplicate Receipt

Pharmacy use only

WED 1:30PM
Refill

SERTRALINE 50MG TABLETS
59762-**4900**-05
CELL 29

QTY 30
20 DRAM



BLUE
FRONT: G 4900
BACK: 50MG

XXX/KMN/KMN/ /KMN

Med Guide

Brunsting004463

Ask if grapefruit juice affects your medication.

From the breakfast table.

New
Pharmacy Chat at Walgreens.com

helps you *find immediate answers anytime, anywhere.*

Chat live with an expert from our pharmacy team about:

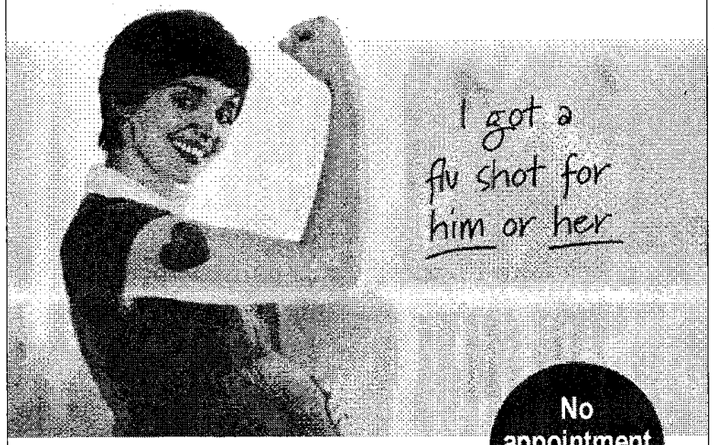
- Your personal prescription questions
- Over-the-counter product and prescription interactions
- Treatments for common ailments

Go to **Walgreens.com/pharmacychat** today.
It's **confidential and secure!**

Walgreens

53842

Arm yourself®
for the ones you love



No appointment necessary.

Flu shots* every day.

Register for your flu shot today at **Walgreens.com/flu.**

We bill many insurance plans directly, including Medicare.

*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

Walgreens

53858

OPT: 2875 677 061 0613664 INFO: 0908 5976249000 5

8
BR

PAIDMPD *1515376 0202 3 0000500 1*

WED 1:30PM
$5.00
EXPRESS PAY

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 5 of 6
- Your Insurance Saved You: $24.99

03/02/11
Refill
MED GUIDE

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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P11634

YOUR PERSONAL PRESCRIPTION INFORMATION

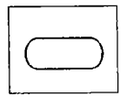
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



PINK
FRONT: 93
BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
(ay-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494789-03328 DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS
QTY: 30 NO REFILLS - DR. AUTH REQUIRED
Refill NDC: 00093-7146-56
Retail Price: $195.79 Your Insurance Saved You: $190.79

$ 5.00

A. JAIN, MD
MFG: TEVA
XXX/ / /KMN/KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# FKRWQHL

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494789-03328 DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS
QTY: 30 NO REFILLS - DR. AUTH REQUIRED
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$ 5.00

A. JAIN, MD
MFG: TEVA
XXX/ / /KMN/KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# FKRWQHL

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

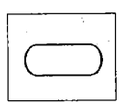
P 11635

Pharmacy use only

WED 1:30PM
Refill

AZITHROMYCIN 250MG TABLETS
00093-**7146**-56
ALPHA

QTY 30
10 DRAM



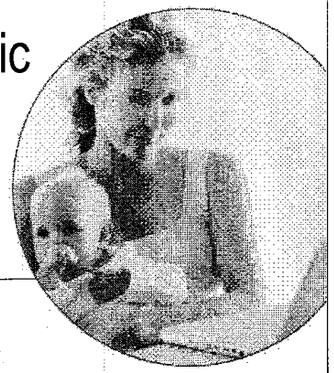
PINK
FRONT: 93
BACK: 7146

XXX/ / /KMN/KMN

Brunsting004465

Ask if an antibiotic is causing her diaper rash.

Without leaving her side.



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53842

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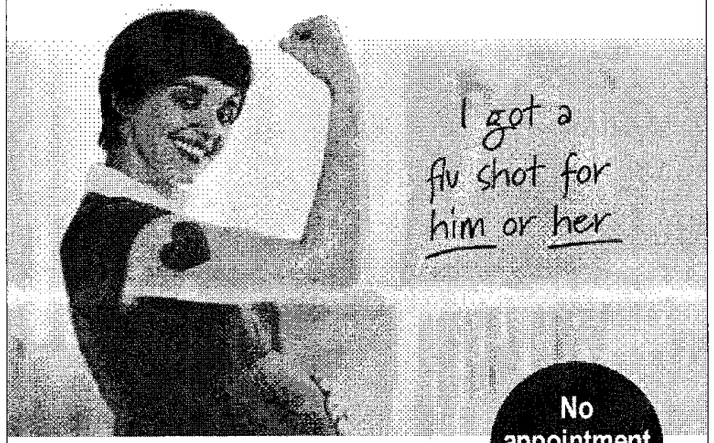

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Flu shots* every day.

Register for your flu shot today at **Walgreens.com/flu.**

We bill many insurance plans directly, including Medicare.

*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

Walgreens

53858

OPT: 2875 677 061 0615655 INFO: 0908 0009371 4656

8
BR
PAIDMPD *1494789 0404 3 0000500 7*

WED 1:30PM
$5.00
EXPRESS PAY

03/02/11
Refill

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 3 of 6
- Your Insurance Saved You: $190.79

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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P11636

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER TWICE DAILY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

LIQUID

INGREDIENT NAME: ARFORMOTEROL (ar-for-MOE-ter-ole)

COMMON USES: This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. SOME MEDICINES MAY INTERACT with this medicine. DO NOT TAKE THIS MEDICINE if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. TELL YOUR HEALTH CARE PROVIDER if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. USE OF THIS MEDICINE IS NOT RECOMMENDED if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. THIS MEDICINE SHOULD NOT BE USED IN CHILDREN; safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. IF THE MEDICINE CONTAINS PARTICLES, is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES in your nebulizer machine. TO USE THIS MEDICINE, twist open the top of the vial and pour the entire contents into the nebulizer reservoir. CONNECT THE NEBULIZER RESERVOIR to the mouthpiece or face mask. CONNECT THE NEBULIZER to the compressor. Sit in a comfortable, upright position. PLACE THE MOUTHPIECE in your mouth (or put on the face mask) and turn on the nebulizer. BREATHE AS CALMLY, deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. STORE THIS MEDICINE IN THE REFRIGERATOR, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. UNOPENED POUCHES MAY BE STORED at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. DO NOT USE this medicine if it is past the expiration date on the container. KEEP THIS MEDICINE out of the reach of children and away from pets. CONTINUE TO USE THIS MEDICINE even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. LAB TESTS, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DIZZINESS. This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED. Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. THE RISK OF SERIOUS HEART PROBLEMS (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. TELL YOUR DOCTOR AT ONCE if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. TALK WITH YOUR DOCTOR OR PHARMACIST about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any breathing medicine unless your doctor tells you to. THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE. If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

ADDITIONAL INFORMATION: If your symptoms do not improve or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496587-03328 DATE: 02/18/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 1 REFILL BEFORE 12/05/11
Refill NDC: 63402-0911-30

$ 527.99

A. JAIN, MD
MFG: SEPRACOR
HMC/ / / /KDM

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496587-03328 DATE: 02/18/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 1 REFILL BEFORE 12/05/11
Refill NDC: 63402-0911-30

$ 527.99

A. JAIN, MD
MFG: SEPRACOR
HMC/ / / /KDM

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

P1637

Pharmacy use only

TUE 12:00PM
Refill

BROVANA 15MCG/2ML INH SOL 30X2ML
63402-**0911**-30
REFRIG

QTY 120

LIQUID

HMC/ / / /KDM

Med Guide

Brunsting004467

Don't take a chance with your lungs — get a PARI Nebulizer cup now.

Did you know a PARI nebulizer was used to prove safety and efficacy of your inhaled medication? PARI nebulizers are the clinical choice, make them your choice.

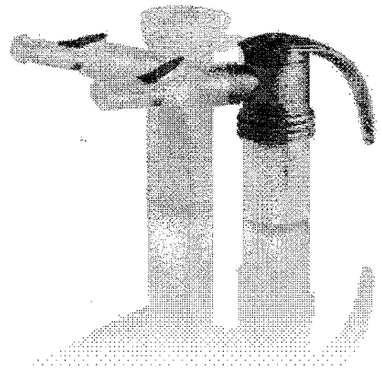
The Benefits of PARI Reusable Nebulizers

- Short treatment times
- Consistent, efficient delivery of medication to the lungs
- Reusable, designed to last 6 months
- Easy to clean: boilable and dishwasher safe
- Cost effective

Specialists in effective inhalation PARI

PARI LC® Plus used in clinical trial.

55444



Continue to effectively manage your COPD by using a PARI Nebulizer.

Chronic obstructive pulmonary disease (COPD) is with you all of the time, even when you don't have symptoms. That is why it's important to use the PARI Nebulizer system, to deliver your medication to you effectively.

If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.

PARI reusable nebulizers feature breath enhanced technology resulting in increased aerosol delivery with decreased medication waste.

For more information contact PARI at 1.800.FAST.NEB (327.8632) or your Walgreens pharmacist. Visit www.PARI.com.

Talk to your doctor or pharmacist today about the PARI Reusable Nebulizer cup.

This message was developed and paid for by PARI Respiratory Equipment, Inc.

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OPT: 2875 677 049 0537281 INFO: 0906 634020911 30

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1496587 2203 3 0052799 0

TUE 12:00PM
$527.99
EXPRESS PAY

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

02/18/11
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MED GUIDE

- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you $117.29! Ask if you qualify.

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

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  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
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  Save time by using our automated system for a refill. Just dial the number on your prescription label.

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SPIRIVA CAPS 30'S & HANDIHALER
QUANTITY 30
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES

INGREDIENT NAME: TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. DO NOT SWALLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. TAKE A SLOW, DEEP BREATH. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. ASK YOUR DOCTOR OR PHARMACIST if you are unclear on how to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. STORE THIS MEDICINE at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. DO NOT use this medicine more often than 1 time every 24 hours.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCURE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496586-03328 DATE: 01/01/11

SPIRIVA CAPS 30'S & HANDIHALER
QTY: 30 2 REFILLS BEFORE 12/05/11
Refill NDC: 00597-0075-41
Retail Price: $260.99 Your Insurance Saved You: $44.45

$ 216.54

A. JAIN, MD
MFG: BOEHRINGER
XXX/JIC/JIC/ /RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# MRWHDCC

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496586-03328 DATE: 01/01/11

SPIRIVA CAPS 30'S & HANDIHALER
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$ 216.54

A. JAIN, MD
MFG: BOEHRINGER
XXX/JIC/JIC/ /RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# MRWHDCC

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

PT 16639

Pharmacy use only

SUN 12:00PM
Refill

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00597-**0075**-41
ALPHA

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XXX/JIC/JIC/ /RJW

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Get a **FREE** one-on-one
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Your pharmacist will:

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3923

OPT: 2875 677 002 0240098 INFO: 0900 0059700754 1

8
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SUN 12:00PM
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NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 5 of 5
- Your Insurance Saved You: $44.45

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.
Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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Thank you for choosing Walgreens!

P11640

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER TWICE DAILY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

LIQUID

INGREDIENT NAME: ARFORMOTEROL (ar-for-MOE-ter-ole)

COMMON USES: This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. SOME MEDICINES MAY INTERACT with this medicine. DO NOT TAKE THIS MEDICINE if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. TELL YOUR HEALTH CARE PROVIDER if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. USE OF THIS MEDICINE IS NOT RECOMMENDED if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. THIS MEDICINE SHOULD NOT BE USED IN CHILDREN; safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. IF THE MEDICINE CONTAINS PARTICLES, is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES in your nebulizer machine. TO USE THIS MEDICINE, twist open the top of the vial and pour the entire contents into the nebulizer reservoir. CONNECT THE NEBULIZER RESERVOIR to the mouthpiece or face mask. CONNECT THE NEBULIZER to the compressor. Sit in a comfortable, upright position. PLACE THE MOUTHPIECE in your mouth (or put on the face mask) and turn on the nebulizer. BREATHE AS CALMLY, deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. STORE THIS MEDICINE IN THE REFRIGERATOR, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. UNOPENED POUCHES MAY BE STORED at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. DO NOT USE this medicine if it is past the expiration date on the container. KEEP THIS MEDICINE out of the reach of children and away from pets. CONTINUE TO USE THIS MEDICINE even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. LAB TESTS, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DIZZINESS. This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED. Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. THE RISK OF SERIOUS HEART PROBLEMS (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. TELL YOUR DOCTOR AT ONCE if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. TALK WITH YOUR DOCTOR OR PHARMACIST about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any breathing medicine unless your doctor tells you to. THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE. If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

ADDITIONAL INFORMATION: If your symptoms do not improve or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 959810

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496587-03328 DATE: 01/13/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 2 REFILLS BEFORE 12/05/11
Refill NDC:63402-0911-30

$ 527.99

A. JAIN, MD
MFG:SEPRACOR
JDC/SSH/SSH/ /KSC

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH:(713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496587-03328 DATE: 01/13/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 2 REFILLS BEFORE 12/05/11
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A. JAIN, MD
MFG:SEPRACOR
JDC/SSH/SSH/ /KSC

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH:(713)722-7247

Duplicate Receipt

P1141

Pharmacy use only

THU 4:15PM
Refill

BROVANA 15MCG/2ML INH SOL 30X2ML
63402-**0911**-30
REFRIG

QTY 120

LIQUID

JDC/SSH/SSH/ /KSC

Med Guide

Brunsting004471

Don't take a chance with your lungs — get a PARI Nebulizer cup now.

Did you know a PARI nebulizer was used to prove safety and efficacy of your inhaled medication? PARI nebulizers are the clinical choice, make them your choice.

The Benefits of PARI Reusable Nebulizers

- Short treatment times
- Consistent, efficient delivery of medication to the lungs
- Reusable, designed to last 6 months
- Easy to clean: boilable and dishwasher safe
- Cost effective

Specialists in effective inhalation PARI

PARI LC® Plus used in clinical trial.

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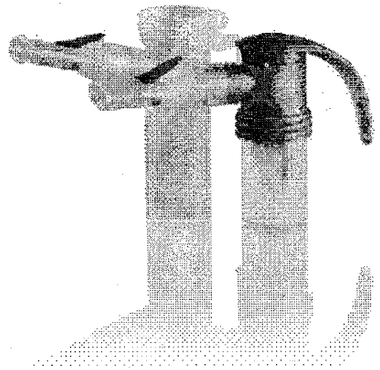

Continue to effectively manage your COPD by using a PARI Nebulizer.

Chronic obstructive pulmonary disease (COPD) is with you all of the time, even when you don't have symptoms. That is why it's important to use the PARI Nebulizer system, to deliver your medication to you effectively.

If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.

PARI reusable nebulizers feature breath enhanced technology resulting in increased aerosol delivery with decreased medication waste.

For more information contact PARI at 1.800.FAST.NEB (327.8632) or your Walgreens pharmacist. Visit www.PARI.com.

Talk to your doctor or pharmacist today about the PARI Reusable Nebulizer cup.

This message was developed and paid for by PARI Respiratory Equipment, Inc.

55444

OPT: 2875 677 013 0320825 INFO: 0901 6340209 1130

8
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1496587 0902 3 0052799 0

THU 4:15PM
$527.99
EXPRESS PAY

NELVA BRUNSTING
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Houston, TX 770797517
(713)464-4391

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- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you $117.29! Ask if you qualify.

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LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

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- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION ETHAMBUTOL 400MG TABLETS
QUANTITY 90
DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

WHITE
FRONT: L U
BACK: C32

INGREDIENT NAME: ETHAMBUTOL (e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494792-03328 DATE: 01/01/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 2 REFILLS BEFORE 11/29/11
Refill NDC: 68180-0281-01
Retail Price: $153.59 Your Insurance Saved You: $148.59

$ 5.00

A. JAIN, MD PLAN: PAIDMPD
MFG: LUPIN GROUP# CMD3896
XXX/JIC/JIC/ /RJW CLAIM REF# SQA93NQ

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494792-03328 DATE: 01/01/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 2 REFILLS BEFORE 11/29/11
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XXX/JIC/JIC/ /RJW CLAIM REF# SQA93NQ

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

P116243

Pharmacy use only

SUN 12:00PM
Refill

ETHAMBUTOL 400MG TABLETS
68180-**0281**-01
ALPHA

QTY 90

WHITE
FRONT: L U
BACK: C32

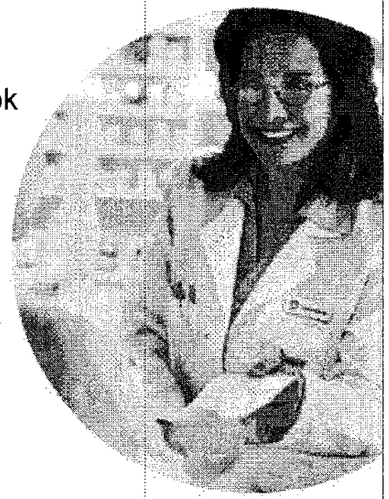
XXX/JIC/JIC/ /RJW

Brunsting004473

Get a **FREE** one-on-one **Medicare Part D** review session!

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



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OPT: 2875 677 002 0240079 INFO: 0900 6818002810 1

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PAIDMPD *1494792 0202 3 0000500 7*

SUN 12:00PM
$5.00
EXPRESS PAY

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 2 of 5
- Your Insurance Saved You: $148.59

01/01/11
Refill

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.
Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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P11644

YOUR PERSONAL PRESCRIPTION INFORMATION

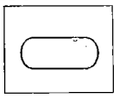
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



PINK
FRONT: 93
BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
(ay-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494789-03328 DATE: 01/01/11

AZITHROMYCIN 250MG TABLETS
QTY: 30 2 REFILLS BEFORE 11/29/11
Refill NDC: 00093-7146-56
Retail Price: $195.79 Your Insurance Saved You: $190.79

$ 5.00

~~A. JAIN, MD~~ ~~PLAN: PAIDMPD~~
MFG: TEVA GROUP# CMD3896
XXX/KHN/KHN/KHN/RJW CLAIM REF# SQA93N1

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Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494789-03328 DATE: 01/01/11

AZITHROMYCIN 250MG TABLETS
QTY: 30 2 REFILLS BEFORE 11/29/11
Refill NDC: 00093-7146-56
Retail Price: $195.79 Your Insurance Saved You: $190.79

$ 5.00

~~A. JAIN, MD~~ ~~PLAN: PAIDMPD~~
MFG: TEVA GROUP# CMD3896
XXX/KHN/KHN/KHN/RJW CLAIM REF# SQA93N1

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247

Duplicate Receipt

P1 16645

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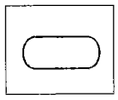
SUN 12:00PM
Refill

AZITHROMYCIN 250MG TABLETS
00093-**7146**-56
ALPHA

QTY 30
10 DRAM



PINK
FRONT: 93
BACK: 7146

XXX/KHN/KHN/KHN/RJW

Brunsting004475

Are you getting the most from your **Medicare Part D** plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

Make your appointment today!

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Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

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54381

OPT: 2875 677 002 0240067 INFO: 0900 0009371 4656

8
BR

PAIDMPD *1494789 0202 3 0000500 5*

SUN 12:00PM
$5.00
EXPRESS PAY

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 3 of 5
- Your Insurance Saved You: $190.79

01/01/11
Refill

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Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.
Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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P11646

YOUR PERSONAL PRESCRIPTION INFORMATION

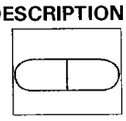
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION RIFAMPIN 300MG CAPSULES
QUANTITY 60
DIRECTIONS TAKE 2 CAPSULES BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

COMMON USES: This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494790-03328 DATE: 01/01/11

RIFAMPIN 300MG CAPSULES
QTY: 60 2 REFILLS BEFORE 11/29/11
Refill NDC: 00527-1315-30
Retail Price: $113.89 Your Insurance Saved You: $108.89

$ 5.00

A. JAIN, MD PLAN: PAIDMPD
MFG: LANNETT GROUP# CMD3896
XXX/KHN/KHN/KHN/RJW CLAIM REF# ONA1TWP

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

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(713)464-4391
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PH: (713)722-7247

Duplicate Receipt

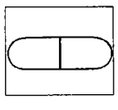
P11647

Pharmacy use only

SUN 12:00PM
Refill

RIFAMPIN 300MG CAPSULES
00527-**1315**-30
ALPHA

QTY 60
20 DRAM



DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

XXX/KHN/KHN/KHN/RJW

Brunsting004477

Are you getting the most from your **Medicare Part D** plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

Make your appointment today!

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1. Gather your prescription bottles.
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Avoid potentially harmful drug interactions by filling all your prescriptions at one pharmacy. By choosing Walgreens, our pharmacists can screen your prescriptions and warn you of potential interactions.

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PAIDMPD *1494790 0202 3 0000500 1*

SUN 12:00PM
$5.00
EXPRESS PAY

01/01/11
Refill

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 4 of 5
- Your Insurance Saved You: $108.89

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Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.
Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

PINK
FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-lole)

COMMON USES: This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking mibefradil. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTHEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS: this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496588-03328 DATE: 01/01/11

METOPROLOL TARTRATE 50MG TABLETS
QTY: 60 2 REFILLS BEFORE 12/05/11
Refill NDC: 00378-0032-10
Retail Price: $14.99 Your Insurance Saved You: $10.61

$ 4.38

A. JAIN, MD PLAN: PAIDMPD
MFG: MYLAN GROUP# CMD3896
XXX/JIC/JIC/ /RJW CLAIM REF# YXEP3F1

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

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13630 Pinerock, Houston, TX 770797517
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XXX/JIC/JIC/ /RJW CLAIM REF# YXEP3F1

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PH: (713)722-7247

Duplicate Receipt

PT 16649

Pharmacy use only

SUN 12:00PM
Refill

METOPROLOL TARTRATE 50MG TABLETS
00378-**0032**-10
CELL 138

QTY 60
20 DRAM

PINK
FRONT: m 32

XXX/JIC/JIC/ /RJW

Brunsting004479

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined[1]

Be Prepared...

ACT F.A.S.T!

FACE	Facial droop Uneven smile
ARM	Arm numbness Arm weakness
SPEECH	Slurred speech Difficulty speaking or understanding
TIME	Call 911 and get to the hospital immediately.

Stroke risk factors

- High blood pressure
- High cholesterol
- Heart disease
- Diabetes
- Smoking
- Heavy alcohol use
- Physical inactivity and obesity
- Atrial fibrillation (irregular heartbeat)
- Family history of stroke

Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit www.stroke.org/catalina, hosted by National Stroke Association

For more information on stroke, visit www.getstrokeinfo.com

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2006. *Natl Vital Stat Rep.* 2009;57(14):1-134.

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55218

You're taking action

by managing the most important part of your life, your health.

Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol.**

- Follow the directions on your prescription bottle carefully.
- Take your medicine exactly as your doctor prescribed.
- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

OPT: 2875 677 002 0240051 INFO: 0900 0037800321 0 4 34440

8
BR

PAIDMPD *1496588 0202 3 0000438 1*

SUN 12:00PM
$4.38
EXPRESS PAY

01/01/11
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NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 1 of 5
- Your Insurance Saved You: $10.61

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.
Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

9 AM 3 9 PM

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

PINK
FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-lole)

COMMON USES: This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking mibefradil. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTHEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS: this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496588-03328 DATE: 12/05/10

METOPROLOL TARTRATE 50MG TABLETS
QTY: 60 3 REFILLS BEFORE 12/05/11
New NDC: 00378-0032-10
Retail Price: $14.99 Your Insurance Saved You: $10.61

$ 4.38

A. JAIN, MD
MFG: MYLAN
TPL/RJW/RJW/ /RJW
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# YRKMEWD

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496588-03328 DATE: 12/05/10

METOPROLOL TARTRATE 50MG TABLETS
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A. JAIN, MD
MFG: MYLAN
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PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# YRKMEWD

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

PT 1951

Pharmacy use only

SUN 1:29PM
New

METOPROLOL TARTRATE 50MG TABLETS
00378-**0032**-10
CELL 138

QTY 60
20 DRAM

PINK
FRONT: m 32

TPL/RJW/RJW/ /RJW

Brunsting004481

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined[1]

Be Prepared...

ACT F.A.S.T!

FACE	Facial droop Uneven smile
ARM	Arm numbness Arm weakness
SPEECH	Slurred speech Difficulty speaking or understanding
TIME	Call 911 and get to the hospital immediately.

Stroke risk factors

- High blood pressure
- High cholesterol
- Heart disease
- Diabetes
- Smoking
- Heavy alcohol use
- Physical inactivity and obesity
- Atrial fibrillation (irregular heartbeat)
- Family history of stroke

Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit www.stroke.org/catalina, hosted by National Stroke Association

For more information on stroke, visit www.getstrokeinfo.com

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2006. *Natl Vital Stat Rep.* 2009;57(14):1-134.

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S5218

You're taking action

by managing the most important part of your life, your health.

Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol.**

- Follow the directions on your prescription bottle carefully.
- Take your medicine exactly as your doctor prescribed.
- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

OPT: 2875 677 339 0223746 INFO: 0896 0037800 3210

34440

8
BR

PAIDMPD *1496588 0101 3 0000438 5*

SUN 1:29PM
$4.38
EXPRESS PAY

12/05/10
New

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391
• Your Insurance Saved You: $10.61

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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The Pharmacy America Trusts • Since 1901™
Visit us online at Walgreens.com

Thank you for choosing Walgreens!
P11652

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit remove-me.net Use code:2875677 339 0223746

YOUR PERSONAL PRESCRIPTION INFORMATION

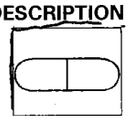
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION RIFAMPIN 300MG CAPSULES
QUANTITY 60
DIRECTIONS TAKE 2 CAPSULES BY MOUTH EVERY DAY
Evening

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

COMMON USES: This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494790-03328 DATE: 11/29/10

RIFAMPIN 300MG CAPSULES
QTY: 60 3 REFILLS BEFORE 11/29/11
New NDC: 00527-1315-30
Retail Price: $113.89 Your Insurance Saved You: $108.89

$ 5.00

A. JAIN, MD
MFG: LANNETT
KKP/KKP/KKP/KKP/NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# XML13FK

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494790-03328 DATE: 11/29/10

RIFAMPIN 300MG CAPSULES
QTY: 60 3 REFILLS BEFORE 11/29/11
New NDC: 00527-1315-30
Retail Price: $113.89 Your Insurance Saved You: $108.89

$ 5.00

A. JAIN, MD
MFG: LANNETT
KKP/KKP/KKP/KKP/NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# XML13FK

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

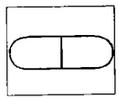
P1653

Pharmacy use only

MON 5:55PM
New

RIFAMPIN 300MG CAPSULES
00527-**1315**-30
ALPHA

QTY 60
20 DRAM



DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

KKP/KKP/KKP/KKP/NFH

Brunsting004483

Don't take chances with your health:

Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

Walgreens

There's a way *to stay well.*

556595

If your prescription needs to be refilled, Walgreens can help with Auto Refills

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit Walgreens.com/pharmacy to see if your prescription is eligible for Auto Refills.

Walgreens

There's a way *to stay well.*

506996

OPT: 2875 677 333 0193642 INFO: 0895 00527131530

8
BR

PAIDMPD *1494790 0101 3 0000500 5*

MON 5:55PM
$5.00
EXPRESS PAY

11/29/10
New

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391
• Your Insurance Saved You: $108.89

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.

Walgreens

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Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P11654

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

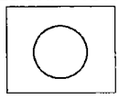
PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION ETHAMBUTOL 400MG TABLETS
QUANTITY 90
DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

30 @ once / w food

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



WHITE
FRONT: L U
BACK: C32

INGREDIENT NAME: ETHAMBUTOL (e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494792-03328 DATE: 11/29/10

ETHAMBUTOL 400MG TABLETS
QTY: 90 3 REFILLS BEFORE 11/29/11
New NDC: 68180-0281-01
Retail Price: $153.59 Your Insurance Saved You: $148.59

$ 5.00

A. JAIN, MD
MFG: LUPIN
KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# RCFCF1F

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494792-03328 DATE: 11/29/10

ETHAMBUTOL 400MG TABLETS
QTY: 90 3 REFILLS BEFORE 11/29/11
New NDC: 68180-0281-01
Retail Price: $153.59 Your Insurance Saved You: $148.59

$ 5.00

A. JAIN, MD
MFG: LUPIN
KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# RCFCF1F

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

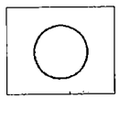
P1 1655

Pharmacy use only

MON 5:55PM
New

ETHAMBUTOL 400MG TABLETS
68180-**0281**-01
ALPHA

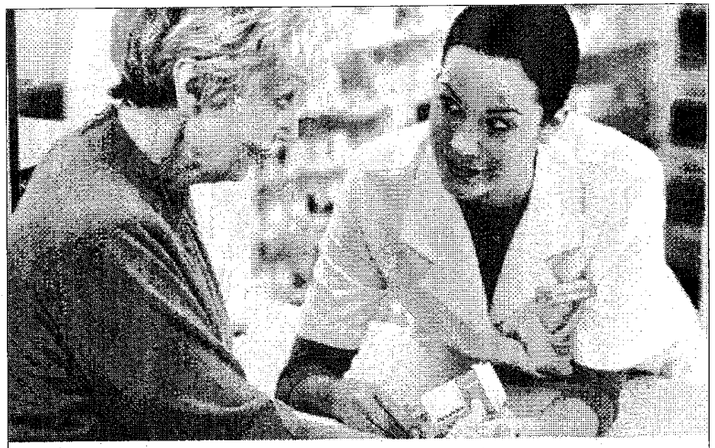
QTY 90



WHITE
FRONT: L U
BACK: C32

KKP/KKP/KKP/ /NFH

Brunsting004485



If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit Walgreens.com/pharmacy to see if your prescription is eligible for Auto Refills.

Walgreens

There's a way *to stay well.*

516916

Are you getting the most from your **Medicare Part D** plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

Make your appointment today!

Walgreens

There's a way *to stay well.*

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

249770

OPT: 2875 677 333 0192835 INFO: 0895 6818 0028101

8
BR

PAIDMPD *1494792 0101 3 0000500 1*

MON 5:55PM
$5.00
EXPRESS PAY

11/29/10
New

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391
• Your Insurance Saved You: $148.59

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.

Walgreens
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Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P11656

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY
6 AT LUNCH

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

PINK
FRONT: 93
BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
(ay-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494789-03328 DATE: 11/29/10

AZITHROMYCIN 250MG TABLETS
QTY: 30 3 REFILLS BEFORE 11/29/11
New NDC: 00093-7146-56
Retail Price: $195.79 Your Insurance Saved You: $190.79

$ 5.00

A. JAIN, MD
MFG: TEVA
KKP/KKP/KKP/KKP/NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# H3AEA7R

Walgreens
12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494789-03328 DATE: 11/29/10

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PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# H3AEA7R

Walgreens
12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

P1637

Pharmacy use only

MON 5:55PM
New

AZITHROMYCIN 250MG TABLETS
00093-**7146**-56
ALPHA

QTY 30
10 DRAM

PINK
FRONT: 93
BACK: 7146

KKP/KKP/KKP/KKP/NFH

Brunsting004487

If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit Walgreens.com/pharmacy to see if your prescription is eligible for Auto Refills.

Walgreens

There's a way *to stay well.*

316696

Get a **FREE** one-on-one **Medicare Part D** review session!

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions

Make your appointment today!

Walgreens

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Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

49778

OPT: 2875 677 333 0193635 INFO: 0895 00093714656

8
BR

PAIDMPD *1494789 0101 3 0000500 9*

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391
• Your Insurance Saved You: $190.79

MON 5:55PM
$5.00
EXPRESS PAY

11/29/10
New
CAP

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.

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Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P11658

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SPIRIVA CAPS 30'S & HANDIHALER
QUANTITY 30
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER

6 Lunch

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES

INGREDIENT NAME: TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. DO NOT SWALLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. TAKE A SLOW, DEEP BREATH. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. ASK YOUR DOCTOR OR PHARMACIST if you are unclear on how to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. STORE THIS MEDICINE at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. DO NOT use this medicine more often than 1 time every 24 hours.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratroprium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCURE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496586-03328 DATE: 12/05/10

SPIRIVA CAPS 30'S & HANDIHALER
QTY: 30 3 REFILLS BEFORE 12/05/11
New NDC: 00597-0075-41
Retail Price: $236.99 Your Insurance Saved You: $215.99

$ 21.00

A. JAIN, MD PLAN: PAIDMPD
MFG: BOEHRINGER GROUP# CMD3896
TPL/RJW/RJW/RJW/RJW CLAIM REF# RDC9TAQ

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
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Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247

Duplicate Receipt

PT 1659

Pharmacy use only

SUN 1:29PM
New

SPIRIVA CAPS 30'S & HANDIHALER
00597-**0075**-41
ALPHA

QTY 30

TPL/RJW/RJW/RJW/RJW

Brunsting004489

Get a **FREE** one-on-one **Medicare Part D** review session!

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions

Make your appointment today!

Walgreens

There's a way *to stay well.*

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

49770

Don't take chances with your health:

Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

Walgreens

There's a way *to stay well.*

50695

OPT: 2875 677 339 0223751 INFO: 0896 0059 7007 541

8
BR

PAIDMPD *1496586 0101 3 0002100

SUN 1:29PM
$21.00
EXPRESS PAY

12/05/10
New

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Houston, TX 770797517
(713)464-4391

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Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P11660

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.31.11	6:30 pm			
2.1.11		9 Am	14.5	
2.1.11	6:30 pm			
2.2.11		9 Am	14.5	
		WEEKLY TOTALS:	29 hrs.	435.00

25.00

$460.00

Employee Signature: Robert Cantu Date: 2/2/11

Supervisor Signature: Date:

Walgreens 14.00

Kroger 11.00

25.00

P11661

[redacted]

MEMORIAL <COLLISION CENTER>

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER			*******2679
	DROP ORNG JC	[+]	2.48 F
	DROP CANDY	PC	1.00 B
SC	KROGER SAVINGS	0.29	
	CHRMN BTH TS		7.57 T
3 @ 3/1.00			
	APL RED DEL		1.00 F
	TAX		0.71
****	BALANCE		12.76

034 KROGER #161
14344 MEMORIAL
HOUSTON, TX 77079
VISA PURCHASE
**********6258
TOTAL: 12.76
REF#: 063120

VISA	12.76
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	6

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 0.29-
TOTAL COUPONS	$ 0.29
TOTAL SAVINGS (2 pct.)	$ 0.29

********** KROGER SAVINGS **********

Walgreens
There's a way™

521 10 3877 05094 028

RFN# 0509-4283-8776-1102-0120

ALEVE TABS 24S	1	5.29	
EXCDRN X/S TAB 50S	1	7.49	
GIL FUSION PWR RZR	1A	9.99	SALE
HALLMARK	1A	2.59	
H/MARK CARD	1A	1.99	
H/MARK CARD CROWN	1A	2.59	
CAFE W YGRT PRTZ4Z	1A	1.00	
J/L BF/JRKY 3.25OZ		3.99	SALE
COKE DT 20OZ	A	1.59	
DUCK DUCT TAPE	1A	3.79	
SUBTOTAL		40.31	
A=8.25% SALES TAX		1.94	
TOTAL		42.25	
VISA		42.25	
ACCT#********6258			
CHANGE		.00	

WAG ADVERTISED SAVINGS:	4.00
YOUR TOTAL SAVINGS:	4.00

14616 Memorial Drive Houston, TX
STORE (281)493-3043

OPEN 24 HOURS
THANK YOU

P11662

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Feb 02 — Feb 04, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2/02 Wed	8:30 AM	3:00 pm	6.5	
↓	5:30 pm	12 am	6.5	
2/03 Thur	12 am	10:30	10.5	
↓	11:30 am	12 am	12.5	
2/04 Fri	12 am	2:30 pm	14.5	
		WEEKLY TOTALS:	50.5	

+ receipts
Grocery & Food = ~~74.64~~ 84.64
~~+ 10.00~~
~~84.64~~ Date: 2-04-2011

Employee Signature:

Supervisor Signature: Date:

50.5 (hours)
x 15.00
757.50 +

Receipt = 84.64

842.14

P11663

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

HOR. WHP CRM HVY 3.29 F

GEN MERCHANDISE

MUFFIN PAN 12 CUP 7.

DELI

BAKED POTATO/BACON .99 F
SW COCONUT/RD CRRY 3.99 F
F/W BAL DUE 11.27
**** TAX .63 BAL 19.59
VF VS XXXXXXXXXXXX0307 19.59

CHANGE 0.
2/03/11 11:05 1066 53 0035 8853

Welcome Club Member! 2457

YOUR CASHIER TODAY WAS SELF

10% Back-To-Schoo
Thank you for supp ing the 10%
Back-to-School Program.
Process your donation at
www.backtoschools.escrip.com
ENTER THIS NUMBER
0000000200014424203
or bring in your receipt to your local
school. Must redeem by 2/28/2011.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS E #1066
12850 MEMORIAL Dr.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 02/03/11 11:05
CARD # XXXXXXXXXXXX0307
REF:1102031 AUTH:190957

PAYMENT AMOUNT 19.59

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

DH CAKE MIX 1.99 F

REFRIG/FROZEN

LUCERNE LRG EGGS 2.13 F
LUC WHIP CREAM 1.99 F

GEN MERCHANDISE

203.00 WINDEX GLASS CLNR . 6.00 T
RegPrice 7.58 CardSav 1.58
**** TAX .50 BAL 12.61
VF DEBIT CARD 12.61

CHANGE .00
TOTAL SAVINGS 1.58
2/02/11 17:09 1011 05 0054 4380

Welcome Club Member! 2457

Remarkable Savings $ 1.58
Total Savings Value 12% $ 1.58

YOUR CASHIER TODAY WAS NILOOFAR

10% Back-To-Schools

Thank you for supporting the 10%
Back-to-School Program.
Process your donation at
www.backtoschools.escrip.com
ENTER THIS NUMBER
0000000200014424203
or bring in your receipt to your local
school. Must redeem by 2/28/2011.

Remarkable Little Card. Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT DEBIT SALE 02/02/11 17:09
CARD # 0307 PRIMARY
TOTAL TRANSACTION AMOUNT 12.61

REF:110202170912 **P11664**

Brunsting004494

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :17265
Claudia D
18:15:48 02/03/2011

---

1 Angus Chopped Steak Combo	8.99
1 Mashed Potato	
1 Corn	
1 White Roll	
1 Glass of Water	
Tray#1 Subtotal	8.99

ID #85 0341 7265

For 10 CHANCES TO WIN $1,000 daily
A $100 Lubys Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com
complete rules and regul...

No purchase necessary
(OFFER EXPIRES Feb 10, 2011)

Subtotal	8.99
Sales Tax	.74

Please pay this amount
Total 9.73

Dine In

Power Meals
Monday - Friday
All Day
$5.99 / $6.99

Luby's
Houston #06 (85)
825 ... Country Center
..., TX ... 24
713-461-...

Check # :14229
Maria G
18:10:17 01/30/2011
Transaction #:38160

Card Number	Auth
**********0307	1
jr/faustino vaquera	

Amount 11

Total 1

Tip ..

Total ..

X
Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

P11665

BLOCKBUSTER INC
MEMORIAL AND DAIRY ASHFORD
720 DAIRY ASHFORD ROAD
HOUSTON, TX 77079
(281) 589-7598
****

WE WELCOME YOUR QUESTIONS AND COMMENTS.
CALL YOUR LOCAL STORE MANAGER
AT THE NUMBER ABOVE.

Your satisfaction is important to us.
Customer Care - (800)406-6843
Sun-Thur 8:00am - 8:00pm (CST)
Friday & Saturday 8am to midnight

****
Your Opinion matters to us.

We invite you to complete our
CUSTOMER SATISFACTION SURVEY

YOU COULD WIN A $200 BLOCKBUSTER
GIFTCARD(R)!
Visit:

http://blockbuster.iwrsurvey.com

No purchase necessary. A purchase
will not increase your chances
of winning.

Open to legal residents of the U.S.
and D.C. 18 years and older.
Void where prohibited. Ends 02/28/2011.
ARV of prize: $200.00.
Odds depend on eligible
entries received.

5's

Visit:
http://blockbuster.iwrsurvey.com
for Official Rules.

Store: 4807/1 Employee: 71087
****
Balance - $ 0.00

SEABISCUIT-WS
Due Date: SATURDAY 02/05/11
Rental $ 2.99
Own It 02/05/11 For Only $9.99 More

CHARIOTS OF FIRE
Due Date: SATURDAY 02/05/11

P11666

Rental - $ 2.99
Own It 02/15/11 For Only $14.99 More

TRUE GRIT
Due Date: SATURDAY 02/05/11
Rental - $ 2.99
Own It 02/15/11 For Only $9.99 More

Subtotal	$	8.97
Tax	$	0.74
Total amount due	$	9.71
Tendered VISA	$	9.71

Card #: XXXXXXXXXXXX0307
Approval: 183334
Trace #: S

By signing the Blockbuster PINpad or this receipt, I have authorized you to charge my card and agree to pay the total amount shown on this receipt according to the card issuer or merchant agreement.

Change Due	$	0.00
Balance -	$	0.00

Cust #: 24807595259
Name : VAQUERA, FAUSTINO

****

All Rentals due by store close on the due date on this receipt.

NOTICE:

Starting March 1, 2010 in select stores, including this store, the rental terms have changed as follows:

MOVIE AND GAME RENTALS:
All movie and game rentals are due back at the date and time printed on the transaction receipt (the "Initial Rental Period"). An additional daily rate (each, an "Additional Daily Rate") plus tax will be charged for each day the member chooses to keep the rental product beyond the Initial Rental Period. All rental product kept more than 10 days beyond the end of the Initial Rental Period is converted to an automatic sale. Sale may be reversed for a refund by returning the rental product to this store within 10 days of the sale or for credit to the membership account by returning the rental product to this store within 30 days of the sale. Rental product may not be returned after 30 days of the automatic sale. If automatic sale is reversed, member must still pay accrued Additional Daily Rates (if applicable).

****

48071-02-02/02/11 18:36

P11667

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER		*******9869	
	GLAD PL WRAP		3.19 T
	SNSW PRUNES	PC	2.99 F
SC	**KROGER SAVINGS**	**2.00**	
	MBRD BREAD		2.69 F
3 @ 0.29			
	GLCR WATER		0.87 F
	TAX		**0.26**
	****** BALANCE**		**10.00**

**********0307
REF#: 000000
PURCHASE: 10.00
CASHBACK: 0.00
TOTAL: 10.00

DEBIT	**10.00**
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	6

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 2.00
TOTAL COUPONS	$ 2.00
TOTAL SAVINGS (17 pct.)	$ 2.00

********** KROGER SAVINGS **********

02/04/11 01:04PM 161 85 59 #

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.

ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

Save $0.10 off per gallon on 1 fillup for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 03/31/11 = 36
Points under 100 do not carry over.
Months' points do not combine.

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20143 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 286282 2/2/2011 5:48:21 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
P2-CK Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99

SubTotal	10.97
Tax	0.91
Total	11.88
Visa	11.88
Change	0.00

Acct: xxxxxxxxxxx0307
Authorization: 144587

ORDER# 482----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon #_____ (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 26217 14802 88202 51776

P11668

TIME SHEET

Employee Name: Robert L Carter **Title:**

Week:

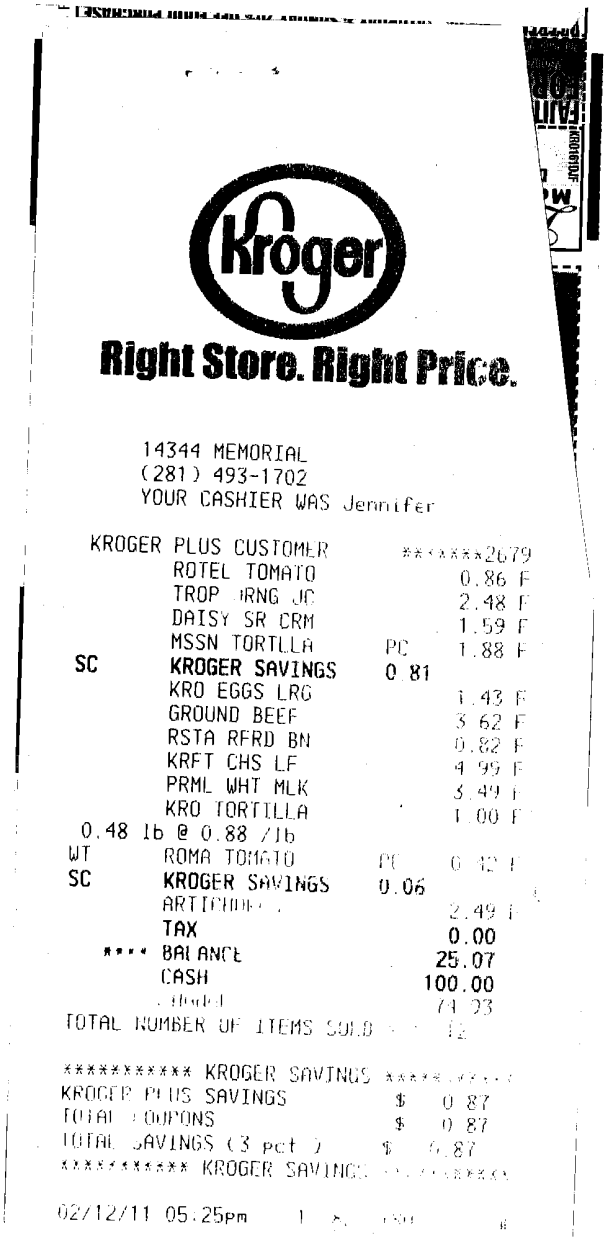
Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Sat				
2.12.11	2 pm			
Sun				
2.13.11		5 pm		
		WEEKLY TOTALS:	27.	

Employee Signature: Robert L Carter Date: 2.13.11

Supervisor Signature: Date:

405.00
25.00
$430.00

P11669



Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER ********2679
ROTEL TOMATO 0.86 F
TROP ORNG JC 2.48 F
DAISY SR CRM 1.59 F
MSSN TORTLLA PC 1.88 F
SC KROGER SAVINGS 0.81
KRO EGGS LRG 1.43 F
GROUND BEEF 3.62 F
RSTA RFRD BN 0.82 F
KRFT CHS LF 4.99 F
PRML WHT MLK 3.49 F
KRO TORTILLA 1.00 F
0.48 lb @ 0.88 /lb
WT ROMA TOMATO PC 0.42 F
SC KROGER SAVINGS 0.06
ARTICHOKE 2.49 F
TAX 0.00
****** BALANCE 25.07**
CASH 100.00
CHANGE 74.93
TOTAL NUMBER OF ITEMS SOLD = 12

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.87
TOTAL COUPONS $ 0.87
TOTAL SAVINGS (3 pct) $ 0.87
********** KROGER SAVINGS **********

02/12/11 05:25PM

P11670

TIME SHEET

WEEK OF: 2/11/11

EMPLOYEE NAME:	**TITLE:**
Robert Cantu	

DATE	START TIME	END TIME	START TIME	END TIME	TOTAL
2.7.11	6 pm				
2.8.11		12 pm			18
2.10.11	6 pm				
2.11.11		3 pm			21
WEEKLY TOTALS:					39

585.00

EMPLOYEE SIGNATURE: Robert R Cantu	**DATE:** 2.11.11
SUPERVISOR SIGNATURE:	**DATE:**

price
Jason deli.

11 2
15.57
20.30
14.47
2.07
52.41

Pd. 2/11/11

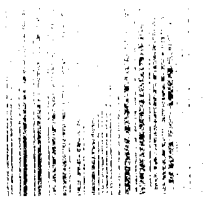
#637.41/x4

P11671

Subtotal

Tax

CASH



P11672

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

	KRO SPINACH	PC	0.69 F
SC	**KROGER SAVINGS**	**0.06**	
	KROGER PLUS CUSTOMER		********2679
	KRO SPINACH	PC	0.69 F
SC	**KROGER SAVINGS**	**0.06**	
	KRO SPINACH	PC	0.69 F
SC	**KROGER SAVINGS**	**0.06**	
	TAX		**0.00**
	****** BALANCE**		**2.07**

**********6258
REF#: 000000
PURCHASE: 2.07
CASHBACK: 0.00
TOTAL: 2.07

	DEBIT	**2.07**
	CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 3

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.18
TOTAL COUPONS $ 0.18
TOTAL SAVINGS (8 pct.) $ 0.18
********** KROGER SAVINGS **********

Houston's Own
Rice
EPICUREAN
MARKETS

Rice Epicurean Markets # 204
12516 Memorial Drive
www.riceepicurean.com
(713) 468-4323

Your Checker today is JUSTINE JEFFERSO

	PF VERY THIN	3.99 F
	PIMENTO SPRE	5.83 F
	FRESH MEAT	5.75 F
	TAX	**0.00**
********	**BALANCE**	**15.57**
	Cash	**20.00**
	CHANGE	4.43

TOTAL NUMb. OF ITEMS SOLD = 3
02/11/11 10:41am 204 2 67 118

P11673

TIME SHEET

Employee Name: Robert L Carter **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.14.11	6pm			
2.15.11		8:30 am		14.5
2.16.11	6pm			
2.17.11		8:30 am		14.5
2.17.11	6pm			
2.18.11		3:00 pm		21.0
		WEEKLY TOTALS:		~~40.00~~ 50.00

Employee Signature: Robert L Carter **Date:**

Supervisor Signature: **Date:**

PD 2/17/11

~~600.00~~ 750

popeyes chicken 10.00

Jason deli 11.23

~~621.23~~ 771.23

P11674

1[illegible] Memorial Dr.
Houston, TX 77079
(281) 531-1999

586

Host: FOREMAN
[illegible]

02/16/2011
6:23 PM
50088

Order Type: Dine In

Grab&Go Brownie Explosion 2.99

[illegible]

,23

--- Check

1[illegible] Memorial Dr.
Houst[illegible] 77079
(281) [illegible]99

ROBERT

Host: NICK
ROBERT

02/16/2011
6:18 PM
60184

Order Type: To Go

Egg Salad Sandwich 4.99
Wheat
[illegible]ips & Pickle
No Beverage
[illegible] Mac & Cheese 2.89
Add To Go Fountain

[illegible]total 7.88
[illegible] 0.65

To Go Total [illegible]

TOTA[illegible]

SIGNAT[illegible]

P11675

Employee Name: Faustino Vaquera **Title:**

Week: Feb 11 —

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-11 Fri	4:00pm	5:30 pm	1.5	
	6:30 pm	12:00 am	5.5	7
2-12 Sat	12:00 am	11:00 am	11	
	1:00 pm	2:00pm	1	
2-13 Sun	6:00 pm	12:00 am	6	
2-14 Mon	12:00 am	1:00pm	13	
	2:00 pm	6:00pm	4	
2-15 Tues	8:30 am	4:30 pm	8	50
	5:30 pm	12:00 am	6.5	
2-16 Wed	12:00 am	3:30 pm	14.5	
	4:30 pm	6:30pm	2.	73
2-17 Thurs	8:30 am	6:30 pm	10	
		WEEKLY TOTALS:		83

Employee Signature: Faustino Vaquera Date: 2-18-11

Supervisor Signature: Date:

2/19/11

83 x 15.00

= 1245

+

Groceries & Food

209.42

= 1454.42

P11676

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :12487

Maria G
18:38:13 02/11/2011

1 Chopped Steak Lu Ann	7.69
1 New Potatoes	
1 Mac and Cheese	
1 White Roll	
1 No Drink	
Tray#1 Subtotal	7.69
1 Chicken Fried Steak Lu Ann	7.69
1 Mac and Cheese	
1 Fried Okra	
1 White Roll	
1 No Drink	
1 Mashed Potato	1.89
1 Cole Slaw	2.19
Tray#2 Subtotal	11.77

ID #85 0421 2487

For 10 CHANCES TO WIN $1,000 daily
A $100 Lubys Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-sur

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com for
complete rules and regulations

No purchase necessary
(OFFER EXPIRES Feb 18, 2011)

Subtotal	19.46
Sales Tax	1.61

Please pay this amount
Total 21.07

Food To Go

Power Meals
Monday - Friday
All Day
$5.99 / $6.99

Total 209.42

2025 FM 1960 Weast
Houston, TX 77090
Store# 20177 Phone# (281) 893-8450

Reg 3 - 1N
Order 337494 2/10/2011 10:50:29 PM
Employee: 20447 Name: Mary

P2-CK Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
Sm COKE	
2 @ 1.49	2.98
P2-SF CKFJ Taco	4.89
1 RICE	
1 BORR	
1 SF Tort 2	

SubTotal	13.86
Tax	1.14
Total	15.00
Visa	15.00
Change	0.00

Acct: xxxxxxxxxxxx0307
Authorization: 175507
ORDER# 394----

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
call 1-800-360-3246
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon #_____ (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 37422 1771C 39402 20447

P11677

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

	QLTN BATH TS	PC	8.99 T
SC	**KROGER SAVINGS**	**0.50**	
	KRO PPR TWLS		2.78 T
	QKER OATMEAL		3.99 F
	PONR CRNMEAL		1.19 F
	DAWN DSH DTG		2.99 T
	WIMN WIPES		3.99 T
	BLUEBERRIES	PC	2.99 F
SC	**KROGER SAVINGS**	**1.00**	
	CSCD RNS AID		3.29 T
	LYSL DIS SPR	PC	4.49 T
SC	**KROGER SAVINGS**	**0.20**	
	KROGER PLUS CUSTOMER		********9869
	TAX		~~2.19~~
	****** BALANCE**		**36.89**

**********0307
REF#: 000000
PURCHASE: 36.89
CASHBACK: 40.00
TOTAL: 76.89

DEBIT	~~76.89~~
CHANGE	~~40.00~~
TOTAL NUMBER OF ITEMS SOLD =	~~9~~

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 1.70
TOTAL COUPONS $ 1.70
TOTAL SAVINGS (4 pct.) $ 1.70
********** KROGER SAVINGS **********

02/13/11 07:31pm 161 82 221 #
Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not carry ...

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JUNIOR

Host: PAIGE 02/12/2011
JUNIOR 1:00 PM
60033

Order Type: To Go

Egg Salad Sandwich	4.99
Wheat	
Lettuce & Tomato	
(N)Chips & Pickle	
No Beverage	
Bowl Broccoli Cheese	3.59
Kid's Mac & Cheese	2.89
No Beverage	
Subtotal	11.47
Tax	0.95
To Go Total	12.42
[illegible]	12.42

P11678

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :13964

Maria G
18:05:51 02/13/2011

1 Whole Raspberry Cheesecake	10.99
Tray#1 Subtotal	10.99
1 Roast Chicken Lu Ann	7.69
1 New Potatoes	
1 Mac and Cheese	
1 White Roll	
1 No Drink	
Tray#2 Subtotal	7.69
1 Mushroom Chicken Madeira Combo	8.69
1 Broccoli	
1 Fried Okra	
1 White Roll	
1 No Drink	
1 Cucumber Salad	2.19
Tray#3 Subtotal	10.88

ID #85 0441 3964

For 10 CHANCES TO WIN $1,000 daily
A $100 Lubys Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com for
complete rules and regulations

No purchase necessary
(OFFER EXPIRES Feb 20, 2011)

Subtotal	29.56
Sales Tax	1.53

Please pay this amount
Total 31.09
- 10.88

Food To Go 20.21

Power Meals
Monday - Friday
All Day
$5.99 / $6.99

Kroger
Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER		*******9869
	VAPOSTREAM	10.49
	SNSW PRUNES	PC 2.99 F
SC	KROGER SAVINGS	2.00
	BKRY STRWBRY	5.99
	TAX	0.49
****	BALANCE	19.96

- 5.99
13.97

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********0307
TOTAL: 19.96
REF#: 115112

VISA	19.96
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	3

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 2.00
TOTAL COUPONS	$ 2.00
TOTAL SAVINGS (9 pct.)	$ 2.00

********** KROGER SAVINGS **********

02/14/11 04:52pm 161 83 151 #

****
Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.
****

****
Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 19
Fuel Points Expiring 03/31/11 = 162
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com
****

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $2.00
WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

P11679

Brunsting004509

Panda Express
HOUSTON, TX
(713)463-977_

2/15/2011 6:39:49 PM
Order: 416233 Server: RAUL M

1 PANDA BOWL	4.99
STEAMED	
BEIJING BEEF	
1 PANDA BOWL	4.99
STEAMED	
BROCCOLI BF	
1 CKN EGG RLS	1.50
SubTotal	11.48
Tax	0.95
Total	**12.43**
Visa	**12.43**
Acct:XXXXXXXX0307	
AuthCode:183999	

Questions or Comments?
pandaexpress.com or (800) 877-8988

****
* FREE ENTREE ITEM! *
* WE VALUE YOUR OPINION! *
*
* Call 1-888-51-PANDA(72632) or *
* Visit pandaexpress.com/guest *
*
* Complete our Guest Survey for *
* a FREE entree item with the *
* purchase of any 2-Entree Plate *
*
* Survey Code: 1833-0215-6715-4162 *
****

Drive Thru
* Customer Copy *

131.99

122.64

Outdoor Lawn cushions x2

Walmart
Save money. Live better

MANAGER CHRIS MAXWELL
(281) 556 - 5670
2700 S. KIRKWOOD DR. HOUSTON,TX 77077
ST# 3295 OP# 00004148 TE# 22 TR# 04284

CADET HAT	084655629821	5.00 X
FTL MUSCLE	088530602005	~~4.00~~ X
CHAIR CUSHN	003464825998	25.00 X
CHAIR CUSHN	003464825998	25.00 X
FTL MUSCLE	007603118820	~~4.00~~ X
	SUBTOTAL	63.00
SNAPPLE	007618316357 F	1.00 N
	SUBTOTAL	64.00
TAX 1	8.250 %	5.20
	TOTAL	69.20
	DEBIT TEND	69.20
	CHANGE DUE	0.00

50.00

EFT DEBIT PAY FROM PRIMARY
ACCOUNT : 0307
69.20 TOTAL PURCHASE
REF # 104600615769
NETWORK ID. 0076 APPR CODE 342356
02/15/11 12:18:17

ITEMS SOLD 6

TC# 2119 8526 7261 8796 6496

We gladly accept valid
manufacturer & internet coupons.
02/15/11 12:18:19

P11680

Walgreens
There's a way

475 10 2400 03328 027

RFN# 0332-8272-4001-1102-1520

C.L.R. 28OZ	1A	7.99
~~NEUT PAD 60S~~	1	~~8.99~~
SUBTOTAL		16.98
A=8.25% SALES TAX		.66
TOTAL		17.64
DEBIT CARD		17.64
CASH BACK		.00

12850 Memorial Dr Houston, TX
STORE (713)722-7247

$8.00
Total

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

FEBRUARY 15, 2011 8:25 PM

HOW ARE WE DOING?

ENTER OUR MONTHLY CASH SWEEPSTAKES
THIS MONTH THE PRIZE IS
$3,000 CASH

PLEASE VISIT
www.walgreensfeedback.com
OR CALL TOLL FREE
1-800-763-0547

WITHIN 72 HOURS TO COMPLETE A
SHORT SURVEY ABOUT YOUR RECENT
VISIT TO THIS WALGREENS.

SURVEY#
0332-8272-400

PASSWORD
1110-2152-016

FOR CONTEST RULES, SEE STORE OR
www.walgreensfeedback.com

WALGREENS #3328
SEQ # 332827230 PAYMENT FROM PRIMARY
CARD# **********0307

RETAIN THIS RECEIPT FOR YOUR RECORDS

FEBRUARY 15, 2011 8:25 PM

Au Bon Pain
929 Gessner Road, Suite 150
Houston, TX 77024
713-464-2525

Date:	Feb15'11 12:48PM
Card Type:	VISA
Acct #:	XXXXXXXXXXXX0307
Card Entry:	SWIPED
Trans Type:	PURCHASE
Trans Key:	CIC003840564318
Auth Code:	144580
Check:	1744
Server:	408 HEIDY R

Total 19.43

P11681

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Feb 22 — Feb 24 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Feb 22 Tues	9:00 am	1:00 pm	4	
↓	4:00 pm	12:00 am	8	- 12
Feb 23 Wed	12:00 cm	7:00 am	7	
↓	8:00 am	4:00 pm	8	
↓	5:00 pm	12:00 cm	7	- 22
Feb 24 Thur	12:00 cm	7:00 cm	7	
↓	8:00 am	3:30 pm	7.5	
↓	5:30 pm	8:00 pm	2.5	- 17
	WEEKLY TOTALS:		51	

X 15.00

765.00

Employee Signature: [signature] **Date:**

Supervisor Signature: **Date:**

765.00
61.72
Groceries Food

Total

826.72

P11682

r e i n y ' s
Unit # 7687
925 North Wilcrest Rd.
Houston, Texas 77079
(713) 461 - 7934

Date: Feb22'1 6:23PM
Card Type: Visa
Acct #: XXXXXXXXXXXX0307
Trans Key: AIA004657059970
Exp Date: XX/XX
Auth Code: 172836
Check: 2073
Table: 88/1
Check ID: K
Server: 3507 CASH CA

Subtotal: 10.58

Tip:_____

Total:_____

_____
Signature

I agree to pay above total
according to my card issuer
agreement.

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

HMK CARD	1.99 T
HMK CARD	3.69 T
KROGER PLUS CUSTOMER	*******8568
TAX	**0.47**
****** BALANCE**	**6.15**

**********0307
REF#: 000000
PURCHASE: 6.15
CASHBACK: 40.00
TOTAL: 46.15

B-Day Cards for Haley

DEBIT	**46.15**
CHANGE	40.00

TOTAL NUMBER OF ITEMS SOLD = 2
02/22/11 08:05pm 161 83 182 #

****
Fuel Points Expiring 02/28/11 = 232
Points under 100 do not carry over.
Months' points do not combine.
****

****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

****

P11683

Welcome to Chick-fil-A

Memorial City Mall (#00181)
(713) 467-6862
Operator: Mike Fecht
Online Catering
www.chick-fil-a.com/memorialcity
CUSTOMER COPY
2/22/2011 11:38:15 AM
EAT IN
Order Number: 871779

1	CFA Sand	2.95
1	SM Fry	1.45
1	Senior Drink	0.23
	Sub. Total:	$4.63
	Tax:	$0.38
	Total:	$5.01
	Change	$0.00
	Exact Dollar	$5.01

Register:5 Tran Seq No: 871779
Cashier:Julie
It was a pleasure serving you!
Have a wonderful day.

Welcome to Chick-fil-A

Memorial City Mall (#00181)
(713) 467-6862
Operator: Mike Fecht
Online Catering
www.chick-fil-a.com/memorialcity
CUSTOMER COPY
2/22/2011 11:37:07 AM
EAT IN
Order Number: 871774

1	CSS Meal	5.14
	+ Slaw -Fry	
1	Dt Dr Ppr MD	1.55
	Sub. Total:	$6.69
	Tax:	$0.55
	Total:	$7.24
	Change	$0.76
	Cash	$8.00

Register:5 Tran Seq No: 871774
Cashier:Julie
It was a pleasure serving you!
Have a wonderful day.

P11684

THE ORIGINAL
TACO CABANA
MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 202162 2/20/2011 6:28:27 PM
Employee: 64655 Name: Mike

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
P2-CK Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99

SubTotal	10.97
Tax	0.91
Total	11.88
Visa	11.88
Change	0.00

Acct: xxxxxxxxxxxx0307
Authorization: 172388

ORDER# 462----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 22118 14820 96202 64655

6.72

Quiznos Sub Store #1043
Phone(713)647-9966
Fax (-9467

ORDER # 01048

4 CHKN RNCH SAMMIE		12.00
CHIPS		
MED DRINK		.59
2 CHOOSE 2		00
1 COOKIE/CHP COMBO		.49

EAT-IN

	$	13.29
TAX TOTAL	$	1.10
TOTAL	$	14.39
VISA	$	14.39
CHARGE TIP	$	0.00
ACCOUNT#		
AUTH#		

2911 COUNTER FEB.21,2011
REG1-AM 12:41

Try our catering.

P11685

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 293160 2/23/2011 6:32:31 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99

SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 460----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 23118 14823 96002 51776

P11686

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Feb 18 —

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Feb 18 Fri	3:00pm	12:00am	9	
2-19 Sat	12:00am	11:30am	11	
↓	12:30 pm	3:30pm	3	
↓	4:30pm	12:00am	7 1/2	
2-20 Sun	12:00am	11:00am	11	
↓	12:30pm	3:30pm	3	
↓	5:30pm	12am	6 1/2	
2-21 mon	12:00 am	1:00pm	13	
↓	2:00pm	5:00pm	3	
		WEEKLY TOTALS:	67	

Employee Signature: **Date:**

Supervisor Signature: **Date:**

67 x 15.00
1005.
+ Groceries Food 62.57
+
total 1067.57

P11687

62.57

SALE RECEIPT

Store #37552 tko 02/20/11 12:44:22
Trans# 32 Clerk 24 Dwr 1 TRDT 022011
Receipt # 0000209707 Reg-ID REG-MAIN

Sales Tx	0.33 Tax B	0.00
Tax C	0.00 Tax D	0.00
Tax E	0.00 Tax F	0.00
	**TOTAL	4.33
AMT TEND	4.33CHANGE DUE	0.00

CHANGE DUE$ 0.00

Approval No: 154876
Reference No: 154876
Account No: **********0307
Card Issuer: VISA
Amount: $4.33

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 05Z.6FAo

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jakela

NTRO BREAD	2.79 F
3 @ 0.29	
GLCR WATER	0.87 F
KRO GARB BAG	1.99 T
KRO GARB BAG	1.99 T
NATSG SUET	0.99
BIRD FEEDER	6.69 T
SNSW JUICE	3.89 F
NATSG SUET	1.99
CAMP CNDSOUP	1.39 F
CAMP CNDSOUP	1.39 F
KROGER PLUS CUSTOMER	*******9869
TAX	~~0.00~~
****** BALANCE**	24.86

**********0307
REF#: 000000
PURCHASE: 24.86
CASHBACK: 40.00
TOTAL: 64.86

DEBIT	**64.86**
CHANGE	40.00

TOTAL NUMBER OF ITEMS SOLD = 12
02/20/11 07:48PM 161 9 216 177

****
Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.
****

****
ENTER TO WIN
ONE OF 20

P11688

THE ORIGINAL
TACO CABANA
MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 291571 2/18/2011 6:17:38 PM
Employee: 13522 Name: Lucio

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
Per BF Nacho	1.64
1 w/ CHEESE	
SubTotal	7.62
Tax	0.63
Total	8.25
Visa	8.25
Change	0.00

Acct: xxxxxxxxxxxx0307
Authorization: 141577

ORDER# 471----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 21518 14818 97102 13522

Welcome to Chick-fil-A

Memorial City Mall (#00181)
(713) 467-6862
Operator: Mike Fecht
Online Catering
www.chick-fil-a.com/memorialcity
CUSTOMER COPY
2/17/2011 11:40:18 AM
EAT IN
Order Number: 864349

1	CFA Meal	4.24
	+ Upsize Fry	0.20
1	Ckn Soup MD	2.39
1	SM ColeSlaw	1.39
1	Dt Dr Ppr LG	1.79
	Sub. Total:	$10.01
	Tax:	$0.83
	Total:	$10.84
	Change	$0.00
	Visa:	$10.84

Register:4 Tran Seq No: 864349
Cashier:Anabel P.
It was a pleasure serving you!
Have a wonderful day.

Visa
Card Num : XXXXXXXXXXXX0307
Terminal : KA13521575001
Approval : 144809
Sequence : 019489

P11689

Sweet Tomatoes
salads · soups · bakery

Date: Feb 19, 2011 12:36:44

TableTransId: 1047258
Server: Danny
Current Term: pos1

1	Combo To Go	~~8.49~~
1	Pint Upgrade	0.99
1	Soup Pint	4.29
1	Grilled Chicken	1.25
1	Grilled Chicken	1.25
Subtotal		16.27
Sales Tax		1.34
Total		17.61
VISA(Completed)(X0307)		-17.61
Balance		0.00

-8.49
Total 9.12

Store 059 Houston I
Comments or Suggestions?
Call 888-374-8360

Kroger
Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Hillary

1.73 lb @ 0.49 /lb		0.85 F
WT	BANANAS	
0.72 lb @ 1.99 /lb		1.43 F
WT	NECTARINES Y	2.89 F
	BBELL SHERBT	~~0.00~~
	TAX	5.17
	**** BALANCE	~~20.25~~
	CASH	~~18.08~~
	CHANGE	3

TOTAL NUMBER OF ITEMS SOLD =
02/18/11 07:48pm 161 6 323 157

****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by internet @
www.tellkroger.com

You need this receipt to respond.

Participe para ganar una de las
30 tarjetas de regalo de $100

Le invitamos a llenar una encuesta
sobre su reciente visita a la tienda
Kroger Responda por Internet
en www.tellkroger.com
Usted necesitara este
recibo para responder
****
Survey Entry Code - 034 999
****

THANK YOU FOR SHOPPING KROGER

P11690

TIME SHEET

Employee Name: Robert Canta **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.25.11	4pm			
2.26.11		4pm		24
2.26 11	5pm			
2.27 11		6:30pm		25.5
		WEEKLY TOTALS:		49.5

Employee Signature: Robert L Canta Date:

Supervisor Signature: Date:

PD. 2/20/11

742.50

EE Reg 11.74

Papa Joe 18.40

2.48

3.24

23.49

$801.85

P11691

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER *******2679
TROP ORNG JC [+] 2 48 F
TAX **0.00**
****** BALANCE** **2.48**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 2.48
REF#: 012522

VISA **2.48**
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 1
02/17/11 09:26PM 161 82 203 #

****
Fuel Points Expiring 02/28/11 = 184
Points under 100 do not carry over.
Months' points do not combine.
****

****
[+] = 1
****
****
Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 2
Fuel Points Expiring 03/31/11 = 38
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com
****

Ring Kroger

14604 Memorial Dr.
Houston, TX 77079
(281) 531-1999

624

Host: 02/17/2011
624 6:19 PM
60126

Order Type: Dine In

Short Cake Bowl	2.99
Subtotal	2.99
Tax	0.25
Dine In Total	3.24
CASH	5.25
Change	2.01

Take the SURVEY, PICK A PRIZE!
Receive $2 OFF delivery
www.PapaMioDeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---

P11692

Taqueria El [illegible]
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: AM
L11

02/25/2011
2:27 PM
20211

Mexican Rice	1.50
Charro Beans	1.99
Subtotal	3.49
Tax	0.29
To Go [illegible]al	3.78
Cash	4.00
[illegible]ange	0.22

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A $40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

PAPA JOE'S BBQ
12310 Kingsride
Houston, TX 77024

SAT FEBRUARY 26,2011
CHECK #504088-1

1 Chop Beef Sandwich		$5.95
1 Link Beef Sausage		$3.50
1 Lg. Beverage		$1.60
1 SAUG SANDW/SIDE		$5.95
SUB-TOTAL	:	$17.00
Sales Tax		$1.40
TOTAL		**$18.40**

LUNCH
Time: 12:15 1 CUSTOMER

Visa : $18.40
**********6258

P11693

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

MOTTS APPLE SCE	1.89 F
DM FRT TO GO PCH	2.99 F
FRUIT CUP	2.99 F

REFRIG/FROZEN

SIMPLY ORANGE JCE	3.00 F
RegPrice 3.29 CardSav .29	
PRM LND 2% 1/2	3.49 F

MEAT

93% LN GROUND BEEF	4.75 F
RegPrice 5.22 CardSav .47	

PRODUCE

1.07 lb @ $0.99/lb	
WT BROCCOLI CROWNS	1.06 F
RegPrice 2.13 CardSav 1.07	
1@1.99 GREEN BELL PEPPERS	1.99 F
0.89 lb @ $1.49 /lb	
WT BEAUREGARD YAMS	1.33 F
**** TAX .00 BAL	23.49
VF VS XXXXXXXXXXXX6258	23.49
CHANGE	.00
TOTAL SAVINGS 1.83	

2/27/11 14:07 1011 08 0132 4109

Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: AM	02/25/2011
L10	2:26 PM
	20210
Numbers	0.00
El Rey Taco (2 @2.55)	5.10
Large Coke	2.25
Subtotal	7.35
Tax	0.61
To Go Total	**7.96**
Cash	10.00
Change	**2.04**

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A $40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

P11694

TIME SHEET

Employee Name: Robert Canta **Title:** Check #146

Week: March 03/11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.2.11	6pm			
3.3.11		8:30 Am		14.5
3.3.11	8pm			
3.4.11		10:30 Am		14.5
		WEEKLY TOTALS:		29. hrs

Employee Signature: Robert L Canta **Date:** 3.4.11

Supervisor Signature: **Date:**

pd' Check #146 1/35.00

Walmart printer and ink - 68.13

35.55 - Jason Deli

538.68

P11695

WE VALUE YOUR OPINION!

WE WANT TO KNOW ABOUT YOUR SHOPPING EXPERIENCE TODAY AT WAL-MART.

Please complete a survey about today's store visit at:

http://www.survey.walmart.com

You will need to enter the following online:

ID #: 7CHPFXH87W2

new printer and ink

IN RETURN FOR YOUR TIME YOU COULD RECEIVE ONE OF FIVE $1000 WALMART SHOPPING CARDS

Must be 18 or older and a legal resident of the 50 US or DC to enter. No purchase necessary to enter or win. To enter without purchase and for complete official rules visit www.entry.survey.walmart.com. Sweepstakes period ends on the date shown in the official rules. Survey must be taken within TWO weeks of today.

Esta encuesta también se encuentra en espanol en la página del Internet

THANK YOU

Walmart
Save money. Live better.

10750 WESTVIEW DRIVE
HOUSTON, TEXAS 77043
MANAGER ALBERTO MONDRAGON
(713) 984 - 2773

ST# 1409 OP# 00004287 TE# 65 TR# 08709

PRINTER	088563107611	29.00 X
INK	088496298360	13.97 X
INK	088496298361	19.97 X
	SUBTOTAL	62.94
TAX 1	8.250 %	5.19
	TOTAL	68.13
	VISA TEND	68.13

ACCOUNT # 6258
APPROVAL # 003720
TRANS ID - 0081062058305869
VALIDATION - LJGH
PAYMENT SERVICE - E
CHANGE DUE 0.00

ITEMS SOLD 3

TC# 6708 7901 9305 7697 2734

We gladly accept valid manufacturer & internet coupons.
03/02/11 19:37:19

CUSTOMER COPY

14604 Memorial Dr.
Houston, TX 77079
(281) 531-1999

Welba
577

Host: ALICE
577

03/02/2011
6:07 PM
50086

Order Type: Dine In

22

Grab&Go Banana Parfait	2.49
~~Grab&Go Cajun Mix~~	~~2.99~~
~~Grab&Go Yogurt Parfait~~	2.49
Subtotal	~~7.97~~
Tax	~~0.66~~
Dine In Total	~~8.63~~
VISA #XXXXXXXXXXXX6258	8.63
Auth:051919	

Tip : 2.71

TOTAL : _____

TOTAL :

SIGNATURE : _____

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsDeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---

P11696

14604 Memorial
Houston, TX 77079
(281) 531-1999

Robert & Melva

ROBERT

Host:
ROBERT

02/25/2011
6:21 PM
70009

Order Type: To Go

MgrSpc Chicken Sal S	6.99
Wrap Bread	
(N)Chips & Pickle	
(Mgr)Cup Vegetable Soup	
No Beverage	
Plain Cheese Cake	2.99
Famous Salad Bar	6.99
Fountain Drink	1.89
Subtotal	18.86
Tax	1.56
To Go Total	**20.42**
VISA #XXXXXXXXXXXX6258	20.42
Auth:053319	

Tip :_____

TOTAL :_____

TOTAL :

SIGNATURE :_____

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---

14604 Memorial
Houston, TX 77079
(281) 531-1999

Digo & Melva

ROBERT

Host: ASHLEE
ROBERT
REPRINT# 1
Order Type: To Go

03/02/2011
5:59 PM
60130

Egg Salad [illegible]	4.99
Rye	
Mayo	
Mustard	
Lettuce & T[illegible]	
(N)Chips [illegible]	
Toasted	
[illegible] Pickle	
[illegible] Pot Pie	3.59
[illegible] Ham & Cheese	2.89
[illegible] Fountain	
Subtotal	11.47
[illegible]	0.95
[illegible] :	12.42
[illegible] #[illegible]	12.42
Auth:04[illegible]	

:_____

TOTAL :_____

TOTAL :

SIGNATURE :_____

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5[illegible]

--- Check Closed ---

P11697

TIME SHEET

WEEK OF: Jan 28 – Feb 1,

EMPLOYEE NAME: Faustino Vaquera	**TITLE:**

DATE	START TIME	END TIME	START TIME	END TIME	TOTAL
1/28 Fri	12 pm	5pm	6pm	12am	11 hrs
1/29 Sat	12am	10:30am	12:30pm	3:30 pm	
↓	4:30	12am			21 hrs
1/30 Sun	12am	11am	12 pm	3:30pm	
↓	6pm	12am			20 ½
1/31	12am	4:00pm	5pm	7:00pm	19
2/01	8:30am	3pm	4:30	6:pm	8hrs
WEEKLY TOTALS:					79.5

EMPLOYEE SIGNATURE:	**DATE:** 2-1-11
SUPERVISOR SIGNATURE:	**DATE:**

79.5
x 15.00
1192.5

Receipts
Kroger + 15.70
Food 11.15
9.35
16.43
41.28
= 56.91

Total
1249.41

P11698

LEIBMAN'S WINE AND FINE FOODS
14529 MEMORIAL DR
HOUSTON, TX 77077
Phone: (281) 493-3663
Date: 01/28/2011 INVOICE 434073
Time: 12:52:19 Clerk: 123
(# Items: 1)

Description	Total
Lunch	3.95
Total:	3.95
Tax:	0.33
Grand Total:	4.28
Tender:	5.00
Change:	0.72
Cash:	5.00

> > Thank You < <

Kroger
Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Sam

	JLLO PUDDING		2.99 F
	KROGER PLUS CUSTOMER		*******9869
	BLTH JUICE	PC	0.00 F
SC	**KROGER SAVINGS**	**2.99**	
	BLTH JUICE	PC	2.99 F
	BRDN HLF&HLF		1.99 F
	Q&Q PASTA		0.39 F
	PGPR BROILER		5.26 F
	0.17 lb @ 1.99 /lb		
WT	CARROT LOOSE		0.34 F
	KROGER PLUS CUSTOMER		*******9869
	1.74 lb @ 1.00 /lb		
WT	GRAPES RED	PC	1.74 F
SC	**KROGER SAVINGS**	**3.22**	
	TAX		**0.00**
	****** BALANCE**		**15.70**

**********0307
REF#: 000000
PURCHASE: 15.70
CASHBACK: 40.00
TOTAL: 55.70

DEBIT	**55.70**
CHANGE	40.00
TOTAL NUMBER OF ITEMS SOLD =	8

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	6.21
TOTAL COUPONS	$	6.21
TOTAL SAVINGS (28 pct.)	$	6.21

********** KROGER SAVINGS **********

01/30/11 07:40Pm 161 6 344 650
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

****
****
Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This

P11699

SALE RECEIPT

Store #37552 tko 01/30/11 12:59:18
Trans# 18 Clerk 7 Dwr 1 TRDT 013011
Receipt # 0000206975 Reg-ID REG-MAIN

--- ITEM ---	QTY		PRICE	MEMO	PLU
TURKEY 6r	1	T $	4.00		10123
ChTeri6 6r	1	T $	4.00		18262
DRK-21oz	1	TD$	1.11	2.00dea	10002
CHIPS	1	TD$	0.89	2.00dea	10020
SUBST LG	1	T $	0.30		10500

SUBTOTAL	$	10.30
Sales Tx	$	0.85
TAKE-OUT **TOTAL	$	11.15
dslCrediAMT TEND	$	11.15
CHANGE DUE	$	0.00

how'd we do ? get a free cookie
take 1 min survey at.www.tellsubway.com

Approval No: 130113
Reference No: 130113
Account No: **********0307
Card Issuer: VISA
Amount: $11.15

Take our 1-minute Survey at
www.tellsubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here_____.

Host Order ID: 05W.1b6P

Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: PM	01/28/2011
R21	6:27 PM
	10121
Numbers	0.00
Cheese Enchilada	7.99
Chicken Fajita Taco (2 @2.10)	4.20
Guacamole	2.99
Subtotal	15.18
Tax	1.25
To Go Total	**16.43**
Visa #XXXXXXXXXXXX0307	16.43
Auth:182376	

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A $40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

P11700

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 284880 1/29/2011 12:45:57 PM
Employee: 48149 Name: Jackeline

P2-SF BF Taco	4.69
1 RICE	
1 REFR	
1 SF Tort 2	
SHELL	3.95
1 RICE	
1 BLBN	
1 LETT BLEND	
1 + CK	
1 + GUAC	
1	

SubTotal	8.64
Tax	0.71
Total	9.35
Cash	10.00
Change	0.65

ORDER# 480----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon #_____ (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 24812 14829 88001 48149

P11701

TIME SHEET

Employee Name: FAUSTINO VAQUERA **Title:**

Week: January 23, 2011 —

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Sun 1/23	6:00pm	12:00AM	6	
Mon 1/24	12:00AM	4:00pm	16	
↓	6:00pm	12:00AM	6	
Tues 1/25	12:00AM	8:00pm	20	
Wed 1/26	9:00am	2:00pm	5	
↓	3:00pm	7:00pm	4	
		WEEKLY TOTALS:	57	

855

Employee Signature: **Date:**

Supervisor Signature: **Date:**

57 hours

+ 51.55 receipts

Total 906.55

P11702

Welcome to Chick-fil-A

Richmond Avenue FSU (#01475)
(713) 621-0077
Operator: Wade Bradford

CUSTOMER COPY
1/24/2011 5:05:45 PM
DRIVE THRU
Order Number: 1913796

1	Meal-CSS	5.00
	+ Upsize Fry	0.20
1	Grn Parfait	2.25
1	ColeSlaw LG	2.05
1	Dt Dr Ppr LG	1.69

Sub. Total:	$11.19
Tax:	$0.92
Total:	$12.11
Discount Total:	$0.00
Change	$0.00
Visa:	$12.11

Register:2 Tran Seq No: 1913796
Cashier:Gaby
It was our pleasure serving you!
Have a wonderful day.

Visa
Card Num : XXXXXXXXXXXX0307
Terminal : KA13006014001
Approval : 170656
Sequence : 017766

Taqueria Arandas #6
713-827-1565
8408 Katy Fwy

Server: Naty 01/23/2011
Cashier:
Togo/1 6:06 PM
Guests: 1 10116

LUNCH 9	8.99
Taco, Pechuga de Pollo	1.49
Guacamole, 8oz	4.49
Flan Napolitano	2.99
Subtotal	17.96
Tax	1.48
Total	19.44
Visa #XXXXXXXXXXXX0307	19.44

+ Tip: _____

= Total: _____

X_____

Balance Due 0.00

GRACIAS POR SU VISITA!!
THANK YOU FOR COMING!!

--- Check Closed ---

P11703

Le Petit Bistro™

Great Food Is Our Passion!

F-0070

ANABEL S SvrCk: 70 12:47p 01/25/11

1 S SANTA FE SPICY SANDWICH	5.49
1 S PESTO PASTA SALAD, reg rootbeer	4.99
Sub Total:	10.48
Tax:	0.86
Sub Total:	11.34
01/25 12:49p TOTAL :	11.34

ONE
FREE REFILL
ON
LARGE SIZE
ICED TEA
&
BISTRO LEMONADE

SALE RECEIPT

Store #3295 tko 01/24/11 13:03:54
Trans# 45 Clerk 05 Fanny Meza
Dwr1 TRDT 012411 Reg-ID REG-MAIN
Receipt # 0000188755

--- ITEM ---	QTY		PRICE	MEMO	PLU
TURKEY/HAMfr	1	T $	6.00		10224
DRK-21oz	1	TD$	1.112.00dea		10002
CHIPS	1	TD$	0.892.00dea		10020

SUBTOTAL	$	8.00
Sales Tx	$	0.66
TAKE-OUT **TOTAL	$	8.66
dsiCredi AMT TEND	$	8.66
CHANGE DUE$		0.00

how'd we do ? get a free cookie.
take 1 min.survey at.www.tellsubway.com

Approval No: 100769
Reference No: 100769
Account No: **********0307
Card Issuer: VISA
Amount: $8.66

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 05W.g0Vk

P11704

Robert Canta

Thurs – Fri. Dec 30 – Jan 1

46 hours 690.00

Walgreen 12.67

Gas-Card 19.70

Kroger 18.63

$736.00

P11705

Welcome To Timewise!
Store 76
Our Name Is On The Door!

Timewise 7601 , 00108044
9303 Katy Frwy.
Houston, TX

12/31/2010 02:31:05 PM #854496413

XXXXXXXXXXXX6258 VISA
INVOICE E/4412644
AUTH 052815

PUMP# 1
UNLEAD REG 5.000G
PRICE/GAL 2.939

FUEL TOTAL $ 14.70

Subtotal = $ 14.70
Tax = $ 0.00
Total = $ 14.70
CREDIT $ 14.70

See application
about how to EARN
REWARDS with a
Chevron and Texaco
Personal
Credit Card!

Choose Wisely...Choose Timewise!
Visit us at: www.landmarkindustries.com
or call (713)461 - 6541

Walgreens

"There's a way"

DECEMBER 31, 2010 2:45 PM

467	10	4598	05094	027
67	10	4599	05094	027

RFN# 0509-4274-5992-1012-3120

F PENCO WLKR BALL 2S 1		9.99
COKE DT 20OZ	A	1.59
MRS M&M PNT 1.74OZ	A	.89
SUBTOTAL		12.47
A=8.25% SALES TAX		.20
TOTAL		12.67
VISA		12.67
ACCT#********6258		
CHANGE		.00

4610 Memorial Drive Houston, TX
TORE (281)493-3043

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

DECEMBER 31, 2010 2:45 PM

P11706

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Alexus

KROGER PLUS CUSTOMER			*******2679
	PRML WHT MLK		3.49 F
	KRO EGGS LRG		1.69 F
1 @ 10/5.00			
	YPLT YOGURT		0.50 F
1 @ 10/5.00			
	YPLT YOGURT		0.50 F
1 @ 10/5.00			
	YPLT YOGURT		0.50 F
1 @ 10/5.00			
	YPLT YOGURT		0.50 F
1 @ 10/5.00			
	YPLT YOGURT		0.50 F
	CAMP CNDSOUP		1.39 F
	CAMP CNDSOUP		1.39 F
	PRGS SOUP	PC	1.00 F
SC	**KROGER SAVINGS**	**0.48**	
	NTRO BREAD		2.79 F
	CAMP CNDSOUP		1.39 F
	PF CRACKERS		2.99 F
	TAX		**0.00**
	****** BALANCE**		**18.63**
	CASH		**5.00**
	CASH		**5.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CHANGE		0.37
TOTAL NUMBER OF ITEMS SOLD =			13

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.48
TOTAL COUPONS $ 0.48
TOTAL SAVINGS (2 pct.) $ 0.48
********** KROGER SAVINGS **********

P11707

TIME SHEET

Employee Name: Robert Cantu Title: Tino is a punk!!!

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.25.11	8pm	9 am	13 hrs	
1.26.11	6:30pm	12 am	5.5 hrs	
1.27.11	12am	12 am	24 hrs	
1.28.11	12am	12pm	12 hrs	
			54.5	817.50
				39.43
		WEEKLY TOTALS:		$856.93

Employee Signature: Robert Cantu Date: 1.29.11

Supervisor Signature: Date:

El Ray 13.4
11.87
Walgreens 11.29
4.99
Kroger ← 2.48
Kroger ← 2.79
half of pie 6.00
39.43

$ 856.93

P11708

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

NTRO BREAD	2.79 F
KROGER PLUS CUSTOMER	*******2679
TAX	0.00
****** BALANCE**	2.79

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA urchase
**********6258
TOTAL 2.79
REF#. 002909

VISA	**2.79**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 1
01/27/11 08:29am 161 82 21 #
****
Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over.
Months' points do not combine.
****

****
Save $0.10 off per gallon on 1 fillup
ery 100 Fuel Points

ts This Order = 3
Fu Points Expiring 02/28/11 = 167
Points und do not carry over.
Month do not combine.

See Stor ls & Restrictions
kroger.com
****

Thank you for shopping Kroger

HOUSE OF PIES
6142 WESTHEIMER RD
HOUSTON, TX 77057
7137821290

BATCH: 042
S-A-L-E-S D-R-A-F-T
74088888
220920304000

SERVER: 40
REF: 0088
CD TYPE: VISA
TR TYPE: PURCHASE
INV:
DATE: JAN 26, 11 17:47:58

AMOUNT $12.00

TIP _____

TOTAL _____

ACCT: **********6258 EXP: **/**
AP: 094718
NAME: ROBERT LEE CANTU

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

NO REFUND

CUSTOMER COPY

P11709

,0U

Host: [illegible]
R30

01/26/2011
6:21 P[illegible]
10080

Numbers	0.00
Chicken Quesadilla	5.99
Subtotal	5.99
Tax	0.4[illegible]
To Go Total	**6.4[illegible]**
V[illegible] a #XXXXXXXXXXXX6258	6.[illegible]

[illegible]:092019

[illegible]anks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A $40 VALUE
Register your email at
[illegible]ycatering@gmail.com

- Check Closed ---

Right[illegible] re.R[illegible] rice.

[illegible]4344 M[illegible]
([illegible]281) 493-
YOUR CASHIER WAS A thur

	KROGER PLUS CUSTOMER	*******2679
	SNSW PRUNES	4.99 F
	~~ZEQFRID OATS~~	~~10.00~~
	~~KR[illegible] SC RELF~~	~~2.75~~
	TROP ORNG JC [+]	2.48 F
MC	**SCANNED COUPON**	**0.75-F**
	TAX	**0.00**
	****** BALANCE**	**20.46**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 20.46
REF#: 094321

VI[illegible]	20.46
[illegible]	0.00

TOTAL NUMBE[illegible] [illegible]EMS SOLD = 4

****** KROGER SAVINGS **********
[illegible]'GS $ 0.75
[illegible] $ 0.75
TO[illegible] pct.) $ 0.75
[illegible]ER SAVINGS **********

[illegible] 161 85 187 #
****
[illegible] Expiring 01/31/1[illegible] = 102
[illegible] under 100 do not carry over.
Months' points do not combine.
****

****
Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

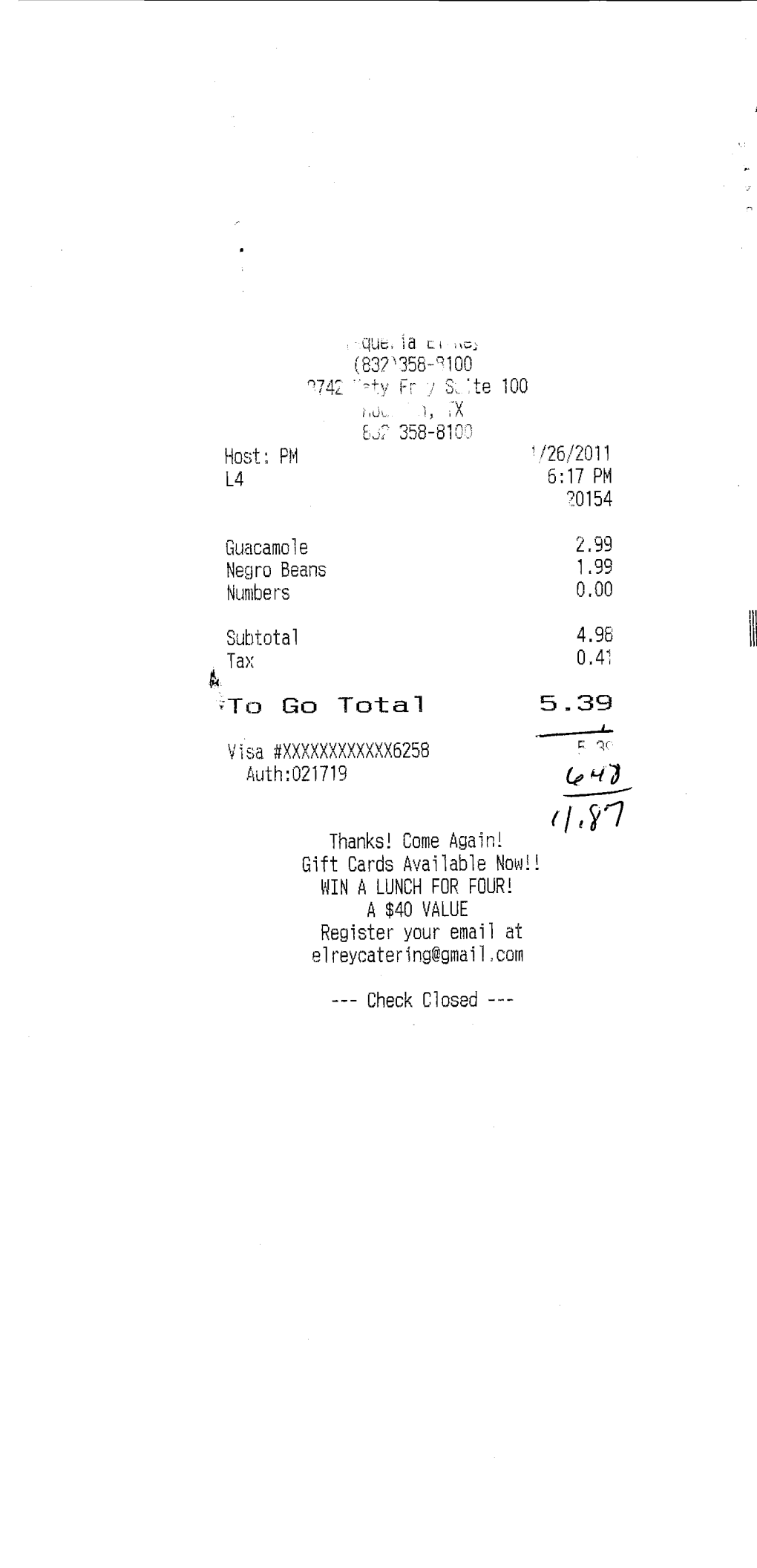
Fuel Points This Order = 21
Fuel Points Expiring 02/28/11 = 164
Points under 100 [illegible] not carry over.
Months' [illegible]nts do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com
****

****
[+] = 1
****

Thank you for shopping Kroger

P11710



[illegible]
(832)358-8100
2742 Kety Fr y Suite 100
[illegible], TX
832 358-8100

Host: PM 1/26/2011
L4 6:17 PM
20154

Guacamole	2.99
Negro Beans	1.99
Numbers	0.00
Subtotal	4.98
Tax	0.41
To Go Total	5.39
	5.39

Visa #XXXXXXXXXXXX6258
Auth:021719

6.48
1.87

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A $40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

Walgreens
There's a way

551 10 9029 05094 028

RFN# 0509-4289-0292-1101-2720

JRGN J/H 13.5OZ	1A	6.99	
I&J B/PWD15Z	A	4.29	SALE
N/M F/OIL100	1	9.99	BGLP
HSY ALMD BR 1.45OZ	A	.89	
MARS SNKRS 1.76OZ	A	.69	SALE
HSY PAYDAY 1.85OZ	A	.70	
1 @ 1/ .89 = 2/ 1.59			
SUBTOTAL		23.55	
A=8.25% SALES TAX		1.12	
TOTAL		24.67	
VISA		24.67	
ACCT#********6258			
CHANGE		.00	
WAG ADVERTISED SAVINGS:		.20	
YOUR TOTAL SAVINGS:		.20	

14616 Memorial Drive Houston, TX
STORE (281)493-3043

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

JANUARY 27, 2011 3:03 PM

HOW ARE WE DOING?

ENTER OUR MONTHLY CASH SWEEPSTAKES
THIS MONTH THE PRIZE IS
$3,000 CASH

PLEASE VISIT
www.walgreensfeedback.com
OR CALL TOLL FREE
1-800-763-0547

WITHIN 72 HOURS TO COMPLETE A
SHORT SURVEY ABOUT YOUR RECENT
VISIT TO THIS WALGREENS.

SURVEY#
0509-4289-029

PASSWORD
2110-1272-016

FOR CONTEST RULES, SEE STORE OR
www.walgreensfeedback.com

RETAIN THIS RECEIPT FOR YOUR RECORDS

JANUARY 27, 2011 3:03 PM

P11711

TIME SHEET

Employee Name: Robert Carter **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.20.11	8pm			
8.21.11				
8.22.11				
8.23.11		6pm		70 hours
				- 2 rehab.
				68
		WEEKLY TOTALS:		1020

Employee Signature: Robert E Carter Date: 8.23.11

Supervisor Signature: Date:

12 2
1020.00
13.62 - Food
10.21 - Food
21.46 Food
3.69 - Food
14.93 - Take out
$1083.91

Pd 1-23-11

P11712

Randalls

STORE MGR GEORGE KALIL 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

Reg Price 1.29 CardSav .59

Reg Price 6.59 CardSav 1.10
O ORGANICS RED PB

MEAT

PRODUCE

0.73 lb @ $0.99/lb
WHITE ONIONS .72 F
RegPrice 1.23 CardSav .51
0.50 O ORGNC POTATOES N .49 F
RegPrice 3.98 CardSav .98
**** TAX .00 BAL 21.46
VF VS XXXXXXXXXXXX6258 21.46

CHANGE .00
TOTAL SAVINGS 3.99

ROBERT CANTU 7319

Remarkable Savings $ 3.99
Total Savings Value 16% $ 3.99

YOUR CASHIER TODAY WAS DAVE

10% Back-To-Schools

As of today you have purchased $0.00 in Back-to-school items. 10% of what you spend on Back-to-school items thru 01/25/11 can be donated to the school of your choice. Visit www.randalls.com for more information.

As of today, you have accumulated 2 of 7 toward your Free Signature Cafe Sandwich!

Little Card. Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

CR1 CREDIT SALE 01/22/11 10:43
CARD # XXXXXXXXXXXX6258
REF: 1001221 AUTH:073311

PAYMENT AMOUNT 21.46

Food

Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: PM 01/21/2011
L9 5:52 PM
20159

Numbers	0.00
1/2 Rotisserie Chicken	8.99
Grilled Shrimp Taco	2.55
Iced Tea	2.25
Subtotal	13.79
Tax	1.14
To Go Total	**14.93**
Cash	20.00
Change	**5.07**

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A $40 VALUE
Register your email
elreycatering@gmail.

Check Closed

P11713

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Hillary

KROGER PLUS CUSTOMER *******2679
FRITO 3.79 F
KRO TORT CHP PC 1.67 F
SC **KROGER SAVINGS** 0.12
KRFT CHEESE PC 0.00 F
SC **KROGER SAVINGS** 0.49
~~KRFT CHEESE 3.49 F~~
~~SMRG JALAPNO 0.69 F~~
SC **KROGER SAVINGS** 10
0.34 lb @ 1.69 /lb
WT TOMATOES 0.57 F
TAX 0.00
****** BALANCE** 10.21

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 10.21
REF#: 012216

VISA 10.21
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 6

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.12
TOTAL COUPONS $ 0.10
TOTAL SAVINGS (26 pct.) $ 0.22
********** KROGER SAVINGS **********

01/22/11 03:22pm 161 82 113 #
****
Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over.
Months' points do not combine.
****

****
Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 02/28/11 = 129
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com
****

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $3.71
WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER *******2679
QLTN BATH TS PC 3.69 T
SC **KROGER SAVINGS** 0 30
MPLF WHE BRD 1.79 T
BRKFAST TACO 1.99 T
TAX 0.47
****** BALANCE** 7.94
CASH 5.00
CASH 1.00
CASH 1.00
CASH 1.00
CHANGE 0.06
TOTAL NUMBER OF ITEMS SOLD = 3

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.30
TOTAL COUPONS $ 0.30
TOTAL SAVINGS (3 pct.) $ 0.30
********** KROGER SAVINGS **********

01/21/11 10:08am 161 84 34 #
****
Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over.
Months' points do not combine.
****

****
ENTER TO WIN
ONE OF 30
$100 GIFT CARD

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

****
****
Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 7
Fuel Points Expiring 02/28/11 = 119
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com
****

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $0.30
WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

P11714

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Mellissa

PRML WHT MLK	3.49 F
KROGER PLUS CUSTOMER	*******2679
EGGB EGGS LG	2.59 F
ICBINB MARGR	2.65 F
LOLK BUTTER	4.39 F
JSBI CRN BRD	0.50 F
TAX	**0.00**
****** BALANCE**	**13.62**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 13.62
REF#: 074812

VISA	**13.62**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 5
01/23/11 11:48am 161 82 56 #
****
Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over
Months' poi do not combine.
****

****
Save $0.10 off per gallon on 1 fi
for every 100 Fuel Points

Fuel Points This Order = 14
Fuel Points Expiring 02/28/11 = 143
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com
****

Thank you for shopping Kroger

P11715

Transaction History

Customer: ROBERT LEE CANTU

[redacted]

*required field

Current Balance	Present Balance	Available Less Overdraft	Available Balance	Calendar
-$641.38	-$702.01	-$702.01	-$702.01	

* denotes end of day balance

Date Posted	Tran Type	Description	$ Debits (-)	$ Credits (+)	$ Balance
01/18/2011	Debit Card	DIA[redacted] SHAMROCK HO	-17.50		782.38
01/18/2011	Debit Card	HEADLINERS SPORTS BAR HO	-44.50		799.88
01/18/2011	Debit Card	THE JERSEY PUB HOUSTON T	-47.85		844.38
01/18/2011	Debit Card	CAFE LATINO HOUSTON TX	-10.50		892.23
01/18/2011	Deposit	ATM CHECK DEPOSIT		810.00	902.73
01/14/2011	Debit Card	WINGSTOP [redacted] TX	-9.64		92.73 *
01/14/2011	Debit Card	HEADLINERS SPOR[redacted] HO	-24.00		102.37
01/14/2011	Debit Card	JEFF'S [redacted] HOUSTON TX	-30.00		126.37
01/14/2011	Debit Card	IN BLOOM 402-[redacted] NE	-50.00		156.37
01/13/2011	Debit Card	HEA[redacted]INERS SPORTS BAR HO	-15.00		206.37 *
01/13/2011	Debit Card	9638 INC. HOUSTON TX	-10.50		221.37
01/13/2011	Debit Card	9638 INC. HOUSTON TX	-18.50		231.87
01/12/2011	Debit Card	HEADLINERS SPORTS BAR HO	-88.50		250.37 *
01/12/2011	Debit Card	PHO MAI TAI NOODLE HOUS	-17.02		338.87
01/12/2011	Deposit	ATM CHECK DEPOSIT		120.00	355.89
01/10/2011	ATM	ATM WITHDRAWAL 006266	-40.00		235.89 *

Newer Older

[redacted]

Transaction History

Customer: ROBERT LEE CANTU

Account: [redacted]

*required field

Current Balance	Present Balance	Available Less Overdraft	Available Balance	Calendar
-$641.38	-$702.01	-$702.01	-$702.01	

* denotes end of day balance

Date Posted	Tran Type	Description	$ Debits (-)	$ Credits (+) $	Balance
Pending	Memo	[redacted] HEADL	-52.00		
Pending	Memo	PO[redacted] RICHA	-8.63		
01/20/2011	Fee	INSUFFICIENT FUNDS FEE FOR A $	-34.00		-641.38 *
01/20/2011	Fee	INSUFFICIENT FUNDS FEE FOR A $	-34.00		-607.38
01/20/2011	Fee	DEPOSIT ITEM RETURNED FEE: 01	-10.00		-573.38
01/20/2011	Debit Card	[redacted] HOUSTON TX	-19.11		-563.38
01/20/2011	Debit Card	[redacted]	-12.00		-544.27
01/20/2011	Misc. Debit	DEPOSITED ITEM RETURNED	-810.00		-532.27
01/19/2011	[redacted]	[redacted] #173	-158.02		277.73 *
01/19/2011	ACH [redacted]	[redacted] 66	-184.56		435.75
01/19/2011	ATM	ATM WITHDRAWAL [redacted]	-120.00		620.31
01/19/2011	Deposit	[redacted]		120.00	740.31
01/18/2011	Fee	NON-CHASE ATM FEE-WITH TRN: 02 [redacted]	-2.00		620.31 *
01/18/2011	Debit Card	[redacted] HOUSTON TX	-4.32		622.31
01/18/2011	Debit Card	[redacted] HEADLINERS SPORTS BAR HO	-93.25		626.63
01/18/2011	ATM	[redacted] NON-CHASE ATM WITHDRAW [redacted]	-62.50		719.88

Older

810.00
34.00
34.00
10.00
$888.00

TIME SHEET

Employee Name: FAUSTINO VARGUERA **Title:**

Week: Sun 13, 2011 — Jan 20, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Thurs 1/13	7am	12am	17	
Fri 1/14	12am	12NOON	12	
Sat 1/15	OFF	off	—	
Sun 1/16	6pm	8pm	2	
Mon 1/17	10 am 6PM	12NOON 12am	2 6	
Tues 1/18	12am	12am	24	
Wed 1/19	12am	12am	24	
Thur 1/20	12am	8PM	20	
		WEEKLY TOTALS:		

107 Hours

Employee Signature: [signature] **Date:** 1-20-11

Supervisor Signature: **Date:**

Receipts

4.33

Kroger.

10.16

Total.

14.49

P11718

SALE RECEIPT

Store #37552 tko 01/20/11 12:23:48
Trans# 64 Clerk 7 Dwr 1 TRDT 012011
Receipt # 0000205708 Reg-ID REG-MAIN

Sales Tx	0.33	Tax B	0.00
Tax C	0.00	Tax D	0.00
Tax E	0.00	Tax F	0.00
		**TOTAL	4.33
AMT TEND	4.33	CHANGE DUE	0.00

CHANGE DUE$ 0.00

Approval No: 142049
Reference No: 142049
Account No: **********0307
Card Issuer: VISA
Amount: $4.33

Host Order ID: 0710.6JyV

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER			*******9869
	OCSP JUICE	PC	3.99 F
SC	KROGER SAVINGS	0.30	
	SNSW PLUMS		3.29 F
	FLNAT JUICE	PC	2.88 F
SC	KROGER SAV.	1.11	
	TAX		0.00
****	BALANCE		10.16

**********0307
REF#: 000000
PURCHASE: 10.16
CASHBACK: 20.00
TOTAL: 30.16

	DEBIT	30.16
	CHANGE	20.00
TOTAL NUMBER OF ITEMS SOLD =		3

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	1.41
TOTAL COUPONS	$	1.41
TOTAL SAVINGS (12 pct.)	$	1.41

********** KROGER SAVINGS **********

01/20/11 01:33pm 161 84 49 #

****
Fuel Points Expiring 01/31/11 = 166
Points under 100 do not carry over.
Months' points do not combine.
****

****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

P11719

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.14.11	11:00			
1.16.11	5:00			54
		WEEKLY TOTALS:		810.00

Employee Signature: R Cantu Date: 1.16.11

Supervisor Signature: Date:

P11720

TIME SHEET

Employee Name: Robert Carter **Title:** Super Sexy!

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Fri 1.07.11	10 AM			
Sun.		9 AM		47 hrs.
				x 15.00
		WEEKLY TOTALS:		705.00

Employee Signature: Robert L Carter Date: 1.08.11

Supervisor Signature: Date:

P11721

TIME SHEET

Employee Name: FAUSTINO VAQUERA **Title:**

Week: JAN 06, 2011 – Jan 12, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Thur 01/06	7am	12 am	17 hours	
Fri 01/07	12am	9:30am	9.5 hours	
Sat 01/08	OFF	OFF		
Sun 01/09	7pm	12am	5	
Mon 01/10	12am	5:30pm	17.5	
Tues 01/11	6:30am	5:30pm	11	
Wed 01/12	6:30 am	5:30pm	11	
		WEEKLY TOTALS:	71 hours	

Employee Signature: Faustino Vaquera Date: 1-12-11

Supervisor Signature: Date:

P11722

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver

Week: JAN 10 - 12 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1/10	5:30pm	6:30 AM	13	
1/11	5:30pm	6:30AM	13	
1/12	6:00pm	7:00AM	13	
		WEEKLY TOTALS:		

Employee Signature: Michael Brooks Date: 1/12/2011

Supervisor Signature: Date:

P11723

TIME SHEET

Employee Name: Antonio Flores **Title:** Adults Care Servicg

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1-9-2011	8:A.M.	6:p.M.	~~10~~ 11	11 ~~10~~
		WEEKLY TOTALS:		~~10~~

Employee Signature: Antonio Flores Jr. **Date:** 1-9-2011

Supervisor Signature: ~~10 X 15. $150.00~~ **Date:**

10 X 15 165.00

P11724

TIME SHEET

Employee Name: FAUSTINO VAQUERA **Title:**

Week: Feb 06 — Feb 10, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-06 Sun	6:30 pm	12 am	5.½	
2-07 mon	12 am	7pm	19.	
2-08 Tues	12 NOON	4:00 pm	4	
↓	5:00pm	12 am	7	
2-09 Wed	12 am	12 am	24	
2-10 Thur	12 am	~~6:30~~ 3:30	14. ½	
	5:30 ↓	6:30	1	
		WEEKLY TOTALS:	75 hrs.	

Employee Signature: Date:

Supervisor Signature: Date:

1110.00

+ reciept
food 3 Grocery

56.65
+1110.00
1166.65

P11725

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

	ADMS STR EXT		2.69 F
	EMRD ALMONDS	PC	4.99 F
SC	**KROGER SAVINGS**	**0.50**	
	KROGER PLUS CUSTOMER		*******9869
	OZRK WATER		1.19 F
	OZRK WATER		1.19 F
	TAX		0.00
	****** BALANCE**		10.06

**********0307
REF#: 000000
PURCHASE: 10.06
CASHBACK: 40.00
TOTAL: 50.06

DEBIT	50.06
CHANGE	40.00

TOTAL NUMBER OF ITEMS SOLD = 4

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 0.50
TOTAL COUPONS	$ 0.50
TOTAL SAVINGS (4 pct.)	$ 0.50

********** KROGER SAVINGS **********

02/09/11 03:10pm 161 84 86 #

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.

receipt

Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 03/31/11 = 106
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $0.50
WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

KFC

STORE #W150100

14490 Memorial Dr
Houston
(281)497-0061

Ticket #2458
2011-02-09 6:07 PM
W150100 2 28 2458

Cashier: Titus

4P ML EC DRK	6.19
2 Leg	
2 Thigh	
+ Sm CSlaw	
+ Sm Msh/Grvy	
+ Biscuit	
2 BISCUITS	0.99
Tax	0.59
DRIVE THRU	$7.77
ETenderCredit	$7.77
Change	$0.00

For a chance to win $1000

Please call 1-888-731-9645 or

Visit www.opinionport.com/yum

See back for more details

$1,000 GIVEAWAY ON BAC	$1,000 GIVEAWAY ON BACK!	$1,000 GIVEAWAY ON BACK!	WAY ON BACK!

P11726

Right Store. Right Price.

9325 KATY FRWY
(713) 461-7754
YOUR CASHIER WAS Francis

KROGER PLUS CUSTOMER		********9869	
	DUNHNS TRPLE	PC	2.69 F
SC	**KROGER SAVINGS**	**0.20**	
	HNTS TOMATOS	PC	0.60 F
SC	**KROGER SAVINGS**	**0.19**	
	HNTS TOMATOS	PC	0.60 F
SC	**KROGER SAVINGS**	**0.19**	
	BEEF GRINDS		3.26 F
	KRO EGGS LRG		1.49 F
	HNZ KTCHP	PC	1.89 F
SC	**KROGER SAVINGS**	**0.21**	
	MCRMCK MT LF		1.25 F
	RYND BKNG CP	PC	2.25 T
SC	**KROGER SAVINGS**	**0.14**	
	GHIR CHIPS	PC	2.99 F
SC	**KROGER SAVINGS**	**1.00**	
0.48 lb @ 0.99 /lb			
WT	ROMA TOMATO		0.48 F
0.54 lb @ 1.79 /lb			
WT	ONS PEELED		0.97 F
	TAX		**0.18**
	****** BALANCE**		18.59

**********0307
REF#: 000000
PURCHASE: 18.59
CASHBACK: 50.00
TOTAL: 68.59

DEBIT	68.59
CHANGE	50.00
TOTAL NUMBER OF ITEMS SOLD =	11

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	1.93
TOTAL COUPONS	$	1.93
TOTAL SAVINGS (9 pct.)	$	1.93

********** KROGER SAVINGS **********

02/08/11 04:55pm 600 8 135 109

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.

Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 18
Fuel Points Expiring 03/31/11 = 96
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

[+] = 0

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $1.93
WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

KFC

STORE #W150100

14490 Memorial Dr
Houston
(281)497-0061

Ticket #4181

2011-02-08 5:20 PM

W150100 4 44 4181

Cashier: Devon

LG MASH/GRVY	3.19
Tax	0.26
CARRY OUT	$3.45
EXACT CASH	$5.50
Change	$2.05

For a chance to win $1000

Please call 1-888-731-9645 or

Visit www.opinionport.com/yum

See back for more details

IN BACK! | $1,000 GIVEAWAY ON BACK! | $1,000 GIVEAWAY ON BACK! | $1,000 GIVEAW

P11727

11441 Katy Fwy
Houston, TX 77079
Stor # 20148 Phone# (713) 935-9076

R DRIVE THRU
Order 287289 2/6/2011 6:25:10 PM
Employee: 64149 Name: Joseph

Per CHZ Qsa	3.49
1 - PICO	
8oz RICE	1.49
8oz REFR	1.49
8oz GUAC	2.19
CKFJ Bowl	4.95
1 RICE	
1 REFR	
1 + ALL toppings	
1	

SubTotal	13.61
Tax	1.12
Total	14.73
Visa	14.73
Change	0.00

Acct: xxxxxxxxxxx0307
Authorization: 112358

ORDER# 489----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon #..... (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 27218 14806 88902 64149

P11728

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.4.11	2pm			
2.5.11		2pm		24
2.5.11	2pm			
2.6.11		6pm		28
		WEEKLY TOTALS:		52

Employee Signature: Robert Cantu Date: 2.6.11

Supervisor Signature: Date:

780.00 pd. 21
Randalls 15.00
Taco Cabana 12.00
$807.00

P11729

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

RING A MOP REFILL 9.49 T

PRODUCE

3@1.00 LRG HASS AVOCADOS . 3.00 F
RegPrice 5.97 CardSav 2.97
TANGERINES 5LB BOX . 5.00 F
RegPrice 8.99 CardSav 3.99
BLBRY POMERGRATAT 3.99 F
LYCHEE GREEN TEA 2.29 F
F/W BAL DUE 14.28
**** TAX .78 BAL 24.55
VF VS XXXXXXXXXXXX6258 24.55

CHANGE .00
TOTAL SAVINGS 6.96
2/05/11 12:12 1066 94 0030 8894

ROBERT CANTU 7370

Remarkable Savings $ 6.96
Total Savings Value 23% $ 6.96

YOUR CASHIER TODAY WAS SELF

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066
12850 MEMORIAL Dr.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 02/05/11 12:12
CARD # XXXXXXXXXXXX6258
REF:1102051 AUTH:031213

PAYMENT AMOUNT 24.55

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

RF RING A MOP REFILL 9.49-T
**** TAX .78- BAL 10.27-
VF VS XXXXXXXXXXXX6258

CREDIT REFUND 10.27
2/05/11 15:21 1066 [illegible]

ROBERT CANTU 7370

YOUR CASHIER TODAY WAS AURA

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!

Little Card. Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066
12850 MEMORIAL Dr.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 02/05/11 15:21
CARD # XXXXXXXXXXXX6258
REF:1102051 AUTH:044355

CREDIT REFUND 10.27

P11730

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 3 - OUT
Order 373245 2/5/2011 6:31:50 PM
Employee: 17960 Name: Enrique

CC BF Taco	1.29
CHZ Ench	1.50
VEGGIE 400	3.95
1 BLBN	
1 LETT BLEND	
1 + PICO	
1 + CHZ	
1 + SP[illegible]	
1 [illegible] Salsa	
[illegible] COKE	1.99
TRES [illegible] CAKE	1.99
Subtota'	72
Tax	88
Total	11.60
[illegible]	11.60
[illegible]ge	0.00

Acct: xxxxxxxxxxx6258
Author[illegible]ion: 0.3119
ORDER# 345

We would like your feedback.
[illegible]ipe en [illegible]estra encuesta.
Visit www.tacocabanacares.com
Or call 1-800-360-3[illegible]
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon #[illegible] (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 33218 14805 74502 17960

P11731

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Feb 28

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2·28 Mon	6:00pm	12:00 am	6	
3·01 Tues	12:00 am	7:00pm	19	
↓	8:30pm	12:00am	3.5	
3·02 Wed	12:00am	8:00pm	20	
3·03 Thur	8:00 am	4:00pm	8	
↓	5:00pm	8:00pm	3	
3·04 Frid	10:00am	12:00 am	14	
3·05 Sat	12:00am	11: am	11	
↓	12:00pm	3:30 pm	3.5	
↓	4: 30pm	12:00am	7.5	22
3·06 SUN	12:00am	12:00pm	12	
		WEEKLY TOTALS:	107.5	

Employee Signature: **Date:**

Supervisor Signature: **Date:**

Del. 3/5/11

1612.5
+ 91.69
1704.19

Grocery & Food

Total 82.70
8.99 - Spicy Pickle
+ Turkey & Soup
91.69

P11732

$2.70

10321 e Katy Fwy
Houston, TX 77024
(7[illegible] 467 2007

JR

Host: RANDY
JR

03/01/2011
12:07 PM
70014

Order T[illegible] - Go

Bowl Pot Pie	4.59
Puff Pastry	
Bowl Broccoli Cheese	3.59
Egg Salad Sandwich	4.99
Wheat	
Lettuce & Tomato	
Mayo	
(N)Chips & Pickle	
No Beverage	
Fountain Drink	1.89
Subtotal	15.06
Tax	1.25
To Go Total	16.31
[illegible]	20.00
Change	3.69

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 022
Write redemption code:
For phone survey 800-537-5443

--- Check Closed ---

Luby's
Houston #09[illegible]
825 Town & Country Center
Houston, [illegible]
713-461-9404

Kim H
18:29 11 03/03/2011
Transaction #:44094

Check #[illegible]16.00

Card Number
[illegible]
JP/[illegible]

Auth Code
112315
Visa

Amount 9.73

Total 9.73

Tip [illegible]

Total [illegible]

X
Cardholder agrees to pay total in accordance with agreement governing use of such card.

P11733

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER	*******5249
KRO STRAWS	0.99 T
SCT-BRT SPNG	3.69 T
LBMN MOP	16.49 T
TAX	**1.75**
****** BALANCE**	**22.92**

**********0307
REF#: 000000
PURCHASE: 22.92
CASHBACK: 0.00
TOTAL: 22.92

DEBIT	**22.92**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 3
02/27/11 08:10pm 161 83 165 #

****
Save $0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 21
Fuel Points Expiring 03/31/11 = 21
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com
****

Thank you for shopping Kroger

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 415206 3/1/2011 8:52:18 PM
Employee: 64149 Name: Joseph

P2-MIX Ench	4.99
2 CHZ Ench	
1 RICE	
1 REFR	
1 SF Tort 2	
Per SprBF Nacho	3.99
1 w/ CHEESE	
3oz GUAC	0.99

SubTotal	9.97
Tax	0.82
Total	10.79
Cash	20.79
Change	10.00

ORDER# 406----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # [redacted]LU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 45220 14801 10603 64149

P11734

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER *******9869
KRO EGGS LRG 1.43 F
OZRK WATER 1.19 F
OZRK WATER 1.19 F
CHRMN BTH TS PC 5.99 T
SC KROGER SAVINGS 1.58
NTVL GRNBARS 3.79 F
SNSW PLUMS 3.29 F
ICBINB MARGR 2.65 F
NTRO BREAD 2.79 F
1.63 lb @ 0.49 /lb
WT DOLE BANANAS 0.80 F
MC OP SCANNED COUPON 0.60-T
TAX 0.43
**** BALANCE 22.95
**********0307
REF#: 000000
PURCHASE: 22.95
CASHBACK: 0.00
TOTAL: 22.95

DEBIT 22.95
CHANGE 0.00
8.25 TAX TABLE 0.44
2% PHONECARD FEE 0.01-
TOTAL TAX 0.43
TOTAL NUMBER OF ITEMS SOLD = 9

********** KROGER SAVINGS **********
MFG CPN SAVINGS $ 0.60
KROGER PLUS SAVINGS $ 1.58
TOTAL COUPONS $ 2.18
TOTAL SAVINGS (8 pct.) $ 2.18
********** KROGER SAVINGS **********

03/02/11 03:40pm 161 85 88 #

February Fuel Points remaining = 417
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine.
These points expire 3/31/11.

March Fuel Points
Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal on 1 fill-up.
Fuel Points this order = 23
Fuel Points earned this month = 23
Each month is a separate accumulation period. Previous and Current months points do not combine.
This months points expire 4/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $1.58 WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

P11735

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.22.11	6 pm			
3.23.11		9am		15
3.23.11	8 pm			
3.24.11		9 am		13
		WEEKLY TOTALS:		28.

Employee Signature: Robert L Cantu **Date:** 3.24.11

Supervisor Signature: **Date:**

pd 3/27

420.00
32.40
18.46
20.00

490.86

P11736

HARRIS COUNTY
TOLL ROAD
AUTHORITY

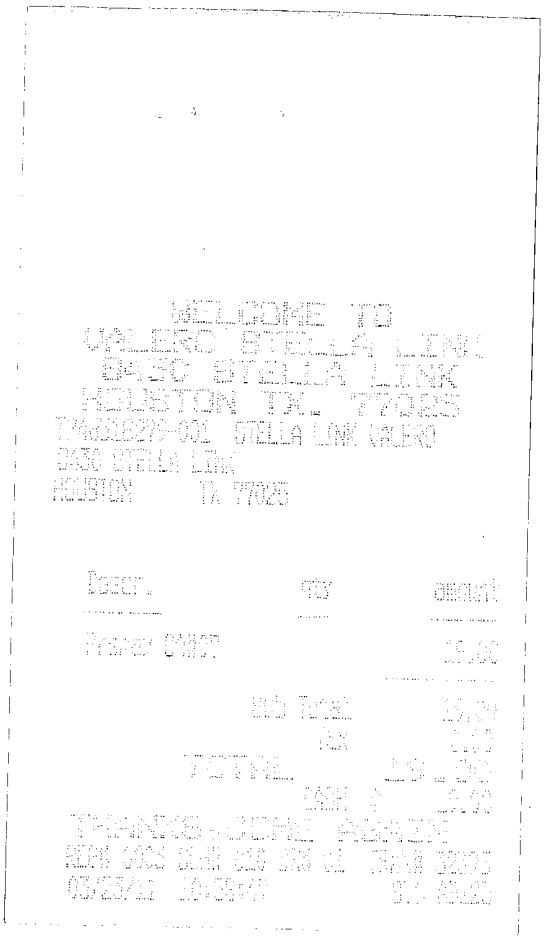
BRIAR FOREST

Lane No. 35

Fare Paid - $1.00

08:07:54AM 03-23-11

Have a nice day!



P11737

[illegible]
[illegible]
Houston, TX 77[illegible]
(281) 531-[illegible]

ROBERT

Host:
ROBERT

03/22/2011
6:20 PM
50147

Order Type: To Go

Famous Salad Bar	6.99
20 oz Beverage	
Smokey Jack Panini	6.59
NO 1 slcJalapeno Jack Cheese	
2 slc Swiss	0.59
(SC)American Potato	0.99
Fountain Drink	1.89
Subtotal	17.05
Tax	1.41
To Go Total	**18.46**
CASH	20.00
Change	**1.54**

[illegible] PICK A PRIZE!
[illegible] delivery
[illegible]edback.com
Ent[illegible] Deli [illegible]er: 026
Wri[illegible] Code:
For phone Survey Bu[illegible]37-5441

--- Check Closed ---

Luby's
Houston #006 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # [illegible]

Maria G
18:58:24 03/21/2011

1 Meringue Pie	2.99
1 Pecan [illegible]	3.59
1 Baked A[illegible]ndin[illegible]tu Ann	7.89
Tray#1 Sub-total	14.47
x Baked Almondine [illegible]mbo	
1 Baked White Fish [illegible]mbo	[illegible].99
1 Sliced Tomatoes	[illegible].99
1 Tossed Salad	2.39
1 Bread Upgrade $0.59	0.59
Tray#3 Subtotal	15.46

ID #85 0801 9075

For 10 CHANCES TO WIN $1,000 daily
A $100 Lubys Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com for
complete rules and regulations

No purchase necessary
(OFFER EXPIRES Mar 28, 2011)

Subtotal	29.93
Sales Tax	2.47

Please pay this amount
Total 32.40

Food To Go

P11738

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: March 15 — March 19

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-15 Tues	8:30 am	12:00 am	15.30	
3-16 Wed	12:00 am	2:00 pm	14	
↓	4:00 pm	12:00 am	8	
3-17 Thur	12:00 am	9:30 am	9:30	
3-[redacted]	6:30 pm	12:00 am	5:30	
3-18 [redacted] Fri	12:00 am	6:00 pm	18	
	WEEKLY TOTALS:		70 ½	

Employee Signature: [signature] Date: 3-18

Supervisor Signature: Date:

70.5
x 15.00
= 1057.50

Groceries & Food = 126.26

Best Buy Digital Voice Recorder 64.94

191.20

Total = 12[redacted]

PR11739

WELCOME TO BEST BUY #216
HOUSTON, TX 77024
(713)647-6004

Keep your receipt!

Val #: 0422-1046-6045-3089

0216 003 2499 03/17/11 18:22 00005044

1792142	ICDPX312	59.99
	ICDPX312 DIGITAL VOICE RECORD	
	ITEM TAX 4.95	
6094193	RZ SILVER	0.00 N
	REWARD ZONE PREMIER SILVER	
	MEMBER ID 0329918420	

SUBTOTAL	59.99
SALES TAX AMOUNT	4.95
TOTAL	64.94

xxxxxxxxxxxx0307 DEBIT 64.94
FAUSTINO VAQUERA JR
APPROVAL 132943
REFERENCE NUMBER: 0216003

ALEX,
THANKS FOR SHOPPING AT BEST BUY TODAY!
YOUR REWARD ZONE BALANCE AS OF 03/08/11
POSTED POINTS: 153
Go to MyRZ.com FOR MORE INFO

Congratulations! As an added benefit of being a Reward Zone program Premier Silver member, you may return eligible products up to 45 days from purchase date.

Dear Valued Customer,

To help keep prices low for all of our

indirect, special, incidental or consequential damages), caused directly or indirectly by the products listed on this receipt.

THE SHACK THANKS YOU.

RADIOSHACK 01-6020
Kroger Plaza Sc
14356 Memorial Dr
Houston, TX 77079-6704
(281) 496-9429

Order: **057553** 03/17/2011 08:14P Term #002

Helped By: 001 (MAR)
Entered By: 001 (MAR)

4200223	3' 1/8' M-M PATCH CABLE	1	8.39

Subtotal		8.39
Tax	8.25%	0.69
Total		9.08
Credit Card		9.08
Change Due		0.00

Acct# xxxxxxxxxxxx0307 N
Card Type VI
Tran# 12887148
Auth# 161235 9.08
Host Captured Y

The card holder identified hereon may apply the total amount shown on this receipt to the appropriate account to be paid according to its current terms.

I agree to pay above total according to card issuer agreement.

Your name, address and the original sales receipt are required for all refunds. Sales and returns are subject to the terms and conditions identified on the back.

Shop online 24/7 at
www.radioshack.com

P11740

THE ORIGINAL
TACO CABANA
MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Regi 4 - DRIVE THRU
Order 200480 3/16/2011 6:05:20 PM
Employee: 64149 Name: Joseph

16oz REFR	2.19
16oz RICE	2.19
16oz GUAC	3.99
Lg SWT TEA	1.99

SubTotal	10.36
Tax	0.85
Total	11.21
Visa	11.21
Change	0.00

Acct: xxxxxxxxxxx0307
Authorization: 150358
ORDER# 480----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon #_____ (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 20418 14816 08003 64149

Walgreens
There's a way

207 10 3270 05094 028

RFN# 0509-4283-2707-1103-1720

F WALG NIT GLOVE 40S	1A	5.99
F WALG NIT GLOVE 40S	1A	5.99
A/H CRM 20Z	1A	-11.99
WLG ADLT CLTH 48S	A	5.99
R/DNSK N/CHOL 120Z		3.99
WALG CERT UNDR 30S	1A	19.99
SUBTOTAL		53.94
A=8.25% SALES TAX		4.12
TOTAL		-58.06
VISA		58.06
ACCT#********0307		
CHANGE		.00

14616 Memorial Drive Houston, TX
STORE (281)493-3043

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

MARCH 17, 2011 8:32 PM

P11741

THANK YOU FOR SHOPPING AT
ACE HARDWARE CITY
14455 MEMORIAL DRIVE
HOUSTON, TX 77079
(281) 496-2113

3/15/11 11:38AM EE 555 SALE

1001239 1 EA 15.99 EA
MOP TWIST N MOP 15.99

SUB-TOTAL: 15.99 TAX: 1.32
TOTAL: 17.31
BC AMT: $17.31

BK CARD#: XXXXXXXXXXXX0307
ID: 670120559599
AUTH: 143775 AMT: 17.31
Host reference #:907299 Bat#1475
SWIPED
CARD TYPE:VISA EXPR: XXXX

Trace # 000000

==>> JRNL#J07299 <<==
CUST # *5

THANK YOU FAUSTINO VAQUERA JR
FOR YOUR PATRONAGE

Name: X

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JR

Host: KELLY 03/15/2011
JR 6:39 PM
50011

Order Type: To Go

Egg Salad Sandwich	4.99
White	
(N)Chips & Pickle	
ed	
tain Drink	1.89
Subtotal	6.88
Tax	0.57
To Go Total	7.45
VISA #XXXXXXXXXXXX0307	7.45

P11742

Brunsting004572

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JARED

Host: SYED
JARED

03/17/2011
6:30 PM
10176

Order Type: To Go

SGT Pepper	6.59
Rye	
(N)Chips [illegible]	
No Beverage	
Egg Salad [illegible]	4.99
Rye	
EZ [illegible]	
Mayo	
Le[illegible]omato	
(N)[illegible] Pickle	
No Beverage	
Kid's Mac & Cheese	2.89
No Beverage	
Chef Salad	6.99
OTS Ranch Dressing	
No Beverage	
Subtotal	21.46
Tax	1.77
To Go Total	**23.23**
VISA #XXXXXXXXXXXX0307	23.23
Auth:163201	

SIGNATURE :_____

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 022
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---

Quizmos Sub Store #1043
Phone(713)647-9966
Fax (713)647-9467

ORDER 01027

2 BNL BRUSCOLL CHZ	5.58
2 CHK# RNCH SAMMIE	6.00
1 CHOOSE 2	-0.08
1 CHOOSE 2	-0.50

TAKE-OUT

	$	11.00
TAX TOTAL	$	0.91
TOTAL	$	11.91
VISA	$	11.91
CHARGE TIP	$	0.00
ACCOUNT# :		
AUTH# :		

6328 COUNTER MAR.15,2011
REG1-4M 12:13

Try our catering.

P11743

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/7/11	8:00 AM	6:00PM	10 hrs	10 hrs
3/9/11	9:00am	6:00pm	9 hrs	9 hrs.
	WEEKLY TOTALS:			19 hrs

Employee Signature: Michael Brooks Date: 3/9/11

Supervisor Signature: Date:

Pd. 3/9

$285.00 AL

P11744

TIME SHEET

Employee Name: Robert Canta **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.6.11	2pm			1
3.7.11		8:30 Am		16.5
3.7.11	6pm			
3.8.11		6pm		24.0
3.8.11	6pm			
3.9.11		9:Am		12.0
3.9.11	6pm			
3.10.11		9Am		12.0
		WEEKLY TOTALS:		64.5

Employee Signature: Robert A Canta **Date:**

Supervisor Signature: **Date:**

1045.67

1 4 3 3
967.50
22.70 Labys
8.59 Sloteks.
29.85. Kroger.
6.47. Sonic
2.38 water
8.18 H.E.B.
1045 67

P11745

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Tirrel Kennard

OZRK WATER	1.19 F
OZRK WATER	1.19 F
TAX	0.00
**** BALANCE	2.38
CASH	20.00
CHANGE	17.62

TOTAL NUMBER OF ITEMS SOLD = 2
03/09/11 09:59am 161 8 53 462

****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by internet @
www.tellkroger.com

You need this receipt to respond.

Participe para ganar una de las 30 tarjetas de regalo de $100

Le invitamos a llenar una encuesta sobre su reciente visita a la tienda Kroger Responda por Internet
en www.tellkroger.com
Usted necesitara este recibo para responder

****
Survey Entry Code - 034 999
****

THANK YOU FOR SHOPPING KROGER

Want to know your perfect match?
Visit sonicdrivein.com and complete your hot dog and drink Match Maker profile. Then, we'll email you a great discount so you can meet your match for less!
NO PURCHASE NECESSARY. TO PLAY FOR FREE: Mail – a 3" x 5" card with your name/address/daytime phone# to: Sonic Game, 2554 Lincoln Blvd. PMB 1056, Venice, CA 90291-5082, must be rec'd by 5/7/11. We'll play the instant-win game/enter sweepstakes for you. Only winners will be notified. Open to legal U.S. residents, 16 or older. Stickers with codes available while supplies last at participating U.S. SONIC® Drive-Ins from 2/28/11 to 4/30/11. Play game at www.sonicdrivein.com ("Website") from 12:01 AM Eastern Time (ET) on 2/28/11 to 4/30/11, 11:59 PM ET on 4/30/11. Free Combo not to exceed $7.50 including tax (where applicable). Subject to posted Official Rules and on Website. Void where prohibited. "Amazon.com is not a sponsor of this promotion. For complete gift card terms & conditions visit www.amazon.com/gc-legal

SONIC DRIVE-
Comments or Concer. ?
Call Us
(281)759-7200
Drive Thru
3/9/11 12:30 PM
TRAY # T:2
OPERATOR 3
TKT # 0141 STALL # ?? SHIFT: B

2	Lg C -G	5.98
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	PLAIN	0.00
1	PLAIN	0.00

SUBTOTAL = 5.98
TAX = 0.49
TOTAL = 6.47

TOTAL AMOUNT = 6.47
CHANGE = 53 cents
SONIC Carhops ROCK!! (comment 8666576642)

P11746

Right Stor[illegible] Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Tirrel Kennard

OZRK WATER	1.19 F
OZRK WATER	1.19 F
TAX	0.00
**** BALANCE	2.38
CASH	20.00
CHANGE	17.62

TOTAL NUMBER OF ITEMS SOLD = 2
03/09/11 09:59am 161 8 53 462

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en www.tellkroger.com
Usted necesitara este recibo para responder
****
Survey Entry Code - 034 999
****

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SONIC DRIVE-
Comments or Concer[illegible] ?
Call Us
(281)759-7200
Drive Thru
3/9/11 12:30 PM
TRAY # T:2
OPERATOR 3
TKT # 0141 STALL # ?? SHIFT: B

2	Lg C[illegible]G	5.98
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	PLAIN	0.00
1	PLAIN	0.00

SUBTOTAL = 5.98
TAX = 0.49
TOTAL = 6.47

TOTAL AMOUNT = 6.47
CHANGE = 53 cents
SONIC Carhops ROCK!! (comment 8666576642)

P11747

14510 Memorial Drive
Phone # 281-493-9778

CT #-288

Host: TERM 2 PM	03/07/2011
CT #-288	5:50 PM
	20089
	4.59
Pepperoni & Dbl Cheese	4.59
Bac/Tom/Mush	3.69
Garden Salad	
Caesar	
	12.87
Subtotal	1.06
Tax	
	13.93
TO GO Total	
	20.00
CASH	
	6.07
Change	

--- Check Closed ---

Kroger

Right Store. Right Price.

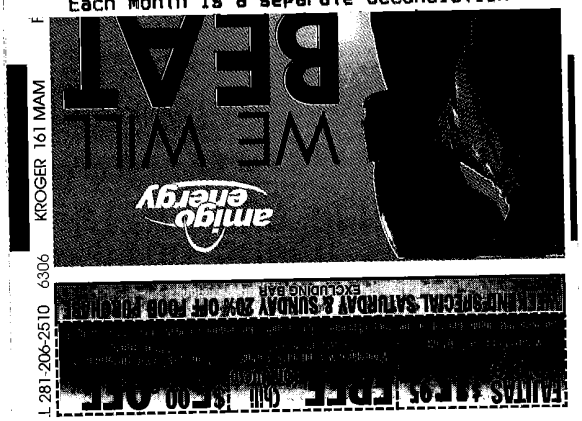
14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER			*******2679
	KVLU PPR TWL		1.64 T
	SIMPLY JUICE		2.78 F
	PRML WHT MLK		3.49 F
	PFRM BREAD		3.79 F
	DELM FRT CUP	PC	2.77 F
SC	**KROGER SAVINGS**	**0.22**	
	DELM FRT CUP	PC	2.77 F
SC	**KROGER SAVINGS**	**0.22**	
	DANN YOGURT		1.88 F
	ORAL B REFIL		9.79 T
	TAX		**0.94**
****	**BALANCE**		**29.85**
	CASH		**20.00**
	CASH		**5.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CASH		**1.00**
	CHANGE		0.15

TOTAL NUMBER OF ITEMS SOLD = 8

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.44
TOTAL COUPONS $ 0.44
TOTAL SAVINGS (1 pct.) $ 0.44
********** KROGER SAVINGS **********

03/08/11 08:27pm 161 85 180 #
****
February Fuel Points remaining = 152
Redeem 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation



P11748

H-E-B

443564 03-07-11 6:10P 113/04/00471

1044 3564 0307 1118 1000 471

1	HEB FRUIT CUPS MIXED FRUI F	1.79
2	INT L GREEN OLIVE TAPEN F	6.39
********** Sale Subtotal***		8.18
Account No.:**********6258		
Appr No.:030919		
[illegible] No.:[illegible]		
	8.18	
*** VISA EPS		8.18

ITEMS PURCHASED

OUR BRAND SAVINGS $0.50

YOU SAVED
$0.50 TODAY

1044 3564 0307 1118 1000 471

Everyday low prices without a card
Big $avings Start
At H-E-B

HEB Food-Drugs #35/471
14540 Memorial Drive
Houston, TX 77079
Phone: (281) 679-0010
Fax: (281) 679-6565
Store Hours: Sun-Thr 7-11 Fri-Sat 7
Your Cashier:JENNIFER C.

Ruby's
[illegible] #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :10621

Clerk: D
18:54:52 03/09/2011
Transaction #:46253

Card Number	Auth Code
**********6258	085219
	Visa
Amount	22.70
Total	22.70

Tip

Total

X
Cardmember agrees to pay total in accordance with agreement governing use of such card

P11749

14510 Memorial Drive
Phone # 281-493-9778

CT #-289

Host: TERM 2 PM CT #-289	03/07/2011 5:50 PM 20090
Cup Soup Cup Broc & Chedd Chz Soup	2.29
Subtotal	2.29
Tax	0.19
TO GO Total	2.48
CASH	5.00
Change	2.52

-- Check Closed ---

P11750

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/17/11	8:00	7:30pm	11½ hrs	11½
3/18/11	6:pm	7:Am	13	13
		WEEKLY TOTALS:		24½

Employee Signature: Michael L. Brooks Date:

Supervisor Signature: Date:

$367.50

P11751

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.14.11	4:30 pm			
3.15.11		9 Am	16.5	
	WEEKLY TOTALS:		16.5	247.50

Employee Signature: Robert Cantu Date: 3.18.11

Supervisor Signature: Date:

RL

247.50
25.28
16.40
10.60
$ 289.78

P11752

SANDWICHES • PANINI • PI SALADS • SUBS

The Spicy Pickle

1611 Kirby Broadway Ste

Host

Host: Reg 2 03/14/20
/ 5:28 PM
200

1/2 LTO Panini	5.95
LG Forest	7.45
LG Fountain Drink	1.75
Subtotal	15.15
Tax	1.25
ToGo Total	16.40
CASH	50.00
Change	33.60

Thank You!

--- Check Closed ---

Supermercado de Walmart

OPEN 7 AM TO
MANAGER DAVID CRUZ
(13) 463 - 69

ST# 3578 OP# 00000360 TE# 02 TR# 04931

DDP 12 OZ	0078000008356 F	1.00 X
PEPPERJACK	0029480084 F	0.84 O
COOKED HAM	0205273 0077 F	0.77 O
8-PIECE CHK	020577400000	5.48 F
PAN PUR CT	000000099167KF	
	-0.33	1.98 O
	SUBTOTAL	10.07
TAX 1	8.250 %	0.53
	TOTAL	10.60
	CASH TEND	20.00
	CHANGE DUE	9.40

ITEMS SOLD 10

TC# 7278 7605 9493 7910 8692

we gladly accept valid manufacturer & internet coupo
03/06/11 14:23:03

P11753

Not paid

Los Tios
MEXICAN RESTAURANT

281-493-4700
14006 Memorial
Houston, TX
281-493-4700

Server: Dieg	03/06/2011
To Go Bar/1	6:34 PM
Guests: 2	30012
Water	0.00
Nacho Los Tios	9.95
Add Combo Fajita	1.50
2 Tostado Poblano	9.95
Subtotal	21.40
Tax	1.77
Total	23.17
Balance Due	**23.17**

Private room available.
Book your party today!
Catering also available now!
www.adairfamilyrestaurants.com
Happy Hour 4-6 pm

281-493-4
14006 Memorial
Houston, TX
281-493-4700

Server: Dieg
06:44 PM
To Go Bar/1

DOB: 03/06/2011
03/06/2011
3/30012

VISA 3145740
Card #XXXXXXXXXXXX6258
Magnetic card present: CANTU ROBERT LEE
Approval: 065019

Amount: $ 25.28

+ Tip: _____

= Total: _____

Guest Copy. Thank you.

P11754

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

9pm - 9pm

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.31.11	9pm			
4.1.11		9pm		24
4.1.11	9pm			
4.2.11		10Am		13
4.2.11	2pm	9pm		7
4.2.11	9pm			
4.3.11		9pm		24
4.3.11	9pm			
4.4.11		10Am		13
		WEEKLY TOTALS:		81

Employee Signature: Robert Cantu **Date:**

Supervisor Signature: **Date:**

Pd 1

$1303.48

1215.00
12.65
20.00 gas
25.00 hair
8.00 tip
12.02 BBQ
10.81 Bonghis grill

P11755

11441 Katy Fwy
Houston, TX 77079
Store# 20143 Phone# (713) 935-9076

Reg 3 - IN
Order 303323 4/3/2011 6:58:05 PM
Employee 17960 Name: Enrique

SF CKED	1.99
SubTotal	1.99
Tax	0.16
Total	2.15
Cash	3.00
Change	0.85

ORDER# 323----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 33818 14803 02304 17960

11441 Katy Fwy
Houston, TX 77079
Store# 20143 Phone# (713) 935-9076

Reg [illegible]
Order [illegible] 12:38 PM
Employee [illegible] Name: Enrique

CK Ench	1.50
CC BF Taco	1.29
NO SHELL	4.95
- IN	
1 - LET BLEND	
1 No Add Item	
1 [illegible]	
1 - [illegible]	
1 - PICO	
Lg COKE	1.99
SubTotal	9.73
Tax	0.80
Total	10.53
Visa	10.53
Change	0

Acct: xxxxxxxxxxx6258
Authorization: 027210
ORDER# 321----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 33818 14803 02104 17960

P11756

TIME SHEET

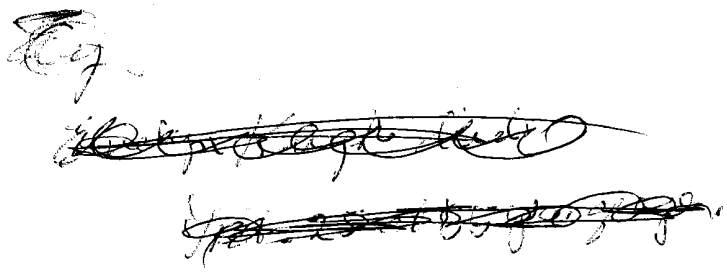
Employee Name: Robert Cantu **Title:** 21 march 11

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.21.11	9 AM			
3.22.11		9 PM		24
		WEEKLY TOTALS:		360.00

Employee Signature: Robert L Cantu Date:

Supervisor Signature: Date:



P11757

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/23/11	7:30 Am	12:00 pm	4½ hrs	4½ hrs
		WEEKLY TOTALS:		

Employee Signature: Michael Brooks Date: 3/23/11

Supervisor Signature: Date:

Pd. 3/23 $67.50

P11758

TIME SHEET

Employee Name: Michael Brooks **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/26/11	4:00pm	7:00pm		3hrs
		WEEKLY TOTALS:		3hrs

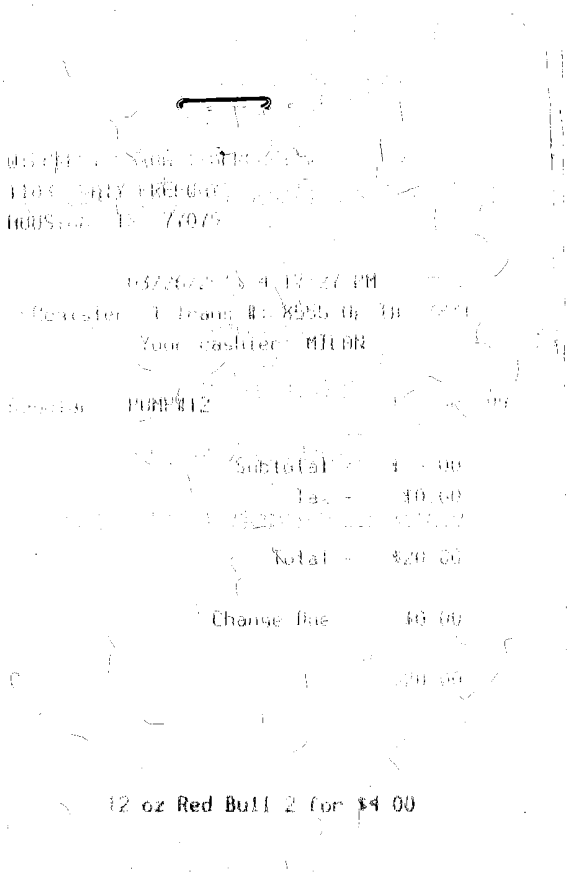
Employee Signature: Michael Brooks **Date:**

Supervisor Signature: **Date:**

Pd. 3/26/11

$45.00
20 gas
65.00

P11759



12 oz Red Bull 2 for $4 00

P11760

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.25.11	1:30pm			
3.26.11		9 AM		19.5
3.27.11	9 am			
3.28.11		9. am		24.0
	WEEKLY TOTALS:			43.5

Employee Signature: Robert L Cantu **Date:**

Supervisor Signature: **Date:**

21
652.50
6.22
33.20
9.99
$701.91

P11761

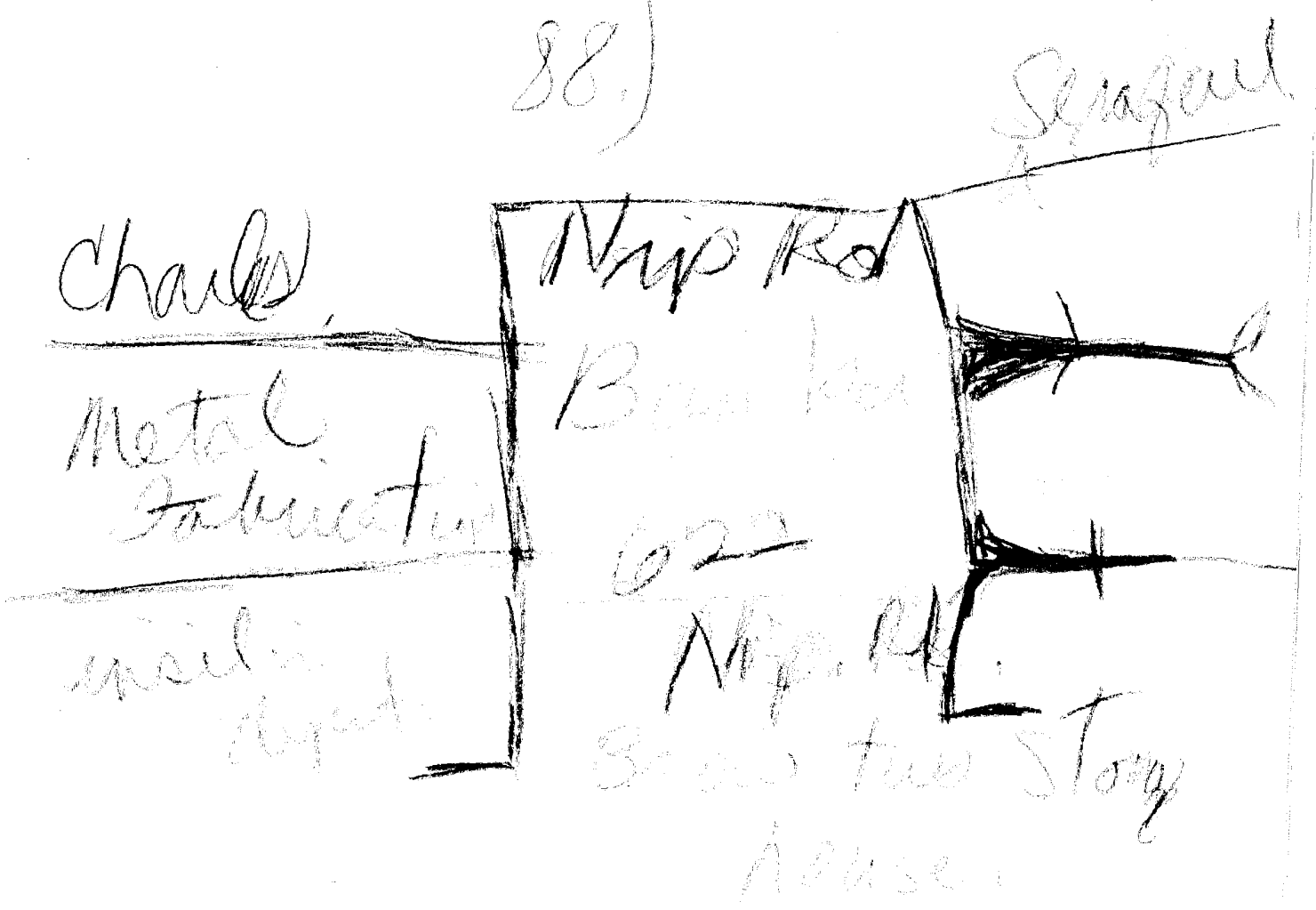
time

Twice a week.

Tues. Saturday

10-2 10-2

88)



P11762

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

1 @ 2/1.00
TOMATO SAUCE .50 F
SMUCKERS DSRT TPNG 2.79 F
WORCESTERSHIRE SCE 1.89 F
2@1.50 BTL WATER 3.00 B
RegPrice 3.98 CardSav .98

REFRIG/FROZEN

REDDI WHIP 2.69 F

BAKED GOODS

VANILLA LOAF C... 4.69 F

MEAT

CAB GRND SIRLO... 9.29 F

PRODUCE

0.88 lb @ $2.69 /lb
WT BROCCOLI CROWNS 2.37 F
1@2.29 MEDIUM CELERY 2.29 F
2.29 lb @ $0.99/lb
WT RUSSET POTATOES 2.27 F
RegPrice 2.95 CardSav .68
0.69 lb @ $1.69 /lb
WT WHITE ONIONS 1.17 F
**** TAX .25 BAL 33.20
VF VS XXXXXXXXXXXX6258 33.20

CHANGE .00
TOTAL SAVINGS 1.66
3/27/11 16:00 1011 06 0099 3775

ROBERT CANTU 7370

Remarkable Savings $ 1.66
Total Savings Value 5% $ 1.66

YOUR CASHIER TODAY WAS SHAWN

New! SimpleNutrition. Helping you find better nutrition choices. Just look for our green tags next time you shop.

As of today, you have accumulated 2 of 7 toward your Free Signature Cafe Sandwich!

Little Card. Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 03/27/11 16:00
CARD # XXXXXXXXXXXX6258
REF:1103271 AUTH:070017

PAYMENT AMOUNT 33.20

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

1@9.99/1@.00
NAT BNTY CAPSULES 9.99
RegPrice 19.98 CardSav 9.99
HLMK CARD SYMPTHY 1.99 T
HLMK CARD SYMPTHY 1.99 T
HLMK CARD SYMPTHY 2.99 T
**** TAX .58 BAL 17.54
VF VS XXXXXXXXXXXX6258 17.54

CHANGE .00
TOTAL SAVINGS 9.99
3/27/11 15:58 1011 06 0098 3775

ROBERT CANTU 7370

Remarkable Savings $ 9.99
Total Savings Value 37% $ 9.99

YOUR CASHIER TODAY WAS SHAWN

New! SimpleNutrition. Helping you find better nutrition choices. Just look for our green tags next time you shop.

As of today, you have accumulated 2 of 7 toward your Free Signature Cafe Sandwich!

Little Card. Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 03/27/11 15:58
CARD # XXXXXXXXXXXX6258
REF:1103271 AUTH:045816

PAYMENT AMOUNT 17.54

P11763

SA[illegible]PT
Store #15400 03/27/11 12:26:36
Subway Sandwic[illegible] ds
1100 [illegible]lcrest Dr
Ho[illegible] TX 77042
([illegible]31-6164
11 Clerk 06 Dwr 1 TRDT 032711
[illegible]pt # 0000152394 Reg-ID REG-MAIN

--- ITEM ---	QTY		PRICE	MEMO	PLU
VEGGIE-MD 6r	1	T $	5.00		10827
SUBST LG	1	T $	0.50		10500
EX CHEESE6	1	T $	0.25		10083
SUBTOTAL		$	5.75		
Sales Tx		$	0.47		
TAKE-OUT **TOTAL		$	6.22		
CredCardAMT TEND		$	6.22		
CHANGE DUE$			0.00		

THANK YOU!

Approval No: 084113
Reference No: 084113
Acquired: Swipe
Account No: **********6258
Card Issuer: VISA
Amount: $6.22

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 03V.sB5K

P11764

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: March 26 → March 31

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-26 Sat	9:00am	5:00pm	8	
↓	6:00pm	12:00am	6	
3-27 Sun	12:00am	9:30am	9 ½	
3-28 Mon	9:00 am	8:30pm	11 ½	
↓	9:30 pm	12:00am	2 ½	
3-29 ~~Sun~~ Tues	12:00am	4:30 pm	16 ½	
↓	5:30pm	8:00 pm	2 ½	
↓	9:00pm	12:00am	3	
3-30 Wed	12:00am	1:00pm	13	
↓	2:00pm	~~8:00~~ 8:00pm	6	
↓	9:00pm	12:00am	3	
3-31 Thur	12:00am	5:00pm	17	
	6:30pm	~~8:00am~~ 9:00pm	2 ½	
		WEEKLY TOTALS:	101	

Employee Signature: [signature] **Date:**

Supervisor Signature: **Date:**

P.D. 3/31/11

101 hours
x 1500
1515
+ 174.40
+ Grocery and food
1689.40

P11765

174.40

Host: 03/26/2011
JR 11:48 AM
2

Ord Type: To Go

Egg Salad Sandwich (2 @4.99)	9.98
(2)Rye	
(2)Mayo	
(2)(N)Chips & Pickle	
(2)Toasted	
(2)No Beverage	
Bowl Vegetable Soup	3.50
Kid's Mac & Cheese	2.89
No Beverage	
Subtotal	16.46
Tax	1.36
To Go Total	17.82
VISA #XXXXXXXXXXXX0307	17.82
Auth:134926	

SIGNATURE : .....

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsDeliFeedback.com
Enter Deli Number: 022
Write redemption code:
For phone survey 800-637-5441

--- Check Closed ---

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Server: DOB: 03/30/2011
12:25 PM 03/30/2011
JR/1 1/10037

Visa 1048614
Card #XXXXXXXXXXXX0307
Magnetic card present: JR FAUSTINO VAQUERA
Approval: 152879

Amount: 7.85

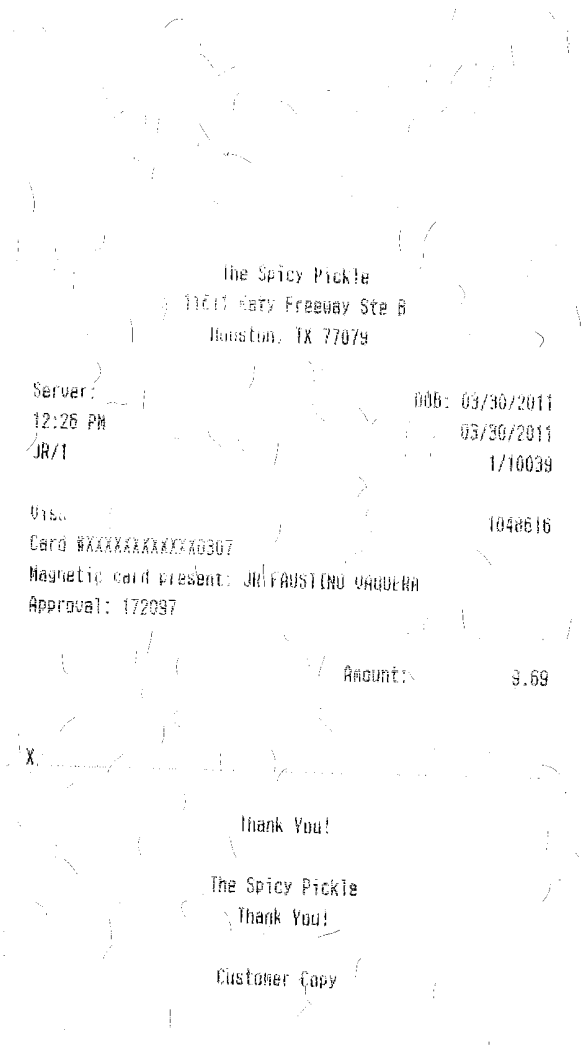
X.....

Thank You!

The Spicy Pickle
Thank You!

Customer Copy

P11766



The Spicy Pickle
11611 Gary Freeway Ste B
Houston, TX 77079

Server:
12:26 PM
JR/1

DOB: 03/30/2011
03/30/2011
1/10039

Visa
Card #XXXXXXXXXXX0307
Magnetic card present: JR/FAUSTINO VARGUERA
Approval: 172097

1040616

Amount: 9.69

X_____

Thank You!

The Spicy Pickle
Thank You!

Customer Copy

SALE RECEIPT

Store #37552 tko 03/25/11 12:20:57
Trans# 61 Clerk 22 Dwr 1 TRDT 032511
Receipt # 0000214600 Reg-ID REG-MAIN

Sales Tx	0.64	Tax B	0.00
Tax C	0.00	Tax D	0.00
Tax E	0.00	Tax F	0.00
		**TOTAL	8.43
AMT TEND	8.43	CHANGE DUE	0.00

CHANGE DUE$ 0.00

Approval No: 192726
Reference No: 192726
Account No: **********0307
Card Issuer: VISA
Amount: $8.43

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 0115.tHps

P11767

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Tir[illegible] I Kennard

	TIDE DETRGNT	14.99 T
FX	DPND UNDRWR	12.59 X
	CREST VIVD	3.49 T
	KRO GLOVES	8.29
	SCTT BATH TS	6.49 T
KROGER PLUS CUSTOMER		*******9869
	TAX	**3.10**
	****** BALANCE**	~~48.95~~

**********0307
REF#: 000000
PURCHASE: 48.95
CASHBACK: 20.00
TOTAL: 68.95

DEBIT	~~68.95~~
CHANGE	20.00

TOTAL NUMBER OF ITEMS SOLD = 5
03/26/11 06:47PM 161 85 172 #
****
February Fuel Points remaining = 417
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine. These points expire 3/31/11.
****
****
Get one FREE child's admission to Bracket Town® refreshed by Coca-Cola Zero® when you buy an adult admission and present this receipt at the Bracket Town® box office window at the George R. Brown Convention Center.
March 31 ® April 4, 2011.
Not valid with any other offers.
****

****
March Fuel Points
Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal on 1 fill-up.
Fuel Points this order = 46
Fuel Points earned this month = 281
Each month is a separate accumulation period. Previous and Current months points do not combine.
This months points expire 4/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com
****

Thank you for shopping Kroger

FLEXIBLE SPENDING TOTAL: 13.63

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

[illegible]

Host: SYED 03/29/2011
JR 12:16 PM
10059

Order Type: T[illegible]

Chef Salad	6.99
SUB Ranch Dressing	
Fountain Drink	1.89
Kid's Mac & Cheese	2.89
Kid To Go Fountain	
Subtotal	11.77
Tax	0.98
To Go Total	**12.75**
VISA #XXXXXXXXXXXX0307	12.75
Auth:131753	

SIGNATURE:[illegible]

[illegible] SUB SURVEY, PICK a PRIZE!
CODE: [illegible] for delivery
www.JasonsDeliFeedback.com
Enter Deli Number: 022
Write redemption code:
for phone survey 800-537-5441

--- Check Closed ---

Brunsting004598

H-E-B

1028 3038 0330 1116 5500 109

1	COTR TARRAGON CHICKEN SAL	T	6.90
2	LIPTON ICED DIET GRN TEA	TF	-1.47
3	FRUIT BAR	F	5.96
4	AJ FARMS MINT	F	1.98
5	056 Tortillaria	F	2.29

********** Sale Subtotal*** 18.60
Sales Tax 0.69
********** Total Sale*** 19.29
Account No.:**********5741 - 1.47
Appr No.:175054
Ref No.:669277
19.29
17.82
*** VISA EPS 19.29

==========

ITEMS PURCHASED: 5

==========

1028 3038 0330 1116 5500 109

HEB Food-Drugs #54/109
9710 Katy Freeway
Houston, TX 77055
Phone: (713) 647-5900
Pharmacy: (713) 647-5960
Fax: (713) 722-9237
Store Hours: 6 a.m. to Midnight
Your Cashier:VICTORIA S
283038 03-30-11 4:55P 211/21/00109

CREDIT CARD
ORDER

6658
Domino's Pizza LLC
(281) 497-3977

3/26/2011 6:52 PM
Order 76047 Server 7890

Carry-Out
TINO

(713) 503-4795

Visa
CREDIT CARD # X XXXX0307
REFERENCE
APPROVAL CODE

Amount $27.84
Tip _____
Total _____

X_____
SIGNATURE

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

PIZZA FIND
732 MILLCREST
HOUSTON TX 77064

Terminal #: 00000500
MAR 29, 11 5:03 PM

VISA
**********0307
SALE REF#:011
BATCH #: 079 AUTH #: 151409
RRN: 108826191949

AMOUNT $23.75
TIP $_____
TOTAL $_____

APPROVED

CUSTOMER COPY

P11769

Brunsting004599

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: March 10 — March 13, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-10 Thurs	9:00 am	12:00 am	15	
3-11 Frid	12:00 am	11:00 am	11	
↓	2:00 pm	12:00 am	10	
3-12 Sat	12:00 am	5:00 pm	17	
↓	6:30 pm	12:00 am	5.5	
3-13 Sun	12:00 am	3:30 pm	15.5	
	WEEKLY TOTALS:		74	

74
x 15.00
1110

Employee Signature: [signature] **Date:** 3-13

Supervisor Signature: **Date:**

158 Pd

74
x 15.00
1110.00

+
RECEIPT From
Kroger, RadioShack
3 Takeout Food
Total 143.02

Total = 1253.02

P11770

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JR

Host: PAIGE 03/06/2011
JR 11:27 AM
70010

Order Type: To Go

Turkey Rueben 6.59
[illegible]th Dip
[illegible]ge
Kid's Mac & Ch[illegible] 2.89
No Beverag[illegible]

S[illegible] 9.48
Tax 0.78

Total 10.26

[illegible]XX0307 10.26
[illegible]172279

Tip :

TOTAL :

TOTAL :

SIGNATURE :

TAKE OUR SURVEY [illegible] A BETTE[illegible]

Total 143.03

SALE RECEIPT

Store #37552 tko 03/05/11 13:06:48
Trans# 63 Clerk 4 Dwr 1 TRDT 030511
Receipt # 0000211793 Reg-ID REG-MAIN

Sales Tx	0.85	Tax B	0.00
Tax C	0.00	Tax D	0.00
Tax E	0.00	Tax F	0.00
		**TOTAL	11.14
AMT TEND	11.14	CHANGE DUE	0.00

CHANGE DUE$ 0.00

Approval No: 121611
Reference No: 121611
Account No: **********0307
Card Issuer: VISA
Amount: $11.14

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 061h.bg9b

P11771

PANINI • PIZZETTI • SALADS • SUBS

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Host: Reg 2 03/10/2011
JR 1:11 PM
20035

LG Baked Potato Soup	4.25
$Pasta Salad (2 @0.50)	1.00
Adobe	7.45
Subtotal	12.70
Tax	1.05
ToGo Total	13.75
CASH	20.00
Change	6.25

Thank You!

--- Check Closed ---

THE SHACK THANKS YOU.

RADIOSHACK 01-8020
Kroger Plaza Sc
14356 Memorial Dr
Houston, TX 77079-6704
(281) 496-9429

Order: 057128 03/10/2011 10:27A Term #002

Helped By: 001 (MAR)
Entered By: 001 (MAR)

2300849	AA 4 PK ALKALINE ENERCELL	1	4.49
4400264	UR-60 CASSETTE TAPES 2PK	1	5.49
2730312	3VDC/700MA ACDC	1	18.99
2730334	ADAPTAPLUG A PLUG99	1	0.00

Subtotal		28.97
Tax	8.25%	2.39
Total		31.36
Debit Card		31.36
Change Due		0.00

Debit Sale
Acct# xxxxxxxxxxx0307
Auth# 122175
Gateway# 106911371215
Amount: $31.36
Date/Time: 03/10 10:27

Your name, address and the original sales receipt are required for all refunds. Sales and returns are subject to the terms and conditions identified on the back.

Shop online 24/7 at
www.radioshack.com

P11772

CVS/pharmacy

1002 GESSNER DRIVE, HOUSTON, TX
PHARMACY: 647-0259 STORE: -

REG#04 TRN#5493 CSHR#0684008 STR#8912

ExtraCare Card #: ********3711

1 PLNT DLX MIX 8.75	6.99F
1 GE FIG BARS 16Z	3.29F
1 NA HONEY WHEA 20 O	2.69F

3 ITEMS

TOTAL	**12.97**
CASH	20.00
CHANGE	7.03

2508 9121 0705 4930 42

RETURNS WITH RECEIPT THRU 05/10/2011

MARCH 11, 2011 4:42 PM

Your Quarterly Extra Buck earnings start printing beginning April 1st. Look for yours at the bottom of your receipt or get them at the coupon center before you shop. Don't forget to Redeem Your Green!

TO ENSURE YOU GET ALL THE OFFERS AND INFORMATION AVAILABLE SPECIFICALLY FOR YOU, UPDATE YOUR EXTRACARE INFORMATION AT EITHER CVS.COM OR CALL 1-800-SHOP-CVS.

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 02/12

Winter 2011 Spending: 65.24

****

CVS/pharmacy

NEW! Allegra allergy - now available over the counter. Get EXTRA SAVINGS on Allegra allergy when the pollen count goes up. Sign up for pollen count alerts at: www.cvs.com/allegra.

****

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Hillary

	JLLO GELATIN		2.99 F
	TIC TAC	PC	1.00 B
SC	**KROGER SAVINGS**	**0.09**	
	JLLO PUDDING		2.99 F
KROGER	PLUS CUSTOMER		*******9869
	TAX		**0.08**
	****** BALANCE**		**7.06**

**********0307
REF#: 000000
PURCHASE: 7.06
CASHBACK: 0.00
TOTAL: 7.06

DEBIT	**7.06**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 3

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	0.09
TOTAL COUPONS	$	0.09
TOTAL SAVINGS (1 pct.)	$	0.09

********** KROGER SAVINGS **********

03/11/11 07:51pm 161 6 276 157
****
February Fuel Points remaining = 417
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine.
These points expire 3/31/11.
****
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

P11773

PANINI • PIZZETTI • SALADS • SUBS

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Host: Reg 2 03/12/2011
JR 6:19 PM
20078

1/2 Adobe (2 @7.45)	14.90
$Pasta Salad	0.50
LG El Rancho	7.45
Subtotal	22.85
Tax	1.89
ToGo Total	24.74
Visa #XXXXXXXXXXXX0307	24.74
Auth:132611	

Thank You!

--- Check Closed ---

THE ORIGINAL TACO CABANA
MEXICAN PATIO CAFE

11641 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 298921 3/11/2011 5:48:24 PM
Employee: 17960 Name: Enrique

P2-CK Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
Lg SWT TEA	1.99
SubTotal	7.97
Tax	0.66
Total	8.63
Cash	10.00
Change	1.37

ORDER# 421----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.[illegible]eCares.com
Or call 1-8[illegible]-[illegible]3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discounts.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 28917 14811 92103 17960

P11774

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 2014 Phone# (713) 935-9076

Reg
3/12/2011 6:31:58 PM
Employee 1149 Name Joseph

CK
1 @ 1.50 4.50
GUAC 0.99

SubTotal	5.49
Tax	0.45
Total	5.94
Cash	10.00
Change	4.06

ORDER# 480----------

We would like your fe
Participe en nuestra e

Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Inscríbase en nuestro eClub en tacocabana.com
14812 98003 64149

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

14 3.02

11441 Katy Fwy
Houston, TX 77079
Store# 2014 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 415662 3/12/2011 12:30:29 PM
Employee: 1490 Name: Amanda

Per CKFJ Qsa	1.59
1 w/ PICO	
Lg CHZ Qsa	5.29
1 w/ PICO	
Lg SWT TEA	1.99
Per SprBF Nacho	3.99
1 w/ CHEESE	

SubTotal	15.86
Tax	1.31
Total	17.17
Visa	17.17
Change	0.00

Acct: xxxxxxxxxxx0307
Authorization: 123507

ORDER# 462----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com

P11775

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: March 19 — March 25 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.19 Sat	7:00 am	12:00 pm	17	
3.20 Sun	12:00 am	4:30 pm	16 ½	
↓	5:30 pm	8:30 pm	3	
↓	9:30 pm	12:00 am	2 ½	
3.21 Mon	12:00 am	10:30 am	10 ½	
3.22 Tues	8:30 am	6:30 pm	10	
3.23 Wed	8:30 am	~~6:30 pm~~ 8:30 pm	~~10~~ 12	
3.24 Thu	8:30 am	4:00 pm	7 ½	
3.24 ↓	5:00 pm	12:00 am	7	
3.25 Fri	12:00 am	1:00 pm	13	
		WEEKLY TOTALS:	99 hrs	

Employee Signature: [signature] **Date:**

Supervisor Signature: **Date:**

99
x 15.00
1485.

AC 3/25

Receipts Food & Groceries

151.77 + 1485.

Total = 1636.77

P11776

SALE RECEIPT

Store #37552 tko 03/20/11 11:34:02
Trans# 10 Clerk 10 Dwr 1 TRDT 032011
Receipt # 0000213756 Reg-ID REG-MAIN

Sales Tx	0.93	Tax B	0.00
Tax C	0.00	Tax D	0.00
Tax E	0.00	Tax F	0.00
		**TOTAL	12.22
AMT TEND	12.22	CHANGE DUE	0.00

CHANGE DUE$ 0.00

Approval No: 154938
Reference No: 154938
Account No: **********0307
Card Issuer: VISA
Amount: $12.22

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 0511.oPFN

11081 Westheimer
Houston, TX 77042
(713) 975-0357

JR

Host: 03/19/2011
JR 11:54 AM
60006

Order Type: To Go

Egg Salad Sandwich	4.99
Rye	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
EZ Toasted	
No Beverage	
Egg Salad Sandwich	4.99
Rye	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
Side Salad	3.99
EZ Toasted	
No Beverage	
Kid's Mac & Cheese	2.89
Kid Fountain	
Turkey	5.79
Wheat	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
EZ Toasted	
No Beverage	
Plates Forks and Napkins	0.00
Subtotal	22.65
Tax	1.87
To Go Total	**24.52**
VISA #XXXXXXXXXXXX0307	24.52
Auth: 115584	

P11777

Spicy Pickle

PANINI • PIZZETTI • SALADS • SUBS

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Host:	03/22/2011
JR	12:16 PM
	10044
LG Forest	7.45
Grilled Chicken	2.00
Adobe	7.45
Subtotal	16.90
Tax	1.39
ToGo Total	18.29
Visa #XXXXXXXXXXXX0307	18.29
Auth:151288	

Thank You!

--- Check Closed ---

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER			********9869
	KRO GARB BAG		1.99 T
	KRO GARB BAG		1.99 T
2.25 lb @ 0.49 /lb			
WT	BANANAS		1.10 F
	SNMD DRD FRT	PC	2.99 F
SC	**KROGER SAVINGS**	**0.30**	
	DAISY SR CRM	PC	1.50 F
SC	**KROGER SAVINGS**	**0.19**	
	DANN YOGURT [+]		1.88 F
	JLLO PUDDING		2.99 F
	JLLO GELATIN		2.99 F
	KRO FRT CUP		1.50 F
	KRO FRT CUP		1.50 F
	CRSC SHORTNG		2.69 F
	FLNAT JUICE	PC	2.99 F
SC	**KROGER SAVINGS**	**1.00**	
4 @ 0.29			
	GLCR WATER		1.16 F
	TAX		**0.33**
	****** BALANCE**		**27.60**

**********0307
REF#: 000000
PURCHASE: 27.60
CASHBACK: 20.00
TOTAL: 47.60

DEBIT	47.60
CHANGE	20.00
TOTAL NUMBER OF ITEMS SOLD =	16

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 1.49
TOTAL COUPONS	$ 1.49
TOTAL SAVINGS (5 pct.)	$ 1.49

********** KROGER SAVINGS **********

03/20/11 06:44PM 161 84 164 #

February Fuel Points remaining = 417
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine.
This [illegible] expires 3/31/11.

P11778

Brunsting004608

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

FL NTRL ORNGE JUCE		2.99 F
1 CANT BEL. BTR		2.50 F
RegPrice 3.29	CardSav .79	
PRM LND 2% 1/2		3.49 F
RegPrice 3.69	CardSav .20	

BAKED GOODS

NAT OWN WHAT HONEY	2.69 F

DELI

BAKED POTATO/BACON			3.99 F
**** TAX	.00	BAL	15.66
VF VS XXXXXXXXXXXX0307			15.66

CHANGE	.00
TOTAL SAVINGS	.99

3/23/11 09:25 1066 53 0014 8853

Welcome Club Member! 2457

Remarkable Savings	$	.99
Total Savings Value	6% $	.99

YOUR CASHIER TODAY WAS SELF

New! SimpleNutrition. Helping you find better nutrition choices. Just look for our green tags next time you shop.

As of today, you have accumulated 1 of 7 toward your Free Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066
12850 MEMORIAL Dr.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 03/23/11 09:25
CARD # XXXXXXXXXXXX0307
REF:1103230 AUTH:162952

PAYMENT AMOUNT 15.66

14510 Memorial Drive
Phone # 281-493-9778

DT-539

Host: TERM 3 AM	03/23/2011
Cashier: TERM 4 AM	
DT-539	12:11 PM
REPRINT# 1	30040
Sm Original S Sourdough	3.99
Turkey Chef's Salad Ranch	4.99
Subtotal	8.98
Tax	0.74
DRIVE-PH Total	9.72
CASH	20.00
Change	10.28

--- Check Closed ---

P11779

LEIBMAN'S WINE AND FINE FOODS
14529 MEMORIAL DR
HOUSTON, TX 77077
Phone: (281) 493-3663
Date: 03/23/2011 INVOICE 442667
Time: 11:19:11 Clerk: 123
PO: CC REF: 181473
(# Items: 3)

Description	Total
Lemon Herb Chicken	8.23
Leibmans Soup / Bowl	4.95
Tot	13.18
T	0.00
Grand Total	13.18
Tender:	13.18
Change:	0.00

X:_____

Credit Card Amount: 13.18
Approval: 181473

> > Thank You < <

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 202857 3/23/2011 5:51:00 PM
Employee: 13522 Name: Lucio

P2-SHRP Ench Carl	5.99
1 RICE	
1 REFR	
1 SF Tort 2	
P2-CHZ Ench Delux	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
Per SprBF Nacho	1.99
1 oz CHEESE	
Mx SWT TEA	1.79
SubTotal	15.75
Tax	1.30
Total	17.05
Visa	17.05
Change	0.00

Acct: xxxxxxxxxxxx0307
Authorization: 175517
ORDER# 457----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon #_____ (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 22817 14823 05703 13522

P11780

PAPA JOE'S BBQ
12310 Kings' ide
Houston, TX 77

THU MA
CHECK #
ORDER #

1 Rib Dinner
Sales Tax
TOTAL

Time: 18:18 1 CUS
151.77

151.03

P11781

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: April 02 →

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-02 Sat	11:00am	2:00pm	3	
4-04 Mon	9:00am	12:00am	15	
4-05 Tues	12:00am	4:30 pm	16 ½	
4-05 ↓	5:30pm	12:00am	6 ½	
4-06 Wed	12:00am	3:00pm	15	
↓	4:00pm	9:00pm	5	
4-07 Thur	7:00am	~~12:00pm~~ 3:30 pm	8 ½	
↓	4:30pm	12:00am	7 ½	77
4-08 Fri	12:00am	12:00pm	12	
		WEEKLY TOTALS:	89	

x 15.00
1335

Employee Signature: Date:

Supervisor Signature: Date:

June Value 50 $
Cash Back
4/19/11

Grocery, Food & Reciepts
= 86.38
+ 4.00 - Notepad
90.38
+ 1335
+ 1425.38 Total

P11782

86.38

TACO CABANA
MEXICAN PATIO CAFE

Store# 20148 Phone# (713) 935-9076

DRIVE THRU
Order 203499 4/2/2011 12:05:49 PM
Employee: 14966 Name: Amanda

Per CKFJ Osa	4.59
1 - PICO	
Per CHIPS Guac	1.99
Subtotal	6.58
Tax	0.54
Total	7.12
Cash	7.25
Change	0.13

ORDER# 499----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.tacocabanacares.com
Or call 1-800-360-3245
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 23413 14802 09904 14966

TACO CABANA
MEXICAN PATIO CAFE

Store# (713) 935-9076

DRIVE THRU
Order 204099 4/4/2011 12:53:13 PM
Employee: 51776 Name: Daniel

Per CKFJ Osa	4.59
1 - PICO	
Per Side of Nacho	3.99
1 w/ CHEESE	
SubTotal	8.58
Tax	0.71
Total	9.29
Cash	10.00
Change	0.71

ORDER# 499----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.tacocabanacares.com
Or call 1-800-360-3245
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 24012 14804 09904 51776

P11783

Jason's Deli #022
10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JR

Host: SYED 04/06/2011
JR 12:51 PM
10126

Order Type: To Go

Big Salad Sandwich 4.99
Rye
EZ Toasted
Mayo
Lettuce & Tomato
(N)Chips & Pickle
No Beverage
Kid's Mac & Cheese 2.89
No Beverage

Subtotal 7.88
Tax 0.65

To Go Total 8.53

CASH 10.00

Change 1.47

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 022
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---

Jason's Deli #026
14604 Memorial
Houston, TX 77
281-531-1999

JR

Host: PATRICK 04/07/2011
JR 11:06 AM
REPRINT# 1 60008
Order Type: To Go

Kid's Mac & Cheese 2.89
No Beverage
Famous Salad Bar 7.29
No Beverage

Subtotal 10.18
Tax 0.84

To Go Total 11.02

CASH 20.02

Change 9.00

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or $2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441

P11784

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

CORRATE TOTAL PL	3.59
ELECT GAMING MON	6.99 T
DRY HYB ROXIDE	1.69

PRODUCE

CLEMENTINE 3LB 2.99 F
RegPrice 6.99 CardSav 4.00

DELI

TURKEY PEPP VP PT 4.49 F
RegPrice 4.99 CardSav .50

**** TAX	.58	BAL	20.33
VF VS XXXXXXXXXXXX5741			20.33

CHANGE .00
YOUR SAVINGS
4/07/11 11:27 1011 03 0054 7423

Welcome Club Member! 2457

Remarkable Savings		**$ 4.50**
Total Savings Value	**19%**	**$ 4.50**

YOUR CASHIER TODAY WAS BRANDIE

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

Randalls Remarkable **Little Card. Big Savings.**

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 04/07/11 11:27
CARD # XXXXXXXXXXXX5741
REF:1104071 AUTH:192075

PAYMENT AMOUNT 20.33

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 400733 4/6/2011 5:26:56 PM
Employee: 64149 Name: Joseph

8oz GUAC	2.19
8oz SRCRM	2.19
SubTotal	4.38
Tax	0.36
Total	4.74
Cash	4.75
Change	0.01

ORDER# 433----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1 800-360-3246
Respond within 3 days, and receive $1.00
off your next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en
tacocabana.com
[illegible] 4/7/11 1480[illegible]5304 64149

P11785

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

MONSTER ENGY DRNK 7.29 T
RegPrice 7.99 CardSav .70

REFRIG/FROZEN

[illegible]M LND 2% 1/2 3.69 F

BAKED GOODS

PEPP. FARM 3.79 F
F/W BAL DUE 7.48
**** TAX .60 BAL 15.37
CASH 20.40

CHANGE 5.03
TOTAL SAVINGS .70
4/04/11 19:55 1066 53 0159 8853

Welcome Club Member! 2457

Remarkable Savings $ .70
Total Savings Value 5% $ .70

YOUR CASHIER TODAY WAS SELF

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: DRIVE THRU PM 04/05/2011
DT170 6:05 PM
30170

Mexican Rice (2 @1.50)	3.00
Refried Beans (2 @1.99)	3.98
Guacamole (2 @2.99)	5.98
Chile Con Queso	2.99
Subtotal	15.95
Tax	1.32

DriveThru Total 17.27

Visa #XXXXXXXXXXXX5741 17.27
Auth:180759

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A $40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

P11786

TIME SHEET

Employee Name: Michael Brooks **Title:** CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/13/11	8:00 AM	1:00 pm	5 hrs	
	WEEKLY TOTALS:		5 hrs	5 hrs

$75.00

Employee Signature: Michael Brooks Date: 4/13/11

Supervisor Signature: Date:

pd.

P11787

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
46-7/11	7:00pm	7:00Am	12hr	12hrs
		WEEKLY TOTALS:		12hrs

$180.00

Employee Signature: Michael Brooks **Date:** 7/6/11

Supervisor Signature: **Date:**

7/16

P11788

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.8.11	11 Am			
4.9.11		9Am		22
4.9.11	9Am	10Am		
	2pm	~~9Am~~		
4.10.11		9Am		20
4.10.11	9Am			
4.11.11		9Am		24
		WEEKLY TOTALS:		66 hrs

Employee Signature: Date:

Supervisor Signature: Date:

PD. 4/11/11

990.00
27.33
24.77

#1042.10

P11789

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

LUCERNE AA LG EGGS 1.43 F

PRODUCE

0.64 lb @ $1.49/lb
WT BROCCOLI CROWNS .95 F
RegPrice 1.27 CardSav .32
2@.50 YELLOW CORN 1.00 F
RegPrice 1.58 CardSav .58
1.53 lb @ $1.48/lb
WT TOMATOES ON VINE 2.26 F
RegPrice 4.57 CardSav 2.31
2@3.00 STRAWBERRIES 1LB 6.00 F
RegPrice 7.98 CardSav 1.98

DELI

CKN HOMESTYLE HOT 5.49 T
RegPrice 7.49 CardSav 2.00
LT SPERAD 3.69 F

MISCELLANEOUS

MR PPL W/DISABILITIES 3.00
**** TAX .45 BAL 24.27
VF VS XXXXXXXXXXXX6258 24.27

CHANGE .00
TOTAL SAVINGS 7.19
4/08/11 17:02 1011 04 0072 3418

ROBERT CANTU 7370

Remarkable Savings $ 7.19
Total Savings Value 23% $ 7.19

YOUR CASHIER TODAY WAS CHRIS

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!

Little Card. Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 04/08/11 17:02
CARD # XXXXXXXXXXXX6258
REF:1104081 AUTH:060218

PAYMENT AMOUNT 24.27

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

1@1.33/1@1.34
BTL WATER 2.67 B
RegPrice 3.98 CardSav 1.31

REFRIG/FROZEN

SARGENTO CLBY JCK 1.99 F
RegPrice 3.99 CardSav 2.00
1 @ 2/6.00
TRPCNA LOTS OF PUL 3.00 F
BLUE BELL 1.99 F

PRODUCE

ER SPRING MIX 2.99 F
EATING RT CAESAR Y 3.49 F
RegPrice 3.99 CardSav .50
POM WONDERFUL JCE 3.99 F

DELI

SC SOUP HOT SMALL 1.99 T
TURKEY PAN RSTD PT 3.24 F
HAVARTI PRIMO TAGL 1.60 F
RegPrice 1.80 CardSav .20
**** TAX .38 BAL 27.33
VF VS XXXXXXXXXXXX6258 27.33

CHANGE .00
TOTAL SAVINGS 4.01
4/09/11 18:56 1011 07 0419 3983

ROBERT CANTU 7370

Remarkable Savings $ 4.01
Total Savings Value 13% $ 4.01

YOUR CASHIER TODAY WAS ABEL

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!

Little Card. Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 04/09/11 18:56
CARD # XXXXXXXXXXXX6258
REF:1 619

PAY 27.33

P11790

Brunsting004620

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/15-16/11	6:00pm	7:00Am	13 hrs	
		WEEKLY TOTALS:	13hrs	

$195.00

Employee Signature: Michael Brooks Date: 4/15/11

Supervisor Signature: Date:

pd.

P11791

TIME SHEET

Employee Name: Robert Canto **Title:**

Week:

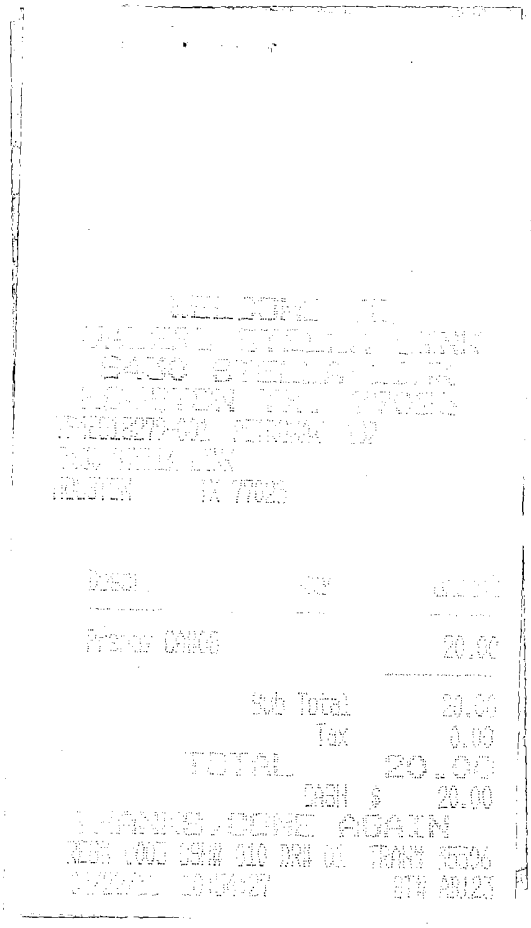
Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.22.11	6 AM	8 pm		13 hours.
		WEEKLY TOTALS:		

Employee Signature: Robert L Canto **Date:**

Supervisor Signature: **Date:**

195.00
Gas 20.00
$215.00

P11792



P11793

TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/14/11	12:00pm	5:00	5hrs	5hrs
		WEEKLY TOTALS:	5hrs	5hrs

Employee Signature: Michael Brooks Date:

Supervisor Signature: Date:

8.00 × 4/11

$75.00
+16.00
$91.00

P11794

P11795

TIME SHEET

Employee Name: Michael BROOKS **Title:** CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/18-19/11	5:30 pm	7:00 Am	13½ hrs	
		WEEKLY TOTALS:	13½ hrs	

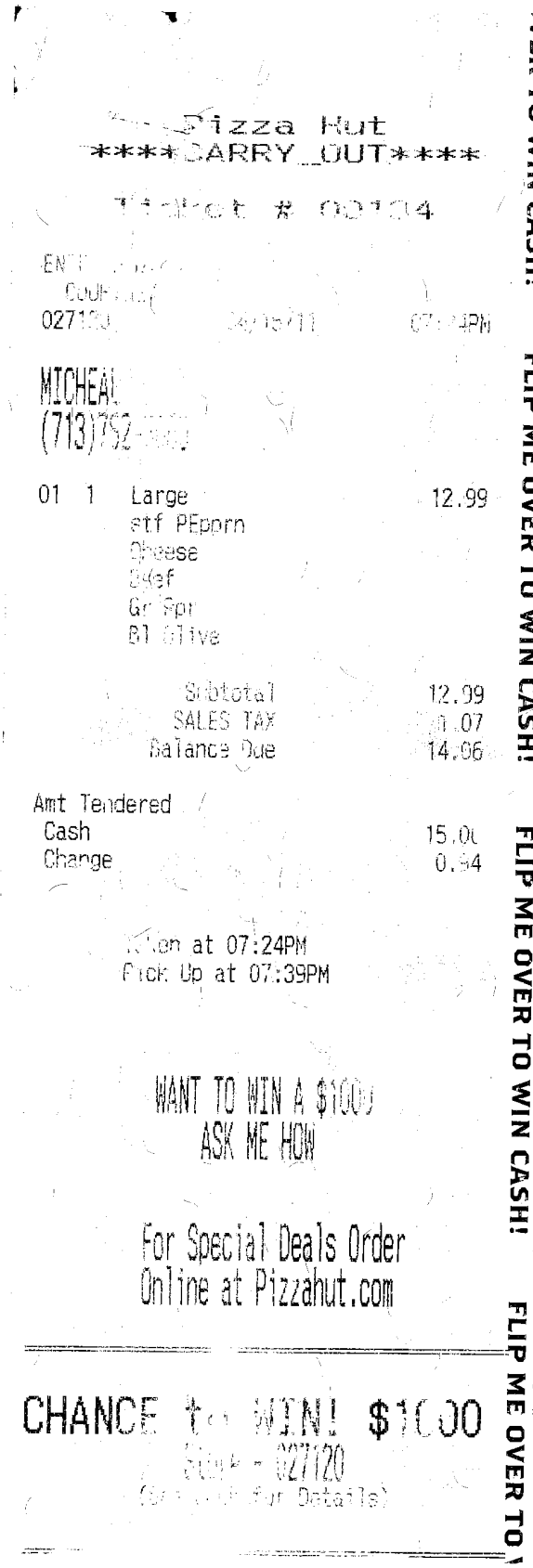
$202.50
+ 14.00
216.50

Employee Signature: Michael Brooks **Date:**

Supervisor Signature: **Date:**

pd. 4/19/11 $216.50

P11796



Pizza Hut
****CARRY_OUT****

Ticket # 00104

ENT
Cook
027120 26/10/11 07:24PM

MICHEAL
(713)752-

01 1 Large 12.99
stf PEpprn
Cheese
Beef
Gr Ppr
Bl Olive

Subtotal 12.99
SALES TAX 1.07
Balance Due 14.06

Amt Tendered
Cash 15.00
Change 0.94

Kion at 07:24PM
Pick Up at 07:39PM

WANT TO WIN A $100
ASK ME HOW

For Special Deals Order
Online at Pizzahut.com

CHANCE to WIN! $1000
Ticket - 027120
(See back for Details)

FLIP ME OVER TO WIN CASH!
FLIP ME OVER TO WIN CASH!
FLIP ME OVER TO WIN CASH!
FLIP ME OVER TO

P11797

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/20/11	8:00 Am	1:00pm	5hrs	
	WEEKLY TOTALS:		5hrs	

$75.00

Employee Signature: Michael Brooks Date:

Supervisor Signature: Date:

Pd. 4/20/11

P11798

Total = 44 hrs/NELVA

NELVA > $15.00 24 hrs.
SAT - 10am - SUN. 10 AM.

[redacted] 20 hrs.
SUN - 4:30PM. — 12:30PM

NELVA / KARL > $20.00

12:30PM = 10:AM.
Left
came back for
CARL 12:00 / GOLF

1:00

22.

1440 1080
660
1100

P11799

[redacted]

* 20 · 5 ~~HOUR~~
↳ HRS.

80
×20
00
400
*400

244
×15
220
440
6600
+400
1060

P11800

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/21-22/11	5:30pm	7:00AM	13½	
	WEEKLY TOTALS:		13½	13½

$202.50

Employee Signature: Michael Brooks Date: 4/21/11

Supervisor Signature: Date:

pd. 4.22.11

P11801

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: April 9, 2011 →

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.09 Sat	11 am	2 pm	3	
4.11 Mon	9am	12am	15	
4-12 Tues	12 am	12 am	24	
4.13 Wed	12 am	4:30pm	16 ½	
4.13 ↓	5:30pm	12:00am	6 ½	
4-14 Thur	12:00am	12:00am	24	
4-15 Frid	12:00am	6:00pm	18	
		WEEKLY TOTALS:	107	

Employee Signature: [signature] Date: 4.15

Supervisor Signature: Date:

107
× 15.00

1605
+ 99.81 — Groceries & Food

1704.81

P11802

THIS IS A REPRINTED RECEIPT

Kroger

Right Store. Right Price.

.....14344.MEMORIAL
.....(281).493-1702
.....YOUR.CASHIER.WAS.SELF.CHECKOUT

.....BERRY.MXD.IS.....4.07.F
.....DOLE.PINEAPL.....PC....1.00.F
SC.....KROGER.SAVINGS....0.11
.....DOLE.PINEAPL.....PC....1.00.F
SC.....KROGER.SAVINGS....0.11
.....BTYC.CAKE.MX.....2.49.F
.....SNSW.PRNE.JC.....3.49.F
.....KRO.EGGS.LRG.....1.43.F
SC.....10%.SENIOR.Disc.....0.14-F
.KROGER.PLUS.CUSTOMER.....********4205
.....TAX.....0.06
...**.BALANCE.....13.24**
**********5741
REF#:.000000
PURCHASE:.13.24
CASHBACK:.40.00
TOTAL:.53.24

.....DEBIT.....53.24
.....CHANGE.....40.00
TOTAL.NUMBER.OF.ITEMS.SOLD.=.....6

**********.KROGER.SAVINGS.**********
KROGER.PLUS.SAVINGS.....$...0.36
TOTAL.COUPONS.....$...0.36
TOTAL.SAVINGS.(2.pct.)....$...0.36
**********.KROGER.SAVINGS.**********

04/14/11.09:24pm..161..84..225.....#
Reprinted.Receipt
****
April.Fuel.Points

72.69
+ 15.
84.69

87.81
12.00
99.81
House of Pies
1 coconut cremepie

Call In Order

B. Tino
(713) 503-4795
Customer Visits: 0

Promise Time: 11:56 AM

Jason's Deli #026
14604 Memorial Dr.
Houston, TX 77079
(281) 531-1999

B, Tino

Host: NICK	04/12/2011
Cashier: ALYCE	
B, Tino	12:07 PM
	50036
Order Type: Pick Up	
Kid's Mac & Cheese (2 @2.89)	5.78
(2)No Beverage	
Egg Salad Sandwich	4.99
Rye	
(N)Chips & Pickle	
EZ Toasted	
No Beverage	
Amy's TKO	5.49
(N)Chips & Pickle	
No Beverage	
Plates, Forks, Napkins (1 Utensils)	0.00
@ 0.00 per Utensils (1 WT)	
No Plates Forks and Naps	
Subtotal	16.26
Tax	1.34
Pick Up Total	**17.60**
VISA #XXXXXXXXXXXX5741	17.60
Auth:100290	

P11803

Quiz... ...tore #1043
Pho... ...947-... 6
... ...947-9467

ORDER # ...053

2 CHKN RNCH ...		6.00
CUP CHICK NOODLE		1.79
LG OLI TURK CLUB		6.99
1 CHOOSE 2		-0.50
TAKE-OUT		
	$	14.28
TAX TOTAL	$	1.18
TOTAL	$	15.46
VISA	$	15.46
CHARGE TIP	$	0.00
ACCOUNT# :		
AUTH# :		

1061 COUNTER APR.14,2011
REG1-AM 12:29

Try our catering.

SALE RECEIPT
Store #37552 tko 04/11/11 13:34:51
Trans# 116 Clerk 22 Dwr 1 TRDT 041111
Receipt # 0000216977 Reg-ID REG-MAIN

Sales Tx	1.01	Tax B	0.00
Tax C	0.00	Tax D	0.00
Tax E	0.00	Tax F	0.00
		**TOTAL	13.30
AMT TEND	13.30	CHANGE DUE	0.00

CHANGE DUE$ 0.00

Approval No: 103361
Reference No: 103361
Account No: **********5741
Card Issuer: VISA
Amount: $13.30

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here_____.

Host Order ID: 04S.11Ws

P11804

Souper Salad #57
0506 Westheimer
[illegible] TX 77057
[illegible]0536

**********[illegible]**********

* Keep up with what's up! Follow us on Facebook (facebook.com/soupersalad) and Twitter (twitter.com/soupersalad).

[illegible] Party Menu for any occasion or if you just want a variety of options for your family dinner.

* Seniors get junior prices. Enjoy 10% or more discount on all [illegible] days, every day!

Thank you for choosing Souper Salad,
hope to see you again soon!

**********[illegible]**********

4/13/2011 1:35:24 PM

DINE IN
Order Number: 12861285

1	Combo	6.59
1	Combo	6.59
	Sub Total:	13.18
	Tax	1.09
	Discount Total:	0.00
	Total:	14.27
	Visa:	-14.27
	Change	0.00

Register:2 Train Seq No: 1286285
Store No:1057 Christian

Visa

THE ORIGINAL TACO CABANA MEXICAN PATIO

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 207611 4/14/2011 4:55:4
Employee: 13522 Name: Lucio

2-CHZ Ench
2 @ 4.99
2 RTCE
R
2 SF Tort 2
1ooz GUAC

SubTotal	
Tax	
Total	
Visa	15.
Change	0.00

Acct: xxxxx xxxxxx5741
Authorizati 185358
ORDER# 411-

We would [illegible]ack.
Particip[illegible]sta.
Visit www.cabanacares.co
Or call 1-800-360-3245
Respond within 3 days, [illegible] $1.00
off next food purchase [illegible] ohol.
Not valid with any other
Coupon #_____ (PLU117
Join our eClub at tacocab[illegible]
Sea parte de nuestro eClu[illegible]
tacocabana.com
I.D. 27616 14814 01104 13522

P11805

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/18/11	8:30AM	11:30	3hrs	3hrs
4/22-23/11	8:30AM	12:00AM	4hrs	4hrs
4/22-23/11	6:00pm	7:00AM	13hrs	13hrs
		WEEKLY TOTALS:	20hrs	20hrs

$300.00

Employee Signature: Michael Brooks Date: 4/22/11

Supervisor Signature: Date:

P11806

TIME SHEET

Employee Name: Shimeka **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/23/11	10:00AM	10:00am	24	24
4/24/11	4:30PM	12:30PM	20	20
4/25/11	12:30PM.	10:00am	21.5	21
4/26/11	12:00 PM.	1:00 PM	1	1
		WEEKLY TOTALS:		

NEIVA ← NEIVA NEIVA CART ✓

$660
$15
$420
$20
$15
$080

Employee Signature: Shimeka Hoo **Date:** 4/26/11

Supervisor Signature: **Date:**

Paid

P11807

TIME SHEET

Employee Name: FAUSTINO VAQUERA **Title:**

Week: April 16 — April 23 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-16 Sat	7:00AM	12:00pm	17	
4-17 Sun	12:00pm	12:00am	24	
4-18 Mon	12:00am	7:00pm	19	
4-19 Tues	7:00am	12:00pm	17	
4-20 Wed	12:00pm	12:00am	24	
4-21 Thur	12:00pm	8:00pm	20	
4-22 Fri	12:00pm	2:00pm	2	
4-23 Sat	7:00am	12:00pm	5	
		WEEKLY TOTALS:	128	

Employee Signature: Date:

Supervisor Signature: Date:

128
x 15.00
1920.00

pd. 4/23

1920.00
+ 50.00
186.83
2156.83

Receipts & Food
(+ 50.00 cash to Michael Brooks as per Carole

P11808

H-E-B

514067 04-19-11 8:59P 223/07/00471

1051 4067 0419 1120 5900 471

1 HEB RELIANCE PRTCTV UNDRW		
2 Ea. @ 1/	8.48 T	16.96 H
2 HEB RELIANCE MALE GUARD	T	8.98 H
********** FSA Subtotal****		25.94
********** Sale Subtotal***		25.94
Sales Tax		2.14
********** Total Sale***		28.08
28.08		
*** DEBIT		28.08

==========

ITEMS PURCHASED: 3

==========

FSA/HRA eligible items are identified with an 'H' after the item price

****

Be the first to know our latest deals!
Plus get online-only savings!
Sign up for our H-E-B emails at
heb.com/email

****

1051 4067 0419 1120 5900 471

Everyday low prices without a card
Big $avings Start At H-E-B

HEB Food-Drugs #35/471
14540 Memorial Drive
Houston, TX 77079
Phone: (281) 679-0010
Fax: (281) 679-6565
Store Hours: Sun-Thr 7-11 Fri-Sat 7
Your Cashier:MIKEL

186.83

The Spicy Pickl-
11611 Katy Freeway Ste B
Houston, TX 77079

Server: Reg 2 DOB: 04/01/2011
02:51 PM 04/01/2011
JR/1 2/20052

Visa 2097205
Card #XXXXXXXXXXXX5741
Magnetic card present: JR FAUSTINO VAQUERA
Approval: 135719

Amount: 37.13

X_____

Thank You!

The Spicy Pickle
Thank You!

Customer Copy

P11809

Welcome to Chick-fil-A

Meyerland Plaza FSU (#01037)
713-839-7700
Operator: Jesse Chaluh

CUSTOMER COPY
4/19/2011 11:26:47 AM
DRIVE THRU
Order Number: 2313622

2	CFA Sand	5.58
1	Ckn Sld Sand	3.79
2	Fries MD	3.18
1	ColeSlaw LG	2.05
	Sub. Total:	$14.60
	Tax:	$1.20
	Total:	$15.80
	Change	$0.00
	Visa:	$15.80

Register:2 Tran Seq No: 2313622
Cashier:LUIS

Like us on Facebook and enter
to win a Banana Pudding Milkshake Party
for you and 4 of your friends!
Check Facebook daily to see winners.
Chick-fil-A Meyerland Plaza

Visa
Card Num : XXXXXXXXXXXX5741
Terminal : KA13521805001
Approval : 182867
Sequence : 026887

WELCOME

Stn# 309004
VISA
INV # 0486517

AUTH # 185764
DATE 04/16/11 19:57
PUMP # 03
PRODUCT: REGUNL
GALLONS: 2.970
PRICE/G: $ 3.759
FUEL SALE $ 11.16
See application
about how to EARN
REWARDS with a
Chevron and Texaco
Personal
Credit Card

THANK YOU
HAVE A NICE DAY

P11810

SALE RECEIPT

Store #37552 tko 04/20/11 12:07:03
Trans# 70 Clerk 16 Dwr 1 TRDT 042011
Receipt # 0000 324 Reg-ID REG-MAIN
Sales Tx 4 Tax B 0.00
Tax C 00 Tax D 0.00
Tax E 0.00 Tax F 0.00
**TOTAL 8.43
AMT TEND 8.43CHANGE DUE 0.00

CHANGE DUE$ 0.00

Approval No: 170882
Reference No: 170882
Account No: ********** 11
Card Issuer: VISA
Amount: $8.43

Take our 1-minute Survey at
www.tellsubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here _____.

Ho rder . . 0512.9agB

SALE RECEIPT

Store #37552 tko 04/21/11 12:14:57
Trans# 81 Clerk 16 Dwr 1 TRDT 042111
Receipt # 0000218526 Reg-ID REG-MAIN
Sales Tx 0.62 Tax B 0.00
Tax C 0.00 Tax D 0.00
Tax E 0.00 Tax F 0.00
**TOTAL 8.11
AMT TEND 8.11CHANGE DUE 0.00

CHANGE DUE$ 0.00

Approval No: 131163
Reference No: 131163
Account No: **********5741
Card Issuer: VISA
Amount: $8.11

Take our 1-minute Survey at
www.tellsubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here _____.

rder ID: 0512.abYN

P11811

TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/29/11	8:00 AM	12 pm	4 HRS	
4/29/	5:00pm	7pm	2 HRS	
		WEEKLY TOTALS:	6 HRS	6 HRS

Employee Signature: Michael Brooks Date: 4/29/11

Supervisor Signature: Date:

Pd, 90.00

$ 90.00

P11812

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/27/11	8:00Am	1200pm	4hrs	
		WEEKLY TOTALS:	4hrs	

4hrs $60.00

Employee Signature: Michael Brooks Date: 4/27/11

Supervisor Signature: Date:

Pd. 4/12/11

P11813

TIME SHEET

Employee Name: Robert Canter **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.26.11	7:30 pm			
4.27.11		9 Am		13.5
4.27.11	7 pm			
4.28.11		8:30 Am		13.5
4.28.11	7 pm			
4.29.11		11 Am		16.
		WEEKLY TOTALS:		43.0

Employee Signature: Robert R Canter Date:

Supervisor Signature: Date:

$645.00

P11814

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: April 26 ⟶ May 02, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-26 Tues	10:00 am	8:00 pm	10	
4-27 Wed	9:00 am	7:30 pm	10½	
4-28 Thur	8:00 am	7:00 pm	11	
4-29 Fri	10:00 am	12:00 am	14	
4-30 Sat	12:00 am	4:00 pm	~~14~~ 16	
↓	5:00 pm	12:00 am	7	
5-01 Sun	12:00 am	12:00 am	24	
5-02 Mon	12:00 am	7:30 pm	19½	
		WEEKLY TOTALS:	112	

Employee Signature: [signature] **Date:** 5-02-11

Supervisor Signature: **Date:**

Paid 5/4/11

- Subway 4-27 8:00
- 5:Hy 15.00 -
- St Lukes Parking → 12.00 Carls uti
- ~~Any Lab Test UA 59.00~~

112
x 15.00
1680.
+ 41.11

1721.11
Total

Groceries & Food
41.11

P11815

H-E-B

1053 3400 0430 1118 1400 109

1	CAMBRIDGE PERSONAL NTBK 1 T	2.88
2	ARTISAN CIABATTA-SCRATCH F	2.99
**********	Sale Subtotal***	5.87
	Sales Tax 0.24	
**********	Total Sale***	6.11
	6.11	
***	CASH	10.00
	Change : 3.89 $	

ITEMS PURCHASED: 2

THIS MOTHER'S DAY TREAT MOM LIKE A QUEEN FOR LESS GREEN

****

Be the first to know our latest deals!
Plus get online-only savings!
Sign up for our H-E-B emails at
heb.com/email

****

1053 3400 0430 1118 1400 109

HEB Food-Drugs #54/109
9710 Katy Freeway
Houston, TX 77055
Phone: (713) 647-5900
Pharmacy: (713) 647-5960
Fax: (713) 722-9237
Store Hours: 6 a.m. to Midnight
Your Cashier:USCAN OPERATOR 93
533400 04-30-11 6:14P 093/13/00109

P11816

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: May 03 → May 05, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-03 Tues	9:Am	7:00pm	10	
5-04 Wed	8:00am	12:00am	16	
5-05 Thurs	12:00am	8:00pm	20	
5-06 Frid	1:00p	3:00pm	2	
		WEEKLY TOTALS:	48	

Employee Signature: [signature] **Date:** 5.05

Supervisor Signature: **Date:**

Grocery & Food

23.09

720.00
23.09
743.09

P11817

McDonald's Corporation
www.janus1 unlimited.com 713 974 1217
store manager victor7139739003
supervisor fanny quicano 281 2167195

11035 KATY FREEWAY
HOUSTON, TX 77079

THANK YOU

WILCREST I 10 TEL# (713)973-9003

37 KS#13 S#2 May.04'11(Wed)08:02
STORE# 14136

1 MED ORANGE JUICE CC	2.10
1 SAU EGG MCMUFFIN ML	2.95
2 SAUSAGE BURRITO	2.00
SUB TOTAL	7.05
TAKE OUT TAX	0.58
	7.63
CASH TENDERED	20.00
CHANGE	12.37

SALE RECEIPT

Store #37552 tko 05/05/11 13:35:03
Trans# 91 Clerk 10 Dwr 1 TRDT 050511
Receipt # 0000220440 Reg-ID REG-MAIN

--- ITEM ---	QTY		PRICE	MEMO	PLU
TURKEY/HAMfr	1	T $	6.00		10224
DRK-21oz	1	TD$	1.112.00	dea	10002
CHIPS	1	TD$	0.892.00	dea	10020
SUBST LG	1	T $	0.30		10500
SUBTOTAL		$	8.30		
Sales Tx		$	0.68		
TAKE-OUT **TOTAL		$	8.98		
dslCrediAMT TEND		$	8.98		
CHANGE DUE		$	0.00		

how'd we do ? get a free cookie
take 1 min survey at.www.tellsubway.com

Approval No: 133608
Reference No: 133608
Account No: **********5741
Card Issuer: VISA
Amount: $8.98

Take our 1-minute Survey at
www.tellsubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here_____.

Host Order ID: 03W.1XOQ

P11818

academy.com

Academy®
SPORTS+OUTDOORS

ACADEMY BUNKER HILL 713-827-6520

05/03/11 17:23
103464 SALE 8981 0010 201

TCDELUXE 18794875
1 @ 1 MDS 5.99
5.99
8.25% SALES TAX
TOTAL 6

Cash 7.00
CHANGE .52

RIGHT STUFF. LOW PRIC[illegible] VERYDAY!

THANK YOU! SHOP 24/7 AT ACADEMY.COM

P11819

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.12.11	7pm			
5.13.11		12pm		17
5.13.11	12pm			
5.14.11		12pm		
5.14.11	12pm			
5.15.11		5:30pm		53.5
		WEEKLY TOTALS:		17

802.50
3.64
24.49
19.99
2.59
15.60

Employee Signature: Robert Cantu **Date:** 12.13.11

Supervisor Signature: **Date:**

R: 255.00

$868.81

P11820

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :16921

Maria G
17:31:28 05/13/2011

1 Fried Fish Lu Ann	7.89
Tray#1 Subtotal	7.89
1 Shrimp Creole Combo	6.99
1 Pecan Pie	3.59
Tray#2 Subtotal	10.58

ID #85 1331 6921

For 10 CHANCES TO WIN $1,000 daily
A $100 Lubys Gift Card w[illegible]ly
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys[illegible]vey.com for
complete rules[illegible]egulations

No purchase necessary
(OFFER EXPIRES May 20, 2011)

Subtotal	18.47
Sales Tax	1.52

Please pay this amount
Total 19.99

Food To Go

Power Meals
Monday - Friday
All Day
$6.99

WHATABURGER.

Whataburger

Restaurant 131
12121 Katy Freeway
Houston, TX 77079
(281)497-[illegible]6
General Manager: M[illegible]en
1-800-6Burger

5/14/2011 11:50:18 AM
Order 121468 Cashier: Julie H

1 #1 ML-WHATABURGER	5.09
ADD MAYO	0.00
SUB WHEAT BUN	0.00
LARGE CHEESE	0.49
**********	0.00
FRIES	0.00
DRINK	0.00
--------	0.00
1 #2 ML-DOUBLE MEAT WB	6.19
SUB WHEAT BUN	0.00
ADD MAYO	0.00
LARGE CHEESE	0.49
LARGE CHEESE	0.49
SLICED JALAPENOS	0.49
BACON 3 SLICES	1.17
**********	0.00
FRIES	0.00
DRINK	0.00
--------	0.00
SubTotal	14.41
Tax	[illegible]
Total	.60
Visa	15.60
Acct:XXXXXXXXXX[illegible]	
Approval 055012	

P11821

Right Store. Right Price.

14344 MEMORIAL
( ) 193-1702
YOU CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER *****
TYSN FZ CHKN PC
SC KROGER SAVINGS
BARILLA
SAUCE
PRO
1 lb
WI OMATO
SC KROG NGS
CE
3 @ 0.99
PPR GRN F
2 @ 0.78
CU BERS 1.00 F
SC KROGER SAVINGS 0.00
TAX 24.49
**** BALANC

KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6626
TOTAL: 24.49
REF#: 61410B

VISA 24.49
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 13

********** KROGER SAVINGS **********

Lubby's
Houston #06 (85)
325 Town & Country Center
Houston, TX 77024
713-461-9404

Check # 16023
Mario G
17:32:07 03/4/11

1 Side Salad 2.39
Tray#1 Sub al 2.39

ID #85 13031 S 3

For 10 CHANCES TO WIN $1,00 ard
A Lubys Gift Card w
STANT WIN an
Take our survey
www.lubys-survey

Or 1 chance to
cash prize and gift
by calling 1 866-724-7140

Please retain th ipt
for use during ey

Visit www.lubys-surv .com for
complete rules and regulations

No purchase necessary
(OFFER EXPIRES May 20, 2011)

Subtotal 2.39
Sales Tax 0.20

Pleas this amount
To 2.59

Dine In

Power Meals
Monday - Friday
All Day
$6.99

P11822

Walmart

Save money. Live better.

10750 WESTVIEW DRIVE
HOUSTON, TEXAS 77043
MANAGER JARVAS TIMS
(713) 984 - 2773

ST# 1409 OP# 00004309 TE# 08 TR# 03449

ACTIVIA 8PK	003663203594	F	3.64	O
GV LF CT CHS	007874237238	F	2.18	O
COKE	004900000045	F	1.48	X
COKE	004900000045	F	1.48	X
SC CA WT GRP	007874220624	F	0.64	X
FUJI APPL 1L	007874208958	F	0.64	X
SC CA KWSTBY	007874242961	F	0.64	X
G2 32OZ FPUN	005200032198	F	0.94	X
CEREAL RTE	001600041615	F	2.25	O
WAS 2.68 YOU SAVED 0.43				
HRSHY ZERO K	001070080427	F	1.00	X
JL PEP JERKY	001708200789	F	3.74	N
JL ORG JERKY	001708200787	F	3.74	N
WERTHER S	007279949016	F	1.68	X
PAYDY KING	001070080727	F	1.00	X
CHOC CHECKOU	004000000102	F	0.50	X
	SUBTOTAL		25.56	
TAX 1	8.250 %		0.83	
	TOTAL		26.38	
	VISA TEND		26.38	

ACCOUNT # 6258
APPROVAL # 072614
TRANS ID - 0281133663974581
VALIDATION - ZV38
PAYMENT SERVICE - E
CHANGE DUE 0.00

ITEMS SOLD 15

TC# 3877 9686 9853 9158 1926

Low prices.Every day. On everything.
Backed by our Ad Match Guarantee.
05/13/11 13:26:45

CUSTOMER COPY

P11823

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.6.11	12p			
5.7.11		12pm		24
5.7.11	12pm			
5.8.11		12pm		24
5.8.11	12pm			
5.8.11		7pm		7
		WEEKLY TOTALS:		55

Employee Signature: Robert L Cantu Date:

Supervisor Signature: Date:

$25.00
77.30
$902.30

P11824

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Opal

	DANN YOGURT	[+] PC	1.88	F
	DANN YOGURT	[+] PC	1.88	F
	DANN YOGURT	[+] PC	1.88	F
	DANN YOGURT	[+] PC	1.88	F
KROGER PLUS CUSTOMER			*******2679	
1 @ 3/1.00				
	CHEETOS CRNC		0.34	F
	SCHK RZRBLD	PC	0.00	T
SC	**KROGER SAVINGS**	**6.39**		
1 @ 3/1.00				
	CHEETOS CRNC		0.33	F
1 @ 3/1.00				
	FRITO REG		0.33	F
1 @ 3/1.00				
	FRITO REG		0.34	F
	SCHK RZRBLD	PC	6.39	T
	KRO SHRD CHS	PC	2.25	F
SC	**KROGER SAVINGS**	**0.24**		
	DELM FRT CKT		1.22	F
	DELM FRT CKT		1.22	F
	JIF PNUTBTR		1.99	F
	DELM FRT CKT		1.22	F
	DELI HOT DOG		0.99	T
	HM GRAHAMS	PC	3.49	F
SC	**KROGER SAVINGS**	**0.40**		
	DELI CKN		7.99	T
	TROP ORNG JC		5.89	F
	KRO EGGS LRG		1.43	F
	DIET COKE		1.59	B
	JELLO GELATN		0.89	F
	MUCINEX		13.49	
	JELLO GELATN		0.89	F
	JELLO GELATN		0.89	F
	NTRO BREAD		2.79	F
	KRO HNY BEAR	PC	2.69	F
SC	**KROGER SAVINGS**	**0.30**		
	DELM FRT CUP	PC	2.69	F
SC	**KROGER SAVINGS**	**0.30**		
	DELM FRT CUP	PC	2.69	F
SC	**KROGER SAVINGS**	**0.30**		
	MOTTS FRTCUP		1.66	F
	CORN YLW IS		1.39	F
	CELERY		1.30	F
	TAX		**1.40**	
**** BALANCE**			**77.30**	

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 77.30
REF#: 091614

VISA	**77.30**
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	32

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 7.93
TOTAL COUPONS $ 7.93
TOTAL SAVINGS (9 pct.) $ 7.93
********** KROGER SAVINGS **********

P11825

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.2.11	7:30 pm			
5.3.11		9 Am		13.5
		WEEKLY TOTALS:		$202.50

Employee Signature: Robert R Cantu **Date:**

Supervisor Signature: **Date:**

PAO 5/2/11

$ 202.50

P11826

TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/6/11	7:30 Am	12:00 pm	4½ hrs	4½ hrs
		WEEKLY TOTALS:	4½ hrs	

Employee Signature: Michael Brooks #6750 Date: 5/6/11

Supervisor Signature: Date:

Pd. 5/6/11

P11827

TIME SHEET

Employee Name: Robert Canto **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.5.11	7pm			
5.6.11		12pm		15
		WEEKLY TOTALS:		15

Employee Signature: Robert Canto **Date:**

Supervisor Signature: **Date:**

Pd 5/6/11 225.00

P11828

TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/8-9/11	5:30pm	7:00AM	13½ hrs	
		WEEKLY TOTALS:	13½ hrs	

$202.50

Employee Signature: Michael Brooks Date: 5/8-9/11

Supervisor Signature: Date:

Pd 5-8-11

P11829

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/3-4/11	6:00	12 pm	18 hrs	
		WEEKLY TOTALS:	18 hrs	hrs

$270.00

Employee Signature: Michael Brooks **Date:** 5/14/11

Supervisor Signature: **Date:**

Pd. 5/15/11

P11830

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/6/11	8:00 AM	12:00pm	4hrs.	
5/6/11	5:00pm	7:30pm	2½ hrs	
		WEEKLY TOTALS:	6½ hrs	6½ hrs

$97.50

Employee Signature: Michael Brooks Date: 5/6/11

Supervisor Signature: Date:

P11831

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/11/11	6:00Am	9:00Am	3hrs	
		WEEKLY TOTALS:	3hrs.	

$45.00

Employee Signature: Michael Brooks **Date:** 5/11/11

Supervisor Signature: **Date:**

BB. 5/11

P11832

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/15-16/11	5:00pm	7:30am	14½	14½
		WEEKLY TOTALS:	14½	14½

$217.50

Employee Signature: Michael Brooks Date: 5/15/11

Supervisor Signature: Date:

Pd 5/15/11

P11833

TIME SHEET

May 29 2011

Employee Name: Faustino Vaquera **Title:**

Week: 5-15-11 ——— 5-20

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-15 Sun	6:00pm	9:00pm	3	
5-16 Mon	7:00am	1:00pm	18	
5-17 Tues	9:00am	2:00pm	5	
↓	5:00pm	12:00am	7	
5-18 Wed	12:00am	4:00pm	16	
↓	5:00pm	12:00am	7	
5-19 Thu	12:00am	5:00pm	17	
↓	6:00pm	~~3:00pm~~ 12:00am	6	
5-20 Fri	12:00am	3:00pm	15	
		WEEKLY TOTALS:	94	

Employee Signature: Faustino Vaquera **Date:**

Supervisor Signature: **Date:**

94
94 hr. x 15.00
5/20/11

1410.00
+ 73.53
1483.53

P11834

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 218930 5/19/2011 6:35:22 PM
Employee: 13522 Name: Lucio

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 430----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol. Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 28918 14819 13005 13522

Au Bon Pain
929 Gessner Road, Suite 150
Houston, TX 77024
713-464-2525

405 Karla M

Chk 1377 May17'11 11:06AM Gst 0

---

1 HOT TEA	1.69
1 MARBLE POUND CAK	2.29
CASH	5.31
Food Total	2.29
N/A BevTotal	1.69
Tax Total	0.33
Payment Made	4.31
Change Due	1.00

P11835

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

DELI

SIGNATURE CKN SALD		3.09 F
F/W BAL DUE		3.09
**** TAX	.00 BAL	3.09
CASH		3.25
CHANGE		.16

5/18/11 19:53 1066 93 0179 8893

YOUR CASHIER TODAY WAS SELF

Welcome Club Member! 2457

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

DELI

SC SIDE DISH PARME	.	2.99 F
RegPrice	**3.49**	
Card Savings	**.50-**	
GRILLED CHICKEN		5.98 F
F/W BAL DUE		8.97
**** TAX	.00 BAL	8.97
CASH		20.00
CHANGE		11.03

5/20/11 13:17 1066 54 0055 8854

YOUR CASHIER TODAY WAS SELF

Welcome Club Member!	2457
Card Savings	.50
Total	**.50**
Total Savings Value	**5%**

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

P11836

Walgreens

There's a way

577 10 0752 03328 027

RFN# 0332-8270-7525-1105-1820

EDGE GEL2.75	1A	2.29
LM A/FNG.42Z	1	12.49
F W ADHESV 2"X3"10S	1	3.49
BIORE STRIPS 2S	1A	-2.29
SUBTOTAL		20.56
A=8.25% SALES TAX		.38
TOTAL		20.94
DEBIT CARD		20.94
CASH BACK		.00

[redacted] Memorial Dr Houston, TX
STORE (713)722-7247

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

MAY 18, 2011 7:49 PM

How are we doing?
Enter our monthly sweepstakes for
$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free
1-800-763-0547
within 72 hours to take a short survey about this Walgreens visit

Survey#
0332-8270-752

Password
5110-5182-016

For contest rules, see store or
WWW.TELLWAG.COM

WALGREENS #3328
SEQ # 332827242 PAYMENT FROM PRIMARY
CARD# **********5741

RETAIN THIS RECEIPT FOR YOUR RECORDS

MAY 18, 2011 7:49 PM

OFFICE DEPOT 61
8202 KIRBY DR # 1240
HOUSTON, TX 77054
(713) 660-8667

05/13/2011 11.1D 6:15 PM
STR 61 REG2 TRN 7517 EMP 599730

SALE

Product ID	Description	Total
577449	File,Exp,stnd,7pkt	10.49 SS
725368	PENCIL,MY FRST,4PK	3.19 SS
616900	NTBK,1SBJCT,FSHN	3.99 SS
	Subtotal	17.67
Sales Tax:		1.46
	Total	19.13
Debit Card 5741		19.13

****

7.20

Shop online at www.officedepot.com

****

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Participate in our 15 minute online customer survey and receive a coupon for $10 off your next qualifying purchase of $50 or more on office supplies, furniture and more.

Visit www.officedepot.com/feedback

You will need the survey code below:

****

22VTUG3PU43YBXMCM

P11837

❑ PRIMECO, ❑ JERICO, ❑ DOVE AUTO TOWING LLC

619 N. 27Th • Houston, Texas 77008
Tel.: 713-785-6555 • Fax: 713-785-9888
E-mail: primeco@sbcglobal.net

027877

Call #:_____ Unit #: 1426-C

❑ C. #1453 ❑ C. #1425 ❑ C. #1426 DATE 5-17-01

❑ AAA ❑ C.C. ❑ Allstate ❑ Private ☑ Other _____

Name Faustino VA Quera Phone _____

Location S. Felipe Voss

Car Description: Year 00 Make buick Model Lasabre Color Wht Lic. Plate 841 V625

Destination _____

VIN # 1G4HR54K3YM229418 Odometer _____

Agent _____ Operator _____

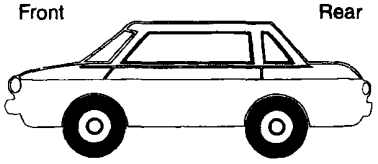
Member _____ Alternate Phone _____

P.O. # _____

Driver Name _____

Acknowledgement of Pre-Existing Damages

Front Rear



Comments: Lock keys in cars Trunk

Broken windshield: ☐ YES ☐ NO

We authorize the wrecker service to tow or remove from our property the above listed vehicle. I am aware that service to my vehicle may result in damage to the vehicle and agree to indemnify and hold harmless the driver and/or the company for such damage.

Authorized by:

X _____

DESCRIPTION	MILES	AMOUNT
Hook Up		
Total Miles to Vehicle		
Chargeable Out Bound		
Total Two Miles		
Chargeable Tow Miles		
OTHER CHARGES		
Flat Tire		
Jump Start		
Lock Out	—	40.00
Gas		
Winching Out		
Work Time		
Total		
Charge to Customer		40.00
Charge to Motor Club		

06/08

MINUTEMAN PRESS SOUTHWEST 713-777-6977

P11838

TIME SHEET VAQUERA

Employee Name: Faustino Vaquera **Title:**

Week: May 09 ——→ 5-12

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-09 Mon	7:00 am	12:00 am	17	
5-10 Tues	12:00am	12:00 am	24	
5-11 Wed	12:00am	4:00pm	16	
↓	5:00pm	12:00am	7	
5-12 Thur	12:00am	7:00pm	19	
		WEEKLY TOTALS:	83	

Employee Signature: **Date:**

Supervisor Signature: **Date:**

Food & Groceries

75.53

P11839 may 10

83
× 15.00
1,245
+ 75.53
1320.53

P11839

75.53

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 215715 5/9/2011 6:05:19 PM
Employee: 13522 Name: Lucio

Per CKFJ Osa	
2 @ 4.69	9.38
2 - PICO	
Lg SprBF Nacho	2.99
1 w/ CHEESE	
Lg DIET COKE	1.99
SubTotal	14.36
Tax	1.18
Total	15.54
Visa	15.54
Change	0.00

Acct: xxxxxxxxxxx5741
Authorization 140557
ORDER# 415----------

We would like your fe. .ack.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1 [illegible]-360-3245
Respond w thin 3 days, and receive $1.00 off next pur chase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our fun at tacocabana.com
Visite nuestro sitio en tacocabana.com
I.D. 25715 14809 11505 13522

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

	BRHD HNY TKY		5.99 F
	SARA SWS CHS		4.99 F
KROGER	PLUS CUSTOMER		********8568
	KRO EGGS LRG		1.43 F
	PRSL SORBET	PC	2.39 F
SC	**KROGER SAVINGS**	**0.10**	
	TROP ORNG JC		5.89 F
	PRML 20 MILK		3.49 F
	TAX		0.00
	****** BALANCE**		24.18

**********5741
REF#: 000000
PURCHASE: 24.18
CASHBACK: 20.00
TOTAL: 44.18

DEBIT	44.18
CHANGE	20.00

TOTAL NUMBER OF ITEMS SOLD = 6

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.10
TOTAL COUPONS $ 0.10
TOTAL SAVINGS (0 pct.) $ 0.10
********** KROGER SAVINGS **********

05/11/11 10:04pm 161 84 250 #
****
ENTER TO WIN
SE 30

P11840

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

	KRO WATER		0.76 F
SC	**10% SENIOR Disc.**		**0.08-F**
	KRO WATER		0.76 F
SC	**10% SENIOR Disc.**		**0.08-F**
	PRSL SORBET	PC	2.39 F
SC	**KROGER SAVINGS**	0.10	
SC	**10% SENIOR Disc.**		**0.24-F**
	SNSW JUICE		3.89 F
	2.66 lb @ 0.49 /lb		
WT	BANANAS		1.30 F
	KROGER PLUS CUSTOMER		*******9205
	TAX		0.00
	****** BALANCE**		**8.70**

**********5741
REF#: 000000
PURCHASE: 8.70
CASHBACK: 40.00
TOTAL: 48.70

DEBIT	48.70
CHANGE	40.00
TOTAL NUMBER OF ITEMS SOLD =	5

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.50
TOTAL COUPONS $ 0.50
TOTAL SAVINGS (5 pct.) $ 0.50
********** KROGER SAVINGS **********

05/09/11 08:27pm 161 82 208 #
****
April Fuel Points remaining = 421
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period [illegible] do not combine.
5/31/11.
****
*****

THE ORIGINAL TACO CABANA MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 214558 5/5/2011 6:17:17 PM
Employee: 13522 Name: Lucio

P2-CHZ Ench		
2 @	4.99	9.98
2 RICE		
2 REFR		
2 SF Tort 2		
8oz GUAC		2.19
Subtotal		12.17
Tax		1.53
Total		13.70
Cash		13.70
Change		0.00

ORDER# 458---

We would like your feedback.
Participe en nuestra encuesta.
www.[illegible].com

P11841

SALE RECEIPT

Store #37552 tko 05/10/11 14:03:53
Trans# 158 Clerk 21 Dwr 1 TRDT 051011
Receipt # 0000221106 Reg-ID REG-MAIN

--- ITEM ---	QTY			PRICE	MEMO	PLU
CkBacRch Br	1	T	$	4.50		18778
TURKEY/HAMfr	1	T	$	6.00		10224
DRK-21oz	1	TD	$	1.112.00	dea	10002
CHIPS	1	TD	$	0.892.00	dea	10020
SUBST LG	1	T	$	0.30		10500

SUBTOTAL	$	12.80
Sales Tx	$	1.06
TAKE-OUT **TOTAL	$	13.86
dslCrediAMT TEND	$	13.86
CHANGE DUE	$	0.00

how'd we do ? get a free cookie
take 1 min survey at.www.tellsubway.com

Approval No: 100417
Reference No: 100417
Account No: **********5741
Card Issuer: VISA
Amount: $13.86

Take our 1-minute Survey at
www.tellsubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here_____.

Host Order ID: 0819.rwu4

P11842

TIME SHEET

Employee Name: Robert L Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Fri 5.20.11	2:00 pm			1
Sat 5.21.11		2:00 pm		24.
Sat. 5.21.11	2:00 pm			
Sun. 5.22.11		2:00 pm		24
Sun. 5.22.11	2:00 pm			
5.23.11		9:00 pm		19
		WEEKLY TOTALS:		67

Employee Signature: Robert L. Cantu **Date:**

Supervisor Signature: **Date:**

$1005.00
21.00
$1026.00

Pd 1st 1/2 IN

P11843

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Krystal

	NTRO BREAD		2.79 F
	PRNGL SNACK		0.88 F
	COCA-COLA		1.59 B
	WRIGHTS BACN	PC	8.39 F
SC	**KROGER SAVINGS**	**0.60**	
	JHNSNVL BRAT	PC	0.00 F
SC	**KROGER SAVINGS**	**5.99**	
	JHNSNVL BRAT	PC	5.99 F
	LETTUCE HEAD		1.28 F
	KROGER PLUS CUSTOMER		*******2679
	TAX		**0.13**
	****** BALANCE**		**21.05**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 21.05
REF#: 012716

VISA	**21.05**
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	7

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	6.59
TOTAL COUPONS	$	6.59
TOTAL SAVINGS (23 pct.)	$	6.59

********** KROGER SAVINGS **********

05/21/11 03:28pm 161 7 87 114

****

May Fuel Points

Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to $1 per gal at Kroger OR 10 per gal at Shell on 1 fill-up.
Fuel Points this order = 21
Fuel Points earned this month = 131
Each month is a separate accumulation period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump
This months points expire 6/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

****

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $6.59 WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

P11844

Brunsting004674

TIME SHEET

Employee Name: Michael Brooks **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/22-23/11	7:00pm	8:00am	13hrs	13hrs
		WEEKLY TOTALS:	13hrs	

Employee Signature: Michael Brooks **Date:** 5/23/11

Supervisor Signature: **Date:**

$195.00
12.00 parking

PR
5/22/11

$207.00

P11845

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/23-24/11	8:00pm	8:30Am	12½hrs	12½hrs
		WEEKLY TOTALS:	12½hrs	

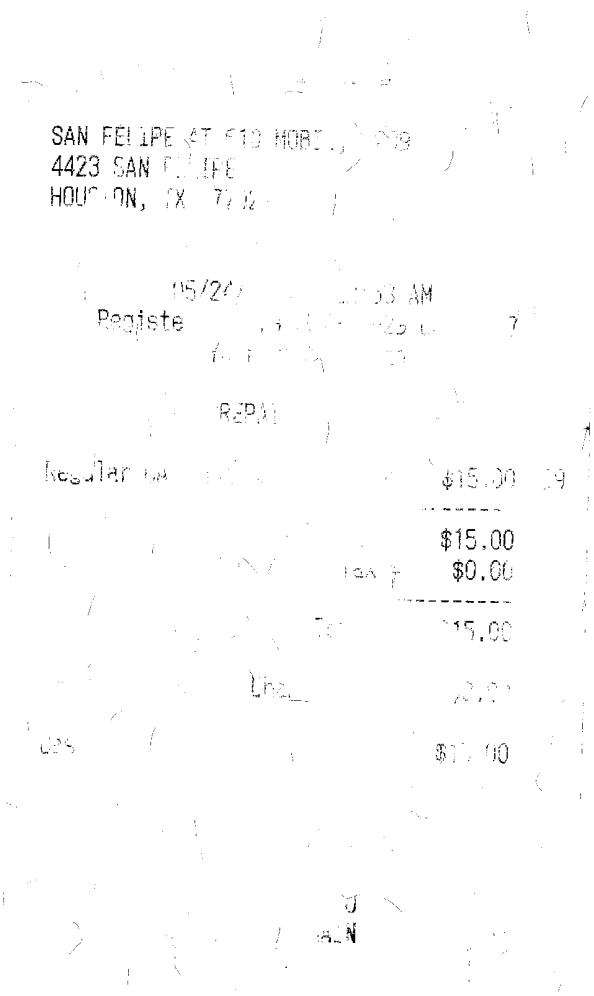
$187.50
Parking 12.00
199.50
gas 15.00
219.50

Employee Signature: Michael Brooks Date: 5/24/11

Supervisor Signature: Date:

pd. 5/24 #219.50

P11846



SAN FELIPE AT [illegible]
4423 SAN [illegible]IPE
HOUS[illegible]ON, TX [illegible]

05/24 [illegible] AM
Registe[illegible]

REPRI

Regular [illegible] $15.00 [illegible]9

$15.00
[illegible] $0.00

[illegible]15.00

[illegible] [illegible]

[illegible] $[illegible]00

[illegible]N

P11847

TIME SHEET

Employee Name: Michael Brooks **Title:** CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/24-25/11	6:30pm	8:00pm	13½ HR	
		WEEKLY TOTALS:	13 hrs	

20250
GAS 1,200
PARKING

Employee Signature: Michael Brooks **Date:** 5/25/11

Supervisor Signature: **Date:**

RA 5-25

$227.50

P11848

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: May 23, 2011 May 27, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-23 Mon	10:00am	12:00am	14	
5-24 Tues	12:00 am	12:00am	24	
5-25 Wed	12:00am	12:00am	24	
5-26 Thu	12:00am	12:00am	24	- 86
5-27 Fri	12:00am	11:00am	11	
		WEEKLY TOTALS:	97	

Employee Signature: Faustino Vaquera **Date:** 5-27-11

Supervisor Signature: **Date:**

97
x 15.00
1455.

PL 5/27

Walter's Food + 1455.00
166.50

166.50

Total 1621.50

P11849

KFC
14490 Memorial Dr
Houston, TX 77079
(281)497-0061
2011-05-24

CREDIT SALE

CHARGE DETAIL

Card Type: Visa
Account: **********5741 S
Auth Code: 163471
Trans #: 2264
Auth Ref: 00001SH8
Sequence #: 082641

AUTH AMT $7.23
BALANCE: $0.00

2011-05-24 L1 T2 7:45 PM

CUSTOMER COPY

WAY ON BACK! | $1,000 GIVEAWAY ON BACK! | $1,000 GIVEAWAY ON BACK!

233 10 1755 05094 037
233 10 1756 05094 037

RFN# 0509-4371-7565-1105-2520

F MEDLINE WLKR W/PDL 1 89.99
TOTAL 89.99

DEBIT CARD 89.99
CASH BACK .00

14616 Memorial Drive Houston, TX
STORE (281)493-3043

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

MAY 25, 2011 2:42 PM

How are we doing?
Enter our monthly sweepstakes for
$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free
1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0509-4371-756

Password
5110-5252-016

For contest rules, see store or
WWW.TELLWAG.COM

WALGREENS #5094
SEQ # 509437007 PAYMENT FROM PRIMARY
CARD# **********5741

RETAIN THIS RECEIPT FOR YOUR RECORDS

MAY 25, 2011 2:42 PM

P11850

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

3.05 lb @ 0.49 /lb

WT	BANANAS		1.49 F
	PRSL SORBET	PC	2.39 F
SC	KROGER SAVINGS	0.10	
SC	10% SENIOR Disc.		0.24-F
	ICBINB MARGR		2.24 F
	LOLK BUTTER		4.39 F
	KRO GARB BAG		1.99 T
SC	10% SENIOR Disc.		0.20-T
	KRO GARB BAG		1.99 T
SC	10% SENIOR Disc.		0.20-T
	GLAD PL WRAP	PC	2.99 T
SC	KROGER SAVINGS	0.20	
	KNKA BEAES	PC	5.79
SC	KROGER SAVINGS	1.20	
	CREST VIVD	PC	2.49 T
SC	KROGER SAVINGS	0.97	
	KRO FRT CUP		1.76 F
SC	10% SENIOR Disc.		0.18-F
	OJ MTH RINSE		7.49
	DANN YOGURT		2.19 F
	MTHR COOKIES		2.65 F
	KRO GLOVES		8.29
SC	10% SENIOR Disc		0.83-
	PERM BREAD		3.89 F
KROGER PLUS CUSTOMER		********9205	
	TAX		0.75
****	BALANCE		51.13

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********5741
TOTAL: 51.13
REF#: 194506

	VISA	51.13
	CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =		15

********** KROGER SAVINGS **********		
KROGER PLUS SAVINGS	$	4.12
TOTAL COUPONS	$	4.12
TOTAL SAVINGS (7 pct.)	$	4.12
********** KROGER SAVINGS **********		

05/25/11 09:11pm 161 84 229 999
****
April Fuel Points remaining = 421
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine. These points expire 5/31/11.
****
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

****

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

	GLAC WATER	PC	1.00 B
SC	KROGER SAVINGS	0.29	
	GLAC WATER	PC	1.00 B
SC	KROGER SAVINGS	0.29	
	GLAC WATER	PC	1.00 B
SC	KROGER SAVINGS	0.29	
	PRSL SORBET	PC	2.39 F
SC	KROGER SAVINGS	0.10	
SC	10% SENIOR Disc.		0.24-F
	BRDN CTG CHS	PC	2.69 F
SC	KROGER SAVINGS	0.20	
KROGER PLUS CUSTOMER		********9205	
	TAX		0.25
****	BALANCE		8.09

**********5741
REF#: 000000
PURCHASE: 8.09
CASHBACK: 0.00
TOTAL: 8.09

	DEBIT	8.09
	CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =		5

********** KROGER SAVINGS **********		
KROGER PLUS SAVINGS	$	1.41
TOTAL COUPONS	$	1.41
TOTAL SAVINGS (15 pct.)	$	1.41
********** KROGER SAVINGS **********		

05/23/11 09:50pm 161 84 217 999
****
April Fuel Points remaining = 421
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine. These points expire 5/31/11.
****
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

****
****
May Fuel Points
Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to $1 per gal at Kroger OR .10 per gal at Shell on 1 fill-up.
Fuel Points this order = 8
Fuel Points earned this month = 272
Each month is a separate accumulation period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This months points expire 6/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com
****

P11851

* * * * * RECEIPT IS REPRINTED * * * * *
05/26/11 12:27:10
SALE RECEIPT
Store #37552 tko 05/26/11 12:25:43
Subway Sandwiches & Salads
11177B Katy Fwy.
Houston TX 77079

Trans# 93 Clerk 09 Dwr 1 TRDT 052611
Receipt # 0000223535 Reg-ID REG-MAIN

--- ITEM ---	QTY		PRICE	MEMO	PLU
* * * * * RECEIPT IS REPRINTED * * * * *					
TURKEY/HAMfr	1	T $	6.00		10224
DRK-21oz	1	TD$	1.11	2.00dea	10002
CHIPS	1	TD$	0.89	2.00dea	10020
SUBST LG	1	T $	0.30		10500
COOKIES-2	1	T $	0.99		10018
SUBTOTAL		$	9.29		
Sales Tx		$	0.77		
TAKE-OUT **TOTAL		$	10.06		
Cash AMT TEND		$	20.06		
CHANGE DUE		$	10.00		

how'd we do ? get a free cookie
take 1 min survey at.www.tellsubway.com

* * * * * RECEIPT IS REPRINTED * * * * *

P11852

TIME SHEET

Employee Name: Robert Carter **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.27.11	11 Am			
		11 Am		24 hr.
5.28.11	11 Am			
5.29.11		11 Am		24 hr
		WEEKLY TOTALS:		48 hrs.

Employee Signature: Robert Carter **Date:**

Supervisor Signature: **Date:**

$796.86

8.64.
45.22 ~~H.E.B~~ Kroger
~~[redacted]~~
23.00 H.E.B
$76.86

P11853

Walgreens

There's a way™

451 10 6111 03328 027

RFN# 0332-8276-1110-1105-2920

PUFFS 108CT	1A	3.99
PUFFS 108CT 4S	1A	3.99
SUBTOTAL		7.98
A=8.25% SALES TAX		.66
TOTAL		8.64
VISA		8.64
ACCT#********6258		
CHANGE		.00

12850 Memorial Hou
STORE (713

THA

SAVE PRESCRIPTI DINING
WAL SCRIPTION CLUB
FOR

MAY 29, 8:26 AM

How are we doing?
Enter our monthly sweepstakes for
$ 000 cash

Visit
www.TELLWAG.COM
or call toll ee
1-800-763-0547
within 72 hours to take a short survey about this Walgreens visit

Survey#
03 -8276-111

assword
011 -5292 016

contest rules, see store or
TELLWAG.COM

RETAIN THIS RE CORDS

MAY 29, 2 AM

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Garrick

	V8 SOUP		2.89 F
	V8 OUP		2.89 F
	GM LERIOS		3.40 F
1 @ 4/5.00			
	KRO SHERBET	PC	1.00 F
SC	KROGER SAVINGS	0.25	
1 @ 2/4.00			
	BBFLT CFFRM		2.00 F
	KPS		0.69 F
		PC	1.79 B
	KROGER PL UMER		
SC	KROGER SAVINGS	0.10	
	TROP ORNG JC		2.94 F
	ADLP RICE	PC	1.99 F
SC	KROGER SAVINGS	0.10	
	SARG CHEESE	PC	2.50 F
SC	KROGER SAVINGS	1.09	
	SARG CHEESE	PC	2.50 F
SC	KROGER SAVINGS	1.09	
	MSSN TORTILLA		4.39 F
	KRO COOKIES		1.99 F
	BRKSTN CC		2.59 F
1 @ 7/3.00			
	PRNGL SNACK		1.50 F
	CKN SSG LINK		5.99 F
	PFRM COOKIES	PC	2.00 F
SC	KROGER SAVINGS	1.49	
2 @ 2/1.00			
	BKRY BAGEL		1.00 F
2 @ 0.89			
	AVOCADO HASS		1.78 F
	DAISY SR CRM		1.69 F
	TOMATO		0.94 F
	CTG CHS	P	2.79 F
SC	GER SAVINGS		
	ATO		1.99 F
			0.15
	** BALANCE		53.39

034 KROGER #161
14344 MEMORIAL
HOUS TX 77079
VISA Pu hase
**********6258
TOTAL: 53

P11854

TIME SHEET

Employee Name: Katrina Harper **Title:** Private caregiver/CNA
Week: May 29

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
May 29-11	9:00 AM	9:00 AM	24	24
~~May 30-11~~				
		WEEKLY TOTALS:		24

Employee Signature: Katrina Harper Date: May 30, 2011

Supervisor Signature: Date:

2
24
15
120
24
$360

P11855

TIME SHEET

Employee Name: Robert L Cantu Title:

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6.2.11	7pm			
6.3.11		7pm		24
6.3.11	7pm			
6.4.11		7pm		24
6.4.11	7pm			
6.5.11		10 Am		15
		WEEKLY TOTALS:		63

Employee Signature: Date:

Supervisor Signature: Date:

945
45 HEB
25 Kroger
$1115.00

P11856

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week: 6-5-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-5-11	9:00 AM	9:00 AM	24	24
		WEEKLY TOTALS:	24	

Employee Signature: Katrina Harper **Date:** 6-5-11

Supervisor Signature: **Date:**

24
15
120
24
360

P11857

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: July 18, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-18 Mon	9:00am	12:00am	15	
7-19 Tue	12	12	24	
7-20 Wed	12	12	24	
7-21 Thu	12:00am	1:00pm	13	
		WEEKLY TOTALS:	76	

Employee Signature: **Date:**

Supervisor Signature: **Date:**

76 x 15.00

1140

+ 32.66

1172.66

Reciepts

Total

P11858

News Car

*** REPRINT *** REPRINT *** REPRINT ***

KATY FRWY EXXO, 4730-53
5401 KATY FRWY
HOUSTON , TX

07/11/2011 10:22:32 PM 390[illegible]

VISA XXXXXXX5741 VISA
JR/FAUSTINO VAQUERA
INVOICE C4R4323
AUTH 192618

PUMP 06
Regular 2.820
PRICE/GAL $ 3.559
Dsl TOTAL $10.06
*** REPRINT *** REPRINT *** REPRINT **

Total = $10.06

CRIND Credit $10.06
*** REPRINT *** REPRINT *** REPRINT ***

Credit

*** REPRINT *** REPRINT *** REPRINT ***

Protein Bars

Walgreens
There's a way

205 10 3695 05094 028

RFN# 0509-4283-6959-1107-1820

AZ I/TEA MNG23OZ	1	.99	
HSY RS PB CUP1.5OZ	A	.69	SALE
RSRC BNPRTN CAN 8Z	1	16.99	
SUBTOTAL		18.67	
A=8.25% SALES TAX		.06	
TOTAL		18.73	
VISA		18.73	
ACCT#********1437			
CHANGE		.00	
WAG ADVERTISED SAVINGS:			.30
YOUR TOTAL SAVINGS			.30

14616 Memorial Drive Houston, TX
STORE (281)493-3043

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

JULY 18, 2011 7:30 PM

P11859

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 3167 Serv: HABE
07/20/2011 02:34 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	$5.18

Net Total:	$5.18
TAX	$0.43
TOTAL: $5.61	
CASH	$10.00
Change	$4.39

Thank you
FIRST BR IN HOUSTON 1964

P11860

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-14-11	1:00	8:00	7	
7-16-11	9:00 pm	9:00 AM	12	
7-17-11	9:00 AM	9:00 AM	24	
		WEEKLY TOTALS:		43 hrs

Employee Signature: Katrina Harper **Date:** 7-18-11

Supervisor Signature: Melva Brunsting **Date:** 7-18-11

43
15
215
43
645
21 + HEB
666
7.50 half + hour from last week
673.50.

P11861

Everyday low prices without a card
Big $avings Start At H-E-B

HEB Food-Drugs #43/541
10100 Beechnut
Houston, TX 77072
Phone: (281) 564-5201
Pharmacy: (281) 564-5209
Fax: (281) 564-5247
Store Hours: 6 a.m. to 1 a.m.
Your Cashier:MARIE

H-E-B

739474 07-17-11 1:28P 203/09/00541

1073 9474 0717 1113 2800 541

1	KRAFT SHREDS CHED AMER VA	F	2.48
2	DS ACRYLIC DW GO CUP PRPL	T	4.00
3	HCF EXTRA-LARGE GRADE A E	F	2.52
4	GIORGIO SLICED MUSHROOMS	F	1.34
5	HOMESTYLE CHICKEN SALAD	TF	4.34
6	HF ULTRA THIN HONEY TURKE		
	1 Ea. @ 2/ 3.00	F	1.50
7	GRN GIANT BROCCOLI W CHES	F	1.50
8	KITCHEN BASICS CHICKEN ST	F	0.79
9	CAMP HLTHY REQ.CRM CHICKN	F	1.22
10	OZARKA WATER SPRING	F	1.14

********** Sale Subtotal*** 20.83
Sales Tax 0.33
********** Total Sale*** 21.16
16.83
*** EBT FOODSTMP 16.83
4.33
*** CASH 5.00
Change : 0.67 $

==========
ITEMS PURCHASED: 10
==========
==========

P11862

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: July 04, 2011 — July 07, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-4 Mon	10:30	12:00am	13.5	
7-5 Tues	12:00am	12:am	24	
7-6 Wed	12:00am	9:00pm	21	
↓	10:00pm	12:00am	2	
7-7 Thu	12:00am	1:00pm	13	
↓	3:00	5:00pm	2	
		WEEKLY TOTALS:	75.5	

Employee Signature: [signature] **Date:** July 7, 2011

Supervisor Signature: **Date:**

Pd 2/EB

1125.00
+ 41.70
+ 1166.70
15.00 BackGround Check Fee from The Concierge

Total 1166.70

P11863

Walgreens
There's a way"

JUNE 29, 2011 9:16 PM

521 10 7547 05094 028

521 10 7548 05094 028

RFN# 0509-4287 5485-1106-2920

PLAN AHEAD PLANNER 1A	4.29
PLAN AHEAD PLANNER 1A	4.29
SUBTOTAL	8.58
A=8.25% SALES TAX	.71
TOTAL	9.29
CASH	10.00
CHANGE	.71

14616 Memorial Drive Houston, TX
STORE (281)493-3043

OPEN 24 HOURS

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

PICANTE SAUCE 16OZ		1.99 F
MISSION TORTILLA		1.69 F

REFRIG/FROZEN

SS MANGO SORBET		2.50 F
RegPrice	3.49	
Card Savings	.99-	
SFY CORN		1.29 F
SOUR CREAM		1.99 F
RegPrice	2.55	
Card Savings	.56-	

MEAT

BREAST FILLETS		5.86 F
RegPrice	8.80	
Card Savings	2.94-	

PRODUCE

1@.99	GREEN BELL PEPPERS		.99 F
0.74 lb @ $1.49 /lb			
WT	WHITE ONIONS		1.10 F
	F/W BAL DUE		17.41
**** TAX	.00	BAL	17.41
VF	DEBIT CARD		17.41
	CHANGE		.00

7/04/11 17:02 1066 52 0136 8852

YOUR CASHIER TODAY WAS SELF

P11864

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
June 30	1pm	9pm	8	8
July 3	11 AM	9 AM	22	22
		WEEKLY TOTALS:		30

Employee Signature: ~~Katrina~~ Harper **Date:** 7-4-11

Supervisor Signature: **Date:**

30
15
150
30
$450.00

P11865

TIME SHEET

Employee Name: Robert Cole **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6.30.11	9pm		Thurs	
7.1.11		9pm	Fri	24
7.1.11	9pm		Fri	
7.2.11		9pm	Sat.	24
7.2.11	9 ~~pm~~		Sat	
7.3.11		11 Am	Sun	14
		WEEKLY TOTALS:		62

Employee Signature: Robert L Cole **Date:**

Supervisor Signature: Nelva Brunsting **Date:**

930.00

P11866

TIME SHEET

Employee Name: Katrina Harper **Title:** CNA / sitter

Week: 6-26-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-26-11	9:00 am	9:00 am	24hr	24hrs
		WEEKLY TOTALS:		24

Employee Signature: Katrina Harper **Date:** 6-26-11

Supervisor Signature: **Date:**

P11867

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: June 27, 11 — June 30, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-27 mon	10:00 am	12:00 pm	14	
6-28 Tues	12:00 pm	7:00 pm	19	
↓	8:00 pm	12:00 am	4	
6-29 wed	12:00 am	12:00 am	24	
6-30 Thur	12:00 am	1:00 pm	13	
		WEEKLY TOTALS:	74	

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

74
x 15.00
1110.
+ 11.65
Total 1121.65

P11868

11441 Katy
Houston, TX . 79
Store# 20148 Phone# (713) 9

Reg 4 - DRIVE THRU
Order 231240 6/27/2011 6:38:18 PM
Employee: 5177 Name: Daniel

P2-CHZ Ench	5.19
1 RICE	
1 REFR	
1 SF Tort 2	
3oz SRCRM	0.99
Per SprBF Nacho	2.59
1 w/ CHEESE	
Lg DR PEPPER	1.99

SubTotal	10.76
Tax	0.89
Total	11.65
Cash	12.00
Change	0.35

ORDER# ----------

We would eedback.
Participe a encuesta.

Visit www. es.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00
off next food purchase excluding alcohol.
Not valid with any other discount.
Coupon # (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en
tacocabana.com
I.D. 21218 14827 34006 51776

P11869

TIME SHEET

Employee Name: Faustino Vaquer **Title:**

Week: May 31, 2011 July 02. 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-30 Mon	9:00am	4:00pm	7	
↓	5:00pm	12:00am	7	
5-31 Tues	12:00am	12:00am	24	
6-01, Wed	12:00am	7:00pm	19	
↓	8:00pm	12:00am	4	
6-02 Thu	12:00am	7:30pm	19.5	
	WEEKLY TOTALS:		80.5	

Employee Signature: **Date:**

Supervisor Signature: **Date:**

80.5
x 15

1207.5
+ 7.86

Total 1215.36

P11870

THE ORIGINAL
TACO CABANA
MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 222736 5/31/2011 6:28:47 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 436----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1
off next food purchase excluding
Not valid with any other discou
Coupon #_____ (LU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en
tacocabana.com
I.D. 22718 14831 23605 51776

Walgreens
There's a way

590 10 1160 03328 031

RFN# 0332-8311-1600-1106-0220

G/2B PMD 20Z	1A	6.49 BGLP
G/2B PMD 20Z	1A	6.49 BGLP
SIMPLICITY PAD 60S	1A	1.39
G/2B PMD 20Z	1A	6.49-FREE
SUBTOTAL		7.88
A=8.25% SALES TAX		.65
TOTAL		8.53
DEBIT CARD		28.53
CASH BACK		20.00
WAG ADVERTISED SAVINGS:		6.49
YOUR TOTAL SAVINGS:		6.49

1.39

12850 Memorial Dr Houston, TX
STORE (713)722-7247

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

JUNE 2, 2011 2:01 PM

How are we doing?
Enter our monthly sweepstakes for
$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free
1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0332-8311-160

Password
0110-6022-016

For contest rules, see store or
WWW.TELLWAG.COM

WALGREENS #3328
SEQ # 332831040 PAYMENT FROM PRIMARY
CARD# ********5741

RETAIL RECEIPT FOR YOUR RECORDS

JUNE 2, 2011 2:01 PM

P11871

TIME SHEET

Employee Name: Robert L Canta **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6/23/11	7 pm			1
6/24/11	–	7pm		24
6/24/11	7pm			
6/25/11		7pm		24
6/25/11	7pm			
6/26/11		9 Am		14
		WEEKLY TOTALS:		62

62
- 2
60

Employee Signature: Robert Canta **Date:**

Supervisor Signature: **Date:**

926.19

P11872

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Krystal

	KRO WATER		0.78 F
	KRO WATER		0.78 F
	KRO WATER		0.78 F
FX	KRO GLOVES		5.99 Q
	CHRMN UL SFT		4.99 T
	PONR CRNMEAL		1.29 F
KROGER	PLUS CUSTOMER	*******2679	
	CAMP SOUP		2.59 F
	CAMP SOUP		2.59 F
	KRO IC SNDW	PC	1.67 F
SC	**KROGER SAVINGS**	**0.32**	
	TAX		**0.41**
	****** BALANCE**		**21.87**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 21.87
REF#: 015720

VISA	**21.87**
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	9

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 0.32
TOTAL COUPONS	$ 0.32
TOTAL SAVINGS (1 pct.)	$ 0.32

********** KROGER SAVINGS **********

06/04/11 07:57pm 161 7 197 114
****
May Fuel Points remaining = 125
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine.
These points expire 6/30/11

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER	*******2679
BATTERIES	3.99 T
TAX	**0.33**
****** BAL**	**4.32**

****
REF#: 000000
PURCHASE
CASHBA
TOTAL

DEBIT	19.32
CHANGE	15.00
TOTAL NUMBER OF ITEMS SOLD =	1

05/11 08:43pm 161 84 196 999
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

****

****
June Fuel Points
Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal
Save up to $1 per gal at Kroger OR .10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 4
FUEL POINTS THIS MONTH = 76

Each month is a separate accumulation Period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This months points expire 7/31/11.
See Store for Details & Restrictions
Or Visit www.kroger.com
****

Thank you for shopping Kroger

****
SURVEY ENTRY CODE - 034 354
****

P11873

Brunsting004703

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Krystal

	KRO WATER		0.78 F
	KRO WATER		0.78 F
	KRO WATER		0.78 F
FX	KRO GLOVES		5.99 Q
	CHRMN UL SFT		4.99 T
	PONR CRNMEAL		1.29 F
KROGER	PLUS CUSTOMER	*******2679	
	CAMP SOUP		2.59 F
	CAMP SOUP		2.59 F
	KRO IC SNDW	PC	1.67 F
SC	**KROGER SAVINGS**	**0.32**	
	TAX		**0.41**
	****** BALANCE**		**21.87**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 21.87
REF#: 015720

VISA	**21.87**
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	9

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 0.32
TOTAL COUPONS	$ 0.32
TOTAL SAVINGS (1 pct.)	$ 0.32

********** KROGER SAVINGS **********

06/04/11 07:57pm 161 7 197 114
****
May Fuel Points remaining = 125
Redeem 100Pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine.
These points expire 6/30/11

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER	*******2679
BATTERIES	3.99 T
TAX	**0.33**
****** BAL**	**4.32**

****
REF#: 000000
PURCHASE
CASHBA
TOTAL

DEBIT	19.32
CHANGE	15.00
TOTAL NUMBER OF ITEMS SOLD =	1

05/31 08:43pm 161 84 196 999
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

****

****
June Fuel Points
Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal
Save up to $1 per gal at Kroger OR .10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 4
FUEL POINTS THIS MONTH = 76

Each month is a separate accumulation Period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This months points expire 7/31/11.
See Store for Details & Restrictions
Or Visit www.kroger.com
****

Thank you for shopping Kroger

****
SURVEY ENTRY CODE - 034 354
****

P11874

Brunsting004704

TIME SHEET

Employee Name: Robert Contu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7.23.11	7 AM			
7.24.11		7 AM		24
7.24.11	7 AM			
7.25.11		10 AM		27
	WEEKLY TOTALS:			51

Employee Signature: Robert P Contu **Date:** 7.25.11

Supervisor Signature: **Date:**

765.00

P11875

TIME SHEET

Employee Name: Robert Canter **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7.21.11	8 pm			
7.22.11		7 am		11
		WEEKLY TOTALS:		11

Employee Signature: Robert Canter Date: 7.22.11

Supervisor Signature: Date:

165.00

P11876

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: July 25 —

7:00pm

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
July 25 Mon	~~12:00~~	7:00 pm	~~7~~ → 5	
7-27	9:30 a.m	12:00 a.m	14. ½	
7-28	12:00 a.m	1:30 pm	13. ½	
		WEEKLY TOTALS:	47	

Employee Signature: [signature] **Date:**

Supervisor Signature: **Date:**

705.

-210

* Next pay

P11877

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week: 7-22-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-21	1:00	8:00	7	7
7-22	7AM	7AM	24	24
		WEEKLY TOTALS:		31

Employee Signature: Katrina Harper **Date:** 7-22-11

Supervisor Signature: **Date:**

24
7
31
x15
155
31
$465

P.O. 7-22-11

P11878

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7.25.11	10 Am	2 pm		04
7.28.11	8 pm			
7.29.11		8 pm		24
7.29.11	8 pm			
7.30.11		8 pm		24.
7.30.11	8 pm			
7.31.11		10 Am		14
		WEEKLY TOTALS:		66

Employee Signature: Robert Cantu **Date:**

Supervisor Signature: **Date:**

990.00
28.76
$1018.76

P11879

Epicurean Markets # 204
2516 Memorial Drive
www.riceepicurean.com
(713) 468-4323

ıecker today is JUSTINE JEFFERSO

DIET COKE PL	PC	1.69 B
COKE 20 OZ		**0.10-B**
DIET COKE PL	PC	1.69 B
COKE 20 OZ		**0.10-B**
PIRATE BOOTY	PC	3.99 F
ROBERTS BOOTY		**1.00-F**
WHITE MEAT		8.79 F
CUCUMBER		3.17 F
PIMENTO SPR	PC	3.52 F
b @ 1.00 /lb		
PIMENTO SPREAD		**0.44-F**
CUBED SLSS W		4.54 F
b @ 4.99 /lb		
TOMATOES CLUSTER	PC	4.59 F
b @ 2.00 /lb		
TOMATOES		**1.84-F**
TAX		**0.26**
BALANCE		**28.76**
Credit Cards /Visa		**28.76**
CHANGE		0.00

IUMBER OF ITEMS SOLD = 8

****
E-CARD AVINGS 3.48
TOTAL AVINGS 3.48
****
1 01:11pm 204 2 115 118

ıou for shopping with us
Total E-POINTS 197

P11880

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week: 7-25 - 7-31

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-25-11	6pm	6am	12 hrs	
7-26-11	6pm	9:30am	27 1/2 hr	
7-28-11	1:30	8:00	6 1/2 hr	
7-31-11	10:00 AM	10:00 AM	24 hr	
		WEEKLY TOTALS:		

Mon Tue Thur Sun

Employee Signature: Katrina Harper Date: 7-31-11

Supervisor Signature: Date:

1050 5.59 6.88 12.47 97

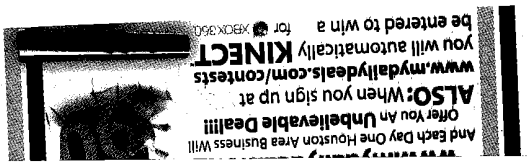
12 27 1/2 6 1/2 24 69 + 1 = 70

70 15 1050

1,062.47

1050 12.47 1062.47

P11881



Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Leticia

	KRO TOPPING	PC	1.89
SC	**KROGER SAVINGS**		**0.10**
1 @ 2/4.00			
	BBELL ICECRM	PC	1.25 F
SC	**KROGER SAVINGS**		**0.75**
	KRFT CHEESE	PC	3.49 F
SC	**KROGER SAVINGS**		**0.50**
	SOFTSOAP [+]	PC	2.99 T
SC	**KROGER SAVINGS**		**1.00**
	KRO CHS DNSH		0.50 F
	HRLN MERINGE		1.00 F
KROGER PLUS CUSTOMER			*******7805
	TAX		**0.25**
****	**BALANCE**		**11.37**
	CASH		**20.00**
	CHANGE		8.63
TOTAL NUMBER OF ITEMS SOLD =			6

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 2.35

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Tirrel Kennard

	EGGB EGGS LG		3.59 F
	NTRO BREAD	PC	2.00 F
SC	**KROGER SAVINGS**		**0.79**
KROGER PLUS CUSTOMER			*******6672
	TAX		**0.00**
****	**BALANCE**		**5.59**
	CASH		**10.00**
	CHANGE		4.41
TOTAL NUMBER OF ITEMS SOLD =			2

********** KROGER SAVINGS **********
KROGER PLUS SAVINGS $ 0.79
TOTAL COUPONS $ 0.79
TOTAL SAVINGS (12 pct.) $ 0.79
********** KROGER SAVINGS **********

07/28/11 07:08pm 161 6 321 462

****
July Fuel Points
Now Redeem fuel Points at Kroger Fuel

P11882

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Aug 1, 2011 — Aug 04, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Aug 1 Mon	9:30 am	12:00 am	14.30	
8-02 Tues	12:00 am	8:30 pm	20.30	
↓	9:30 pm	12:00 am	2.30	
8.03 Wed	12:00 am	12:00 am	24	
8.04 Thu	12:00 am	1:00 pm	13	
	WEEKLY TOTALS:		74.5	

Employee Signature: [signature] **Date:**

Supervisor Signature: [signature] **Date:**

117.5

210.

907.5

Time owed from last Time sheet

P11883

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week: 8-4-11, 8-7-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-4-11	1:00	8:00	7 hrs	7hrs
8-7-11	10:00	10:00	24hrs	24hrs
		WEEKLY TOTALS:		

Employee Signature: Katrina Harper **Date:** 8-7-11

Supervisor Signature: **Date:**

pd.

31
15
155
31
$465

P11884

IME SHEET

Employee Name: Robert L Cantu Title:

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.11.11	8 pm			1
8.12.11		8 Am		12
8.12.11	8 Am			
8.13.11		8 Am		24
8.13.11	8 Am			
8.14.11		10 Am		26
		WEEKLY TOTALS:		62

Employee Signature: Robert L Cantu Date:

Supervisor Signature: Date:

930.00
16.00 gas
$946.00

P11885

32 oz. Gatorade 2 for $3.00

EXXON [illegible]

WILCREST EXXON, 4719118
11035 KATY FRWY
HOUSTON , TX

08/12/2011 12:54:14 PM 5434

VISA XXXXXXXX6258 VISA
CANTU/ROBERT LEE
INVOICE ARV5607
AUTH 025313

PUMP#11
Regular 4.556G
PRICE/GAL $ 3.499
FUEL TOTAL $15.94

Total = $15.94

CRIND Credit $15.94

Credit

Thank You or Shop[illegible]g At Exxon

P11886

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Aug 08, 2011 — Aug 11, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.1008	10:00 am	12:00 cm	14	
8.09	12:00 cm	12:00 cm	24	
8.10	12:00 cm	12:00 cm	24	
8.11	12:00 cm	1:00 pm	13	
		WEEKLY TOTALS:	75	

Employee Signature: [signature] Date: 8-

Supervisor Signature: Melissa Brunsting Date: 8-

75
x15.00

1125

P11887

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week: 8-8 - 8-14-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-11-11	2:00	8:00	6	6
8-14-11	10:00	10:00	24	24
		WEEKLY TOTALS:		30 hrs

Employee Signature: Katrina Harper **Date:** 8-14-11

Supervisor Signature: **Date:**

30
15
150
30
$450.00

P11888

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: 8.11 — 8.19.11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.11.11	1:00pm	2:00pm	1hr	
8.15.11	10:00 am	12:00am	14	
8.16.11	12:00am	8:30pm	20.5	
	9:30 pm	12:00am	2.5	
8.17.11	12.00am	12:00am	24	
8.18.11	12:00am	1:00pm	13	
		WEEKLY TOTALS:	75	

Employee Signature: Date:

Supervisor Signature: Date:

NB

75
x 15
1125
+ 21.83
1146.83

P11889

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 6996 Serv: IVONNE
08/15/2011 04:13 PM # Cust:1

Quan	Descript	Cost
1	Fruit Cream (LG)	$5.99
1	Single Scoop	$2.59
	Net Total:	$8.58
	TAX	$0.71
	TOTAL: $9.29	
	CASH	$10.00
	Change	$0.71

Thank you
FIRST BR IN HOUSTON 1964

Quiznos Sub Store #1043
Phone(713)647-9966
Fax (713)647-9467

ORDER # 01056

	RG CHICK CARB	5.99
	CHKN RNCH SAMMIE	3.00
	CHIPS	1.19
	MED DRINK	1.59
1	COOKIE/CHP COMBO	-0.49
	UPSIZE DRINK	0.30

EAT-IN

	$	11.58
TAX TOTAL	$	0.96
TOTAL	$	12.54
VISA	$	12.54
CHARGE TIP	$	0.00
ACCOUNT# :		
AUTH# :		

8447 COUNTER AUG.15,2011
REG1-AM 12:39

Try our catering.

P11890

TIME SHEET

Employee Name: Robert Cantu **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.18.11	8 pm			
8.19.11		9 Am		13
		WEEKLY TOTALS:		165.00

Employee Signature: Robert Cantu **Date:** 8.19.11

Supervisor Signature: **Date:**

165.00
H.E.B 7.50
$172.50

P11891

1068 9603 0818 1119 4900 577

1 OZARKA WATER SPRING
2 Ea. @ 1/ 0.97 F 1.94
2 SANDWICH ANTONES TURKEY S TF 5.49
3 OM THICK CUT BACON F 5.48
********** Sale Subtotal*** 12.91
Sales Tax 0.45
********** Total Sale*** 13.36
Account No.:**********6258
Appr No.:004820
Ref No.:839592
13.36
*** VISA EPS 13.36

==========

ITEMS PURCHASED: 4

==========

Free Groceries & Shopping Sprees
Enter the Gear Up Giveaway Daily Chance to win 6,500+ prizes and offers! Play daily at heb.com/gearup (See Official Rules.)

****

WIN A $500 H-E-B GIFT CARD!
Tell us how we are doing and you could win a $500 H-E-B gift card each month / $1,000 cash prize each quarter. NO PURCHASE NECESSARY. Take survey at www.heb.com/survey for 10 entries or call 1-877-220-0764 for 1 entry. See rules at www.heb.com/survey .
Odds depend on entries received. Must be 18. Ends 5/14/2012.

Diganos como estamos progresando y usted puede ganar! Un sorteo para una

P11892

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-18-11	1:30	8.00	6'12	6'12
8-19-11	9:00	9:00	24	24
		WEEKLY TOTALS:		

Employee Signature: Katrina Harper **Date:** 8-19-11

Supervisor Signature: **Date:**

30.5
15
450.00
7.50
457.50

P11893

TIME SHEET

Employee Name: Robert Canta **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.20.11	9 AM			
8.21.11		9 AM		24
8.21.11	9 AM			
8.22.11		10 AM		25
		WEEKLY TOTALS:		49

Employee Signature: Robert L Canta Date: 8.22.11

Supervisor Signature: Date:

735.00

P11894

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: August 22 → August 25, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.22 mon	10:00 am	12:00am	14	
8.23 Tues	12:00am	4:00 pm	16	
↓	5:00pm	12:00am	7	
8.24 Wed	12:00am	12:00am	24	
8.25 Thu	12:00am	1:00pm	13	
		WEEKLY TOTALS:	74	

Employee Signature: [signature] **Date:**

Supervisor Signature: **Date:**

74
× 15.00
1,110

NEP

P11895

TIME SHEET

Employee Name: Robert Cantu **Title:** Care Giver.

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
25 Aug 11	8 pm			
26 Aug 11		8 pm		24
26 Aug 11	8 pm			
27 Aug 11		8 pm		24
27 Aug 11	8 pm			
28 Aug 11		10 Am		14
		WEEKLY TOTALS:		62

Employee Signature: Robert R Cantu **Date:**

Supervisor Signature: **Date:**

Work 930.00
gas 10.00
940.00
60. 55
gas - 46.45
17.45
1004.00

P11896

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Albina

KROGER PLUS CUSTOMER			********2679	
	OZRK WATER	PC	1.00	F
SC	**KROGER SAVINGS**	**0.19**		
	OZRK WATER	PC	1.00	F
SC	**KROGER SAVINGS**	**0.19**		
	PRSL PCH PIE		4.49	F
	FSEL CARROTS	PC	1.25	F
SC	**KROGER SAVINGS**	**0.74**		
	REESE CUP	PC	1.00	B
SC	**KROGER SAVINGS**	**0.59**		
	HERSHEY BAR	PC	1.00	B
SC	**KROGER SAVINGS**	**0.59**		
	BBLL TCE PK		6.79	F
	PHSA [illegible]S		0.75	F
	TAX		**0.17**	
	****** BALANCE**		**17.45**	

[illegible] ******* 0258
R[illegible] 000000
PURCHASE: 17.45
CASHBACK: 0.00
TOTAL: 17.45

DEBIT	**17.45**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 8

********** KROGER SAVINGS **********		
KROGER PLUS SAVINGS	$	2.30
TOTAL COUPONS	$	2.30
TOTAL SAVINGS (11 pct.)	$	2.30
********** KROGER SAVINGS **********		

08/27/11 03:10pm 161 30 46 460
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

WELCOME TO TIMEWISE!
STORE #225
Our name is on the door.

SHELL [illegible], 57543427504
14002 MEMORIAL
HOUSTON , TX
77024

08/26/2011 07:08:50 PM 323974805

XXXX XXXX XXXX 6258 VISA
INVOICE 948091
AUTH 060720

PUMP# 5	
REGULAR	13.940G
PRICE/GAL	3.439
Grocer Disc/GAL	-0.100
NET/GAL	3.339
FUEL TOTAL	$ 46.55

Subtotal =	$ 46.55
Tax =	$ 0.00
Total =	$ 46.55
CREDIT	$ 46.55

Your Total Fuel
Discount is $ 1.39

You received $0.10 /gal by using your
Kroger Plus card.

Come back to Shell to redeem future
Kroger Plus discounts.

Save 10cents/gal instantly at Shell when
you earn 100 points at Kroger.

Pick up a brochure at your local Shell
for more details.

Choose Wisely...Choose Timewise!
Visit us at: www.landmarkindustries.com
or Call 281-497-3191

P11897

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-25-11	2:30	8:00	5 1/2	
8-28-11	10 AM	10 PM	24	
8-29-11	10 AM	3 PM	5	
		WEEKLY TOTALS:		34 1/2

Employee Signature: Katrina Harper Date: 8-29-11

Supervisor Signature: Date:

$517.50

P11898

TIME SHEET

Employee Name: Faustina Vaquera **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.25 Thur	1:00pm	2:30pm	1.5	
8.29 Mon	3:00pm	12:00am	9	
8.30 Tues	12:00am	12:00am	24	
8.31 Wed	12:00am	8:30pm	20.5	
↓	9:30pm	12:00am	2.5	
9.01 Thur	12:00am	8:00pm	20	
		WEEKLY TOTALS:	77.5	

Employee Signature: [signature] **Date:** 9.0.11

Supervisor Signature: **Date:**

Pd
NEB

1162.50

P11899

TIME SHEET

Employee Name: Katrina Harper **Title:** PRIVATE SITTER

Week: 9-2-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-2-11	8:00	7:00	11	11
		WEEKLY TOTALS:		11

Employee Signature: Katrina Harper **Date:** 9-2-11

Supervisor Signature: **Date:**

$173.00

15
11
15
15

$165.00
8.00 55 Dinner
$173.00

P11900

The 59 Diner
Thank Y !!!!
10407 Katy Freeway
Houston, TX 77024
713-984-2500

Server. Carole
Table 30/1
Guests: 2

09/02/2011
12:11 PM
720

TEA	
Beverage	.00
COBB SALAD	6.89
S SANDWICH	6.89
SAUTEED MUSHROOMS	0.79
SWISS CHEESE	0.39
Sub Total	16.65
	1.37
Total	
Balance	17.02

no separating
the cashier.
wait for
assistance
Have a great Day!!!

6.89
1.69
8.58

P11901

TIME SHEET

Employee Name: Robert L Cantu **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1 Aug 11	8pm			1
2 Aug 11		8am		12
2 Aug 11	8pm			
3 Aug 11		8pm		24
3 Aug 11	8pm			
4 Aug 11		10 am		14
		WEEKLY TOTALS:		50

Employee Signature: Robert L Cantu **Date:** 2 Aug 11

Supervisor Signature: **Date:**

750.00

P11902

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-23-11	8:00 am	7:00 pm	11 hrs	
9-25-11	10:00AM	10:00AM	24 hrs	
9-26-11	10:00	7 pm	9 hrs	
	WEEKLY TOTALS:			

Employee Signature: Katrina Harper **Date:** 9-26-11

Supervisor Signature: **Date:**

44 hrs

$630.00

3
37
15
185
37
555
70
625
5.00 ← Kleenex

11-6AM
10
x 7
70

P11903

Right Store. Right Price.

14344 MEMORIAL
(281) 493 1702
YOUR CASHIER WAS James

PUFF PAC TSU	2.19 T
PUFF PAC TSU	2.19 T
2 @ 5/2.00	
APL GOLD DEL	0.80 F
KROGER PLUS CUSTOMER	***0351
TAX	0.36
**** BALANCE	5.54
CASH	6.00
CHANGE	0.46

TOTAL NUMBER OF ITEMS SOLD = 4
09/26/11 10:17am T61 8 57 129

****

September Fuel Points

Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to $1 per gal at Kroger OR .10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 5
FUEL POINTS THIS MONTH = 8

Each month is a separate accumulation period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This months points expire 10/31/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

****

Thank you for shopping Kroger

P11904

TIME SHEET

Employee Name: Robert L Canta **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.8.11	8pm			1
9.9.11		8 Am		12
9.9.11	7pm			
9.10.11		7pm		24
9.10.11	7pm			
		10:00am		14
		WEEKLY TOTALS:		50

Employee Signature: Date:

Supervisor Signature: Date:

$750.00

P11905

TIME SHEET

Employee Name: Faustino Vasquez **Title:**

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-05 Mon	3:00pm	12:00am	9	
9.06 Tues	12:00am	12:00am	23 hrs	minus 1 hour 64m
9-07 Wed	12:00am	12:00am	23 hrs	minus 1hr 64m
9.08 Thu	12:00am	8:00pm	20	
	WEEKLY TOTALS:		75	

Employee Signature: **Date:**

Supervisor Signature: **Date:**

Grocery 68.59 Total

* Eggs, Depends, milk ETC. Glove, Paper Towels

1125.00
+ 68.59
1193.59

PD
Check # 38

P11906

Total 68.59

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

VAPOSTREAM	0.49
KROGER PLUS CUSTOMER	*******8568
TAX	**0.00**
****** BALANCE**	**10.49**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********5741
TOTAL: 10.49
REF#: 105744

VISA	**10.49**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 1
09/05/11 10:54pm 161 84 210 999
****
August Fuel Points remaining = 195
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine. These points expire 9/30/11.
****
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey

KROGER 161 SON FOR ADV TISING CALL 281-206-2510 6857

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

	KRO TOWELS	2.97 T
SC	**10% SENIOR Disc.**	**0.30-T**
	EGGB EGGS LG	3.79 F
	KROGER PLUS CUSTOMER	*******9205
FX	DPND UNDRWR	20.83 X
	TAX	**1.94**
	****** BALANCE**	**29.23**

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********5741
TOTAL: 29.23
REF#: 162605

VISA	**29.23**
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 3

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$ 0.30
TOTAL COUPONS	$ 0.30
TOTAL SAVINGS (1 pct.)	$ 0.30

********** KROGER SAVINGS **********

09/07/11 07:20am 161 82 11 103
****
August Fuel Points remaining = 223
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine. These points expire 9/30/11.
****
****
ENTER TO WIN
ONE OF 30
$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

P11907

H-E-B

731290 09-01-11 4:02P 201/03/00471

1073 1290 0901 1116 0200 471

1 MONSTER LOW CARB ENERGY S TF 1.97
2 HEB TAS REGULAR WHITE 1RL
2 Ea. @ 1/ 1.14 T 2.28
4 HEB CP ROTI CHICKEN SALAD TF 5.71
5 KEEBLER SANDIES PECAN
1 Ea. @ 2/ 5.00 F 2.50
6 KERNS PEACH NECTAR
2 Ea. @ 1/ 0.38 TF 0.76
********** Sale Subtotal*** 13.22
Sales Tax 0.88
********** Total Sale*** 14.10
14.10
*** CASH 20.10
Change : 6.00 $

ITEMS PURCHASED: 7

ON SALE SAVINGS : $0.78

YOU SAVED
$0.78 TODAY

1073 1290 0901 1116 0200 471

Everyday low prices without a card
Big $avings Start
At H-E-B

HEB Food-Drugs #35/471
14540 Memorial Drive
Houston, TX 77079
Phone: (281) 679-0010
Fax: (281) 679-6565
Store Hours: Sun-Thr 7-11 Fri-Sat 7
Your Cashier:KHADIJA M

P11908

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week: 9-5-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-4-11	10AM-10AM	10AM	24	24
9-5-11	10AM	3PM	5	5
		WEEKLY TOTALS:		29

Employee Signature: Katrina Harper Date: 9-5-11

Supervisor Signature: Date:

$440.00

4
29
15
145
29
435
5.00

PD 9-5-11

P11909

1
76
3
228
800
165
593

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER			*******7024
	KRO WATER		0.76 F
	KRO WATER		0.76 F
	KRO WATER		0.76 F
	KRO SHRD CHS	PC	2.00 F
SC	**KROGER SAVINGS**	**0.49**	
	COAST SOAP	PC	0.88 T
SC	**KROGER SAVINGS**	**0.21**	
	RYND FOIL		1.65 T
	CHEETOS CHIP		0.50 F
1 @ 2/4.00			
	BBLL ICE CRM		2.00 F
1 @ 2/4.00			
	BBLL ICE CRM		2.00 F
	POTATO		2.49 F
	TAX		**0.21**
****	**BALANCE**		**14.01**
	CASH		**20.00**
	CHANGE		5.99
TOTAL NUMBER OF ITEMS SOLD =			10

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	0.70
TOTAL COUPONS	$	0.70
TOTAL SAVINGS (4 pct.)	$	0.70

********** KROGER SAVINGS **********

09/04/11 04:12pm 161 84 124 999

****

September Fuel Points

Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to $1 per gal at Kroger OR .10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 14
FUEL POINTS THIS MONTH = 14

Each month is a separate accumulation period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This months points expire 10/3?/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

****

$5.93

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $0.70 WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

P11910

TIME SHEET

Employee Name: Katrina Harper Title: Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-9-11	8:00AM	7pm	11	11
9-11-11	10AM	10AM	24	24
9-12-11	10AM	3pm	5	5
		WEEKLY TOTALS:		

Employee Signature: Katrina Harper Date: 9-12-11

Supervisor Signature: Date:

$ 628.15

40
15
200
40
600

111
19.58
8.57
28.15

P11911

Daisy Harper
80.00
9-4-2011

P11912

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: 9.12 - 9.15

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.12 Mon	3:00pm	11:00pm	8	
↓	11:00pm	12:00am	1	
9.13 Tue	12am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.14 Wed	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.15 Th	12:00am	6:00am	6	
	6:00am	8:00pm	14	
		WEEKLY TOTALS:		

Employee Signature: Date: 9.15

Supervisor Signature: Date:

4.67 Chicken Salad

pd.

56 hours @ 15.00 = 840.

~~21~~ 19 hour @ 10.00 = ~~210~~ 190

-2 hours Gym

~~1050~~ 1030.00

Total + ~~P11913~~ 4.67

1034.67

TIME SHEET

Employee Name: Robert L Canta **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.22.11	7pm			
9.23.11		8 AM		13 hours
9.23.11	8pm			
9.24.11		7am		12 hours
9.2411	7am			
9.25.11		10 AM		26 hours.
		WEEKLY TOTALS:		51

Employee Signature: Robert L Canta **Date:** 9.25.11

Supervisor Signature: **Date:**

gas 25.31
Kroger 54.55
Randalls
Walgreens 79.86

705.00
79.86
784.86

585 39 hours 15
120 12 hours 10
705

P11914

ght Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER		*******2679
EGGB EGGS LG		3.79 F
PRML 20 MILK		3.49 F
PACF CK BRTH	PC	3.49 F
KROGER SAVINGS	1.10	
HORM BACON	PC	3.99 F
KROGER SAVINGS	3.30	
ALMOND BAR		0.89 B
ALMOND BAR		0.89 B
@ 1.00 /lb		
PLUMS BLACK	PC	0.40 F
KROGER SAVINGS	0.15	
TAX		0.15
** BALANCE		17.09

#161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 17.09
REF#: 044020

VISA	17.09
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 7

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	4.55
TOTAL COUPONS	$	4.55
TOTAL SAVINGS (2 pcs)	$	4.55

********** KROGER SAVINGS **********

09/15 11 07:11pm 161 87 146 999

/11 07:09PM

THE TOTAL
RDING TO THE
AGREEMENT

P11915

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

2 QTY
SPRITE ZERO DIET 3.18 B

GEN MERCHANDISE

HLMK NOTE TY BASTI 3.99

BAKED GOODS

COCONUT CREAM PIE 7.99

MISCELLANEOUS

MR MDA DONATION 1.00
**** TAX .59 BAL 16.75
VF VS XXXXXXXXXXXX62[illegible] 16.75

CHANGE .00
9/03/11 20:02 1066 [illegible] 0097 1054

YOUR CASHIER TODAY WAS MELISSA

Walgreens
There's a way™

552 10 4083 03328 027

RFN# 0332-8274-0831-1109-0220

PUFFS 108CT 4S 1A 3.99
PUFS FAMILY 200S 1A 2.49

FAMILY 200S 1A 2.49
SUBTOTAL 8.97

A=8.25% SALES TAX .74
TOTAL 9.71

DEBIT CARD 9.71
CASH BACK .00

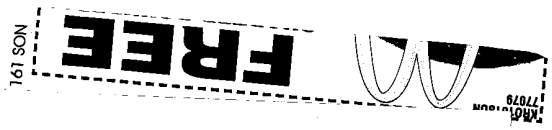
12850 Memorial Dr Houston, TX
STORE (713)722-7247

THANK YOU

ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
ASK FOR DETAILS

Items purchased at Walgreens may be ... of our ind. With ... Stores ...

P11916



Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHE[illegible]

KROGER PLUS CUSTOMER		*******2679
CHOICE BOOKS		2.99 T
JELLO GELATN		1.49 F
JELLO GELATN		1.49 F
JELLO GELATN		1.49 F
JELLO GELATN		1.49 F
TAX		0.25
**** BALANCE		9.20
		3.24
		5.96

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
**********6258
TOTAL: 9.20
REF#: 020122

VISA	9.20
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 5
09/22/11 09:02PM 161 83 154 999
****
August Fuel Points remaining = 188

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Alexis

CMFRTS WIPES		7.84 T
CMFRTS POWDI		1.85 T
CMFRTS POWDR		1.85 T
CMFRTS BATH		1.47 T
CMFRTS BATH		1.47 T
LBBY VNA SSG	PC	0.75 F
LBBY VNA SSG	PC	0.75 F
CORN YLW IS		1.39 F
LBBY VNA SSG	PC	0.75 F
V8 SOUP		2.99 F
CUCUMBERS		0.71 F
1 @ 4/5.00		
HRZN CHO MLK	PC	1.25 F
1 @ 4/5.00		
HRZN CHO MLK	PC	1.25 F
NTRO BREAD	PC	2.79 F
TAX		1.19
**** BALANCE		28.30

**********6258
REF#: 000000
PURCHASE: 28.30
CASHBACK: 20.00
TOTAL: 48.30

10.00

DEBIT 48.30

P11917

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-16-11	8am	7pm	11 hrs	
9-18-11	10AM	10PM	24 hrs	
9-19-11	10AM	3pm	5 hrs	
		WEEKLY TOTALS:		

Employee Signature: Katrina Harper **Date:** 9-18-11

Supervisor Signature: **Date:**

40HRS
15
200
40
660
35
565
11
576

11-6 = 7hrs = $35

$576.00

5 ON gas
6 on lunch

P11918 Hospital

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-30-11	8am	7pm	11	11
10-2-11	10AM	10AM	24	24
10-3-11	10AM	3pm	5	5
		WEEKLY TOTALS:		40 hrs

Employee Signature: Katrina Harper **Date:** 10-2-11

Supervisor Signature: **Date:**

40
X 15
200
40
$600
35

11pm-6AM $10 hr
7hrs - $35

$565.00
11.57
576.57

P11919

Katrina

Houston's Own

Rice EPICUREAN MARKETS

Rice Epicurean Markets # 204
12516 Memorial Drive
www.riceepicurean.com
(713) 468-4323

Your Checker today is BARBARA COOPER

WHITE MEAT C	7.19 F
FRENCH BAGUETTE	1.99 F
TAX	**0.00**
****** BALANCE**	**9.18**
Cash	**20.00**
CHANGE	10.82

TOTAL NUMBER OF ITEMS SOLD = 2
09/30/11 11:01am 204 1 33 110

9.18
2.39
11.57

Katrina

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHE[illegible]T

CRSC VEG OIL	2.39 F
TAX	0.00
**** [illegible]NCE	2.39
[illegible]	1.00
CASH	1.00
CASH	1.00
CHANI	0.61

TOTAL NUMBER [illegible]EMS S[illegible] 1
09/30/11 03:48pm 1[illegible] 85 [illegible]

***************** ****************\

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Sept 27. — Sept 29, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-27 Tues	9:30 am	11:00 pm	13.5	
	11:00 pm	12:00 am	1	
9-28 Wed	12:00 am	6:00 am	6	
	6:00 am	11:00 pm	17	
	11:00 pm	12:00 am	1	
9-29 Thu	12:00 am	6:00 am	6	
	6:00 am	8:00 pm	14	
		WEEKLY TOTALS:		

Employee Signature: Faustino Vaquera **Date:**

Supervisor Signature: **Date:**

44.5 @ 15.00 = 667.5

14 @ 10.00 = 140

TOTAL 807.50

+ 2.79

810.29

P11921

J J Varcados Shell
12490 MEMORIAL DRIVE
Houston, Tx. 77024

SHELL 57 543 437701
12490 MEMORIAL DRIVE S1T0171
HOUSTON TX 77024

	Descr.	qty	amount
	<CUSTOMER COPY>		
T	GEN MERCHENDISE	1	1.19
T	GEN MERCHENDISE	1	1.39
	Sub Total		2.58
	Tax		0.21
	TOTAL		2.79
	CREDIT $		2.79

XXXX XXXX XXXX 6626 VISA
INVOICE: 166454 AUTH #: 41820B

THANKS,COME AGAIN
REG# 0002 CSH# 004 DR# 01 TRAN# 27980
09/28/11 14:10:29 ST# 57307

P11922

TIME SHEET

Employee Name: Robert Cantu **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.26.11	7pm			
9.27.11		10 Am		15 hrs
9.29.11	7pm			
9.30.11		8 Am		13 hrs
9.30.11	7 pm			
10.01.11		7pm		24 hrs
10-01.11	7pm			
10.02.11		10 Am		15 hrs
		WEEKLY TOTALS:		

Employee Signature: Robert Cantu **Date:** 10.1.11

Supervisor Signature: **Date:**

52 hrs @ 15.00 = 780.00
15 hrs @ 10.00 = 150.00
930.00
Randalls 46.34
976.34

P11923

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

EL PSTA SCE MAR		
RegPrice	2.29	
Card Savings	.30-	
DM FRT COCKTAIL		1.59 F
DM PEACHES		2.99 F
KBLR SANDIES PCN		2.99 F
RegPrice	3.99	
Card Savings	1.00-	
NBC HNYMD GRAHAMS		3.49 F
RegPrice	3.99	
Card Savings	.50-	
2 QTY		
DT DR PEPPER 20		3.18 B
O ORGANICS TMTO PS		1.00 F
RegPrice	1.55	
Card Savings	.55-	

REFRIG/FROZEN

TROPICANA NO PULP		3.49 B
BLUE BELL		7.19 F
BLUE BELL		3.19 F
EGGLAND'S BEST		2.49 F
RegPrice	2.79	
Card Savings	.30-	
ORGANIC MILK WHO		3.79 F

BAKED GOODS

O Y HNY 7 GRN BRD	1.99 F

MEAT

GROUND BEEF		2.86 F
RegPrice	3.56	
Card Savings	.70-	

PRODUCE

1.76 lb @ $0.49 /lb		
WT BANANAS		.86 F

DELI

SC SOUP HOT MEDIUM		2.49 T
RegPrice	2.99	
Card Savings	.50-	
**** TAX .76	BAL	46.34
VF DEBIT CARD		46.34
CHANGE		.00

10/01/11 12:21 1066 04 0117 1696

P11924

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Sept 19 - Sep 22

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.19 mon	3:00pm	11:00pm	8	
↓	11:00pm	12:00am	1	
9.20 Tues	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.21 wed	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.22 Thu	12:00am	6:00am	6	
	6:00am	8:00pm	14	
		WEEKLY TOTALS:		

Employee Signature: Faustino Vaquera **Date:** 9.22.11

Supervisor Signature: **Date:**

Luby's
9.73

Chicken Salad.
4.73

-1 hour Gym

Wed 21 night

56 hours @ 15.00 = 840

21 hours @ 10.00 =

20 hours @ 10.00 = 200

1040

14.46

1054.46

P11925

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :11101

Roxana G
21 Sep 2011 06:55:43 PM CDT
Transaction #:10656

Card Number
**********5741
JR/FAUSTINO VAQUERA

Auth Code
105559
Visa

Amount 9.73

Total 9.73

Tip

Total

X
Cardmember agrees to pay total in accordance with agreement governing use of such card.

MERCHANT COPY

Baskin-Robbins
12740 Memorial [illegible].
Houston [illegible]
713-9[illegible]

Table Q#1

Trans#: 12283 Serv: IVONNE
09/22/2011 12:22 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	$5.18
	Net Total:	$5.18
	TAX	$0.43
	TOTAL: $5.61	
	Visa	$5.61

Thank you
FIRST BR IN HOUSTON 1964

P11926

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 10111 Serv: IVONNE
09/06/2011 12:23 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	$5.18

Net Total: $5.18
TAX $0.43

TOTAL: $5.61

CASH $10.00
Change $4.39

Thank you
FIRST BR IN HOUSTON 1964

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 9258 Serv: IVONNE
08/31/2011 12:20 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	$5.18

Net Total: $5.18
TAX $0.43

TOTAL: $5.61

CASH $6.00
Change $0.39

Thank you
FIRST BR IN HOUSTON 1964

P11927

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Oct 03 - Oct 06 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.03-mon	3:00pm	12:00am	9	
10.04 Tues	12:00 am	12:00am	24	
10-05 wed	12:00am	12:00am	24	
10.06 Thu	12:00am	8:00pm	20	
	WEEKLY TOTALS:		77	

Employee Signature: Faus Vm **Date:**

Supervisor Signature: **Date:**

50 hours @ 15.00 = 840

24 hour @ 10.00 = 190

→ 2 (19)

1030.00

-2 hours @ Gym

P11928

Katina Harper

FRIDAY Oct 7, 11 = 11 hours
Sunday Oct 9, 11 24 hours
Monday Oct 10, 11 5 hours

40
15

200
40
---
600 - 35 = $565.00
12.66

577.66

P11929

#Katrina

Houston's Own

Rice Epicurean Markets

Rice Epicurean Markets # 204
12516 Memorial Drive
www.riceepicurean.com
(713) 468-4323

Your Checker today is FIDEL C

	WHITE MEAT C		5.09 F
	STEAMTABLE	PC	7.99 T
1.00 lb @ 1.00 /lb			
EC	STEAMTABLE		1.00-T
	TAX		0.58
****	BALANCE		12.66
	Cash		15.00
	CHANGE		2.34

TOTAL NUMBER OF ITEMS SOLD = 2

****

E-CARD SAVINGS	1.00
TOTAL SAVINGS	1.00

****

10/07/11 12:22PM 204 3 13 129

Thank you for shopping with us
Total E-POINTS 11367

Kroger

Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS James

	SIMPLY JUICE	PC	1.25 F
SC	KROGER SAVINGS	0.34	
	HORM BACON	PC	3.99 F
SC	KROGER SAVINGS	3.30	
KROGER	PLUS CUSTOMER		*******6680
	TAX		0.00
****	BALANCE		5.24
	CASH		5.25
	CHANGE		0.01

TOTAL NUMBER OF ITEMS SOLD = 2

********** KROGER SAVINGS **********

KROGER PLUS SAVINGS	$	3.64
TOTAL COUPONS	$	3.64
TOTAL SAVINGS (40 pct.)	$	3.64

********** KROGER SAVINGS **********

10/10/11 08:04am 161 8 7 129

****

October Fuel Points

Now Redeem [illegible] Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts [illegible] save .10 per gal.
Save up to $1 [illegible] gal at Kroger OR .10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 5
FUEL POINTS THIS MONTH = 5

Each month is a separate accumulation period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This months points expire 11/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

****

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

YOU SAVED $3.64 WITH YOUR PLUS CARD

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $

Thank you for shopping Kroger

P11930

Brunsting004760

TIME SHEET

Employee Name: Robert Canta **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.10.11	2:30			
10.11.11		8:30		18
		WEEKLY TOTALS:		240

Employee Signature: Robert Canta **Date:** Oct 11 11

Supervisor Signature: **Date:**

12 x 15 = 180

6 x 10 = 60

240

P11931

TIME SHEET

Employee Name: Robert Canton **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.10.11	8:00			
10.15.11		8:00pm		24
10.15.11	8. pm			
10.14.11		10 Am		14
	WEEKLY TOTALS:			38

Employee Signature: Robert L Canton **Date:** 10.16.11

Supervisor Signature: **Date:**

570.00

P11932

TIME SHEET

Employee Name: Robert Cantu **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Oct 11	9pm			
Oct 12		8am		11
	4pm			
		8am		13
	9pm			
		8am		11
		WEEKLY TOTALS:		35

Employee Signature: Robert L Cantu Date:

Supervisor Signature: Date:

$515

P11933

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week: 10-10-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-11-11	8:00	9:00		13hrs
10-12-11	8:00	9:00		13hrs
10-14-11	8:00	8:00		12hrs
10-16-11	10:00	10:00		24hrs
10-17-11	10:00	3:00		5hrs
		WEEKLY TOTALS:		

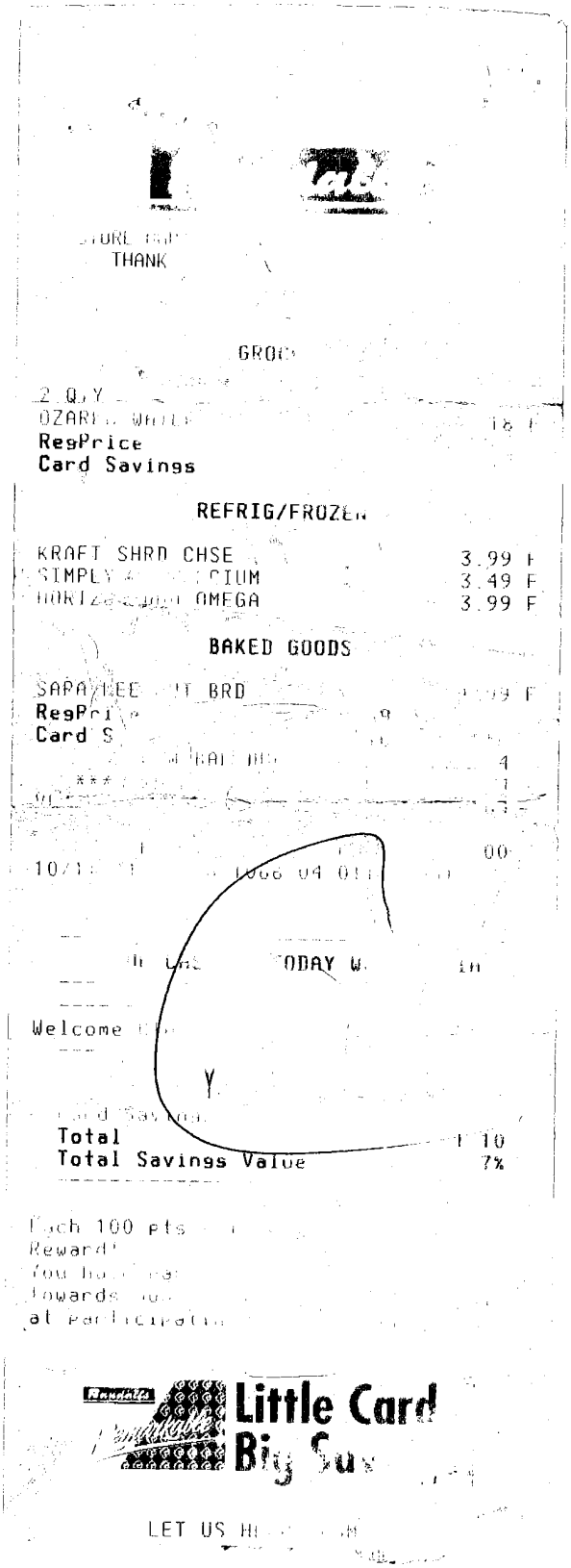
Employee Signature: Katrina Harper **Date:** 10-17-11

Supervisor Signature: **Date:**

3
67
X 15
335
67
1005
- 35

$970.00
15.00
$985.00

P11934



THANK

GROC

2 @ Y
OZARK WHITE 16 F
RegPrice
Card Savings

REFRIG/FROZEN

KRAFT SHRD CHSE 3.99 F
SIMPLY CIUM 3.49 F
ORIZ OMEGA 3.99 F

BAKED GOODS

SARA EE T BRD 3.99 F
RegPri
Card S

4
1
.1

00

10/1 1066 04 011

ODAY W in

Welcome

Total 10
Total Savings Value 7%

Each 100 pts
Reward
You ha
towards
at Participati

Little Card
Big Sa

LET US H M

P11935

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Oct 13 - Oct 20 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.13. Thur	9:00 pm.	9:00 pm	12	
10.17. mon	2:30 pm	12:00 am	9.5	
10:18 Tue	12:00 am	12:00 am	24	
10.19 Wed	12:00 am	12:00 am	24	
10:20 Thu	12:00 am	8:00 pm	20	
		WEEKLY TOTALS:	89.5	

Employee Signature: Faustino Vaquera Date:

Supervisor Signature: Date:

89.5 x 15.00

1342.50

P11936

TIME SHEET

Employee Name: Robert Carter **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.20.11	7:00			1
		8:00		13
10.20.11	6:30			
10.21.11		6:30		24
10.21.11	6:30			
10.22.11		10:30		16.
		WEEKLY TOTALS:		53

Employee Signature: Date:

Supervisor Signature: Date:

11
795
15
810
15 gas
825 MEB
35
860

P11937

TIME SHEET

Employee Name: Katrina Harper **Title:** Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-23-11	2pm	2am	12	12
10-24-11	2am	3pm	13	13
		WEEKLY TOTALS:		25

Employee Signature: Katrina Harper **Date:**

Supervisor Signature: **Date:**

2
25
15
120
25
$370

$370.00

P11938

TIME SHEET

Employee Name: Faustino Vaquera **Title:**

Week: Oct 24 - Oct 27

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.24 Mon	2:30	12:00am	9.5	
10.25 Tue	12:00 am	12:00am	24	
10.26 Wed	12:00am	12:00am	24	
10.27 Thu	12:00am	8:00pm	20	
		WEEKLY TOTALS:	77.5	

Employee Signature: Faustino Vaquera **Date:**

Supervisor Signature: **Date:**

1162.5
+ 20.00
4.69
Total
1187.19

P11939

EXXON EXPRESS PAY

XOM CORS Store
5401 KATY FRWY
HOUSTON, TX 77007
STORE#: 8923

PREPAID RECEIPT

DATE: 10/21/2011 7:41:31 AM
PUMP# 6

Regular	6.213G
PRICE/GAL	$ 3.219
FUEL TOTAL	$20.00
OTHER/TAX	$0.00
TOTAL	$20.00

FINAL PURCHASE AMOUNT
RECEIPT WITH FULL TRANSACTION
DETAIL AVAILABLE INSIDE

P11940

THE ORIGINAL
TACO CABANA
MEXICAN PATIO CAFE

11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 268010 10/25/2011 2:08:55 PM
Employee: 14966 Name: Amanda

C2-SF CKFJ Taco	4.99
1 CHIPS QSO	
1 Sm DR PEPPER	
Per CKFJ Osa	4.69
1 - PICO	

SubTotal	10.68
Tax	0.88
Total	11.56
Visa	11.56
Change	0.00

Acct: xxxxxxxxxxx5741
Authorization 180781
ORDER# 410----------

We would like your feedback.
Participe en nuestra encuesta.
Visit www.cabanacares.com
Or call 1-800-360-3246
Respond within 3 days, and receive $1.00 off next food purchase excluding alcohol. Not valid with any other discount.
Coupon #_____ (PLU117)
Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 28014 14825 61010 14966

P11941

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-28-11	8 AM	7 pm		11 hrs
		WEEKLY TOTALS:		

Employee Signature: Katrina Harper **Date:** 10-28-11

Supervisor Signature: **Date:**

11
15
55
11
$165.00

P11942

TIME SHEET

Employee Name: Robert L Carter **Title:** Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.27.11	7pm			1
		8 AM		13
10.28.11	7pm			
10.29.11		7pm		24
10.29.11	7pm			
10.30.11		10.4m		15
		WEEKLY TOTALS:		52

Employee Signature: Robert L Carter **Date:** 10.29.11

Supervisor Signature: **Date:**

780.00
Walgreens 13.00
793.00

P11943

Walgreens
There's a way™

990 10 6788 03328 033

RF#: 0332-8336-7887-1110-2720

CRST P/H M/W 500ML 1	5.79
ENSURE PUDDNG 4Z4S 1	7.29
TOTAL	13.08
VISA	13.08
ACCT#********6258	
CHANGE	.00

12850 [illegible] Dr Houston, TX
[illegible] 77072-7247

THANK YOU

SA[illegible] OUR PRESCRIPTIONS BY JOINING
WAL[illegible]NS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

OCTOBER 27, 2011 9:26 PM

How are we doing?
Enter our monthly sweepstakes for
$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free
1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0332-8336-788

Password
7111-0272-016

For contest rules, see store or
WWW.TELLWAG.COM

RETAIN THIS RECEIPT FOR YOUR RECORDS

OCTOBER 27, 2011 9:26 PM

P11944

TIME SHEET

Employee Name: Katrina Harper **Title:** Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-28	7pm	8pm	1hr	
10-30	10 AM	10 AM	24hr	
10-31	10 AM	9pm	11hr	
		WEEKLY TOTALS:	36	

Employee Signature: Katrina Harper Date: 10-31-11

Supervisor Signature: Date:

3
36
15
180
36
$540

P11945

TIME SHEET

Employee Name: Robert Cantu **Title:** 2.25.11

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.21.11	6pm			
2.22.11		9Am		15 hrs
2.24.11	8pm			
2.25.11		4pm		19 hrs
		WEEKLY TOTALS:		34 hrs.

Employee Signature: Robert Cantu **Date:**

Supervisor Signature: **Date:**

510.00

Pd. 2/25/11

P11946

Detach and return above portion with your order.

Dear N E Brunsting:

If you've recently sent in your subscription to *Iowa Outdoors*, thanks. If not, please read on.

Our records show your subscription to *Iowa Outdoors* is about to expire. If it does, you'll miss out on articles covering the beauty and opportunities in Iowa's great outdoors. You'll also miss the annual calendar issue.

Don't let that happen. Stay in touch with the latest Iowa outdoors news by taking a moment to send in your renewal order. If you don't have time right now to find your checkbook, just mark the box at top and we'll bill you while making sure that your issues of *Iowa Outdoors* arrive without delay.

I'll keep an eye on the mail for your response. Thank you.

Sincerely,
BRIAN BUTTON
Editor

P11947

Newsweek

GIFT CONFIRMATION

P.O. BOX 433172 • PALM COAST, FL 32143-3172

Please return by 11/02/11 to claim Holiday Savings

~~$235.44~~ **Now ▶ $35.97**

NWK XFHRS2

ANNUAL COVER PRICE:	~~$235.44~~
Your first gift costs: (or your own renewal)	**$35.97**
Each additional gift costs:	**$29.97**

Valid For:

ELMER BRUNSTING
13630 PINEROCK LN
HOUSTON, TX 77079-5914

19501270068890748O 711D051

RENEW LUKE RILEY'S GIFT SUBSCRIPTION AND SAVE UP TO 87%*

Please return this form today to take advantage of your Preferred Customer Holiday Discount. You'll save up to $205.47 and your generosity will be remembered every week next year. Avoid the holiday rush -- renew today.

195012700688907480 711D051 MNWKXGR015 ONWKX00006 PKXQ 28938

Your Holiday Gift List

THE MORE YOU GIVE, THE MORE YOU SAVE...SO ORDER NOW.

19501270057390007b 711D051
LUKE RILEY
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

▶ ❑ **RENEW** ❑ **DO NOT RENEW**
EXP: NOV 07

MR/MS_____

▶ ❑ **NEW GIFT**

19501270068890748O 711D051
ELMER BRUNSTING
13630 PINEROCK LN
HOUSTON, TX 77079-5914

▶ ❑ **RENEW OR START MY OWN SUBSCRIPTION AT THIS SPECIAL RATE**
EXP: APR 11

MR/MS_____

▶ ❑ **NEW GIFT**

There's no need to pay now.

You may charge your NEWSWEEK gift subscriptions to your credit card. Or, you may check the "Bill me later" option below to lock in your Early Renewal Holiday Savings, and we will bill you later.

Please complete:

Total number of subscriptions ordered (including your own, if checked above): _____

❑ Payment enclosed. ❑ Bill me later.

❑ Charge my: ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

_____ E-mail address: _____
Card Number Expiration Date (For customer service and other information)

_____
Signature

You will receive attractive gift cards to personally announce your gifts.

If your order reaches us after Dec. 1, we will mail gift cards directly to your recipients.

Use back of form for additional gifts.

*Savings off the $4.95 ($5.95 combined issue) cover price. NEWSWEEK publishes weekly, except when combined issues are published that count as two issues, and when an additional special issue may be published. Add applicable sales tax for orders sent to DC and GA. Each subscription is for one year (54 issues). Offer is good only in the U[illegible] change. If you return this form without checking the boxes, we will renew previous gifts.

P11948

Return this entire form in the postage-paid envelope provided. Thank you.

BIRDS & BLOOMS

PO BOX 5294
Harlan IA 51593-0794

Call Toll-Free:
888-860-8040
Or
Save time – pay now at:
www.SecureEZPay.com

GIFT SUBSCRIPTION INVOICE

SECOND NOTICE—FULL PAYMENT NOW DUE

Pay This Amount	Date	Total Enclosed
$32.00	Oct 10, 2011	$

Account #:
02 0218 4263 B1131U002 044 JUN12

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

BNB 0202184263 B1131U002 05 10/05/2011 BNBGB001 WGHC0S 708 2 Gifts Page 1 of 1

BNB0202184263112300009304403200000000000000212

DISREGARD THIS NOTICE IF YOU MAILED YOUR PAYMENT. BNBT1_19

Dear Friend:

We want to again thank you for thinking enough of *Birds & Blooms* magazine to give your friend(s) a subscription as a unique gift. We really do appreciate your support. Just one thing...

Your payment, as of the date above, has not reached our offices. If you've already mailed your check, and our letters "crossed in the mail," please disregard this notice and accept our apologies.

However, if you have not yet mailed your payment, it's important that you do so right away--so your gift isn't delayed or stopped altogether. (When something like that happens, it's embarrassing for everybody...including us.)

So if you've not yet done so, please take a minute now to sit down, write out your check and mail it to us, along with the invoice above, in the handy pre-addressed envelope that's enclosed. Thank you!

Sincerely,

Karen Gardner

Karen Gardner
Circulation Services

THE SUBSCRIPTIONS YOU ORDERED ARE LISTED BELOW.
Please check the name and address for each subscription order listed below. (Check the back for additional orders.) If corrections are necessary, simply indicate them, then return this ENTIRE form with your payment. (If names and addresses are okay, please return only the invoice with your payment.) THANK YOU.

SUBSCRIPTION FOR

AMY TSCHIRHART
2582 COUNTRY LEDGE
NEW BRAUNFELS TX 78132-4109

Acct.# 05 3899 8592
Gift From: NELVA E BRUNSTING

TERM	1 YEAR
AMOUNT DUE	$16.00

SUBSCRIPTION FOR

C BRUNSTING
5822 JASON
HOUSTON TX 77074-7740

Acct.# 07 0849 1121
Gift From: NELVA E BRUNSTING

TERM	1 YEAR
AMOUNT DUE	$16.00

SUBSCRIPTION FOR

SUBSCRIPTION FOR

P11949

BNBT1_19

Bluebonnet
CREDIT UNION
Discover the Advantage

1314 Texas Ave., Suite 1800, Houston, TX 77002

$25 statement credit[1]
No Annual Fee*
0% Introductory APR
on purchases and balance transfers for 15 billing cycles*

000020747 SC98054
Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Dear Nelva E. Brunsting,

As a valued member, you deserve to carry one of our very best cards. The Bluebonnet Credit Union Visa® Select Rewards card is just that. It features our richest rewards program, as well as exclusive benefits designed to help you save money. And it's only available to our best members.

Request your card now and we'll thank you with our lowest introductory rate. You'll get 0% introductory APR on purchases and balance transfers for 15 billing cycles.*

Enjoy rewards without limits. Your relationship with Bluebonnet Credit Union entitles you to a higher level of rewards. You'll automatically earn 1 point for every $1 spent in purchases ... with no limit.

As an added bonus, you'll get 2,500 reward points with your first purchase. That's enough to redeem for a $25 statement credit.[1]

Redeem your points for anything. You can select rewards like cash, travel, gift cards and merchandise. Or redeem your points for anything else you want with our Choose Your Own Rewards option.[2] Simply make any purchase with your card and redeem your points for a statement credit to cover the amount.

Get all this without paying an annual fee. Unlike many rewards cards that cost $50 or more, your Bluebonnet Credit Union Visa Select Rewards card costs nothing to carry.

To request your card, simply choose one of the options to your right.

Sincerely,

Charles Maguire

Charles Maguire
President

This exclusive card is our way of thanking you for being a member.

3 easy ways to request your Visa card:

Call
1.877.881.4208

Visit
www.newcardapply.com/13924

Return
the enclosed
Application Form

Confirmation Code: VDQ1306632

P.S. To take advantage of your pre-qualified status, **please reply before October 31, 2011.**

You can choose to stop receiving "prescreened" offers of credit from this and other companies by calling toll-free 1-888-5-OPT-OUT (1.888.567.8688). See PRESCREEN & OPT-OUT NOTICE on other side for more information about prescreened offers.

[1] With your first credit card purchase, you'll get 2,500 bonus points that can be redeemed for a $25 statement credit.
[2] Visit the Rewards Center at myaccountaccess.com for more information on the Choose Your Own Rewards program.
Elan Financial Services is the creditor, issuer and service provider of the Visa Select Rewards Credit Card.

*Your 0% introductory APR applies to purchases and the rate is valid for 15 billing cycles. Your 0% introductory APR applies to balance transfers made within 30 days of account opening and is valid for 15 billing cycles. After the introductory rate, you will receive a variable rate on purchases and balance transfers that is currently 11.99%. The introductory rate does not apply to cash advances. Balance Transfer fee of 3% of each transfer amount ($5 minimum) will apply to balances transferred within the first 30 days of account opening. Thereafter, Balance Transfer fee of 4% of each transfer amount ($10 minimum) will apply. See the reverse side for Rates and Fees, How we apply your payments and the Right to Change Terms.

P11950

PQ-SR-25-C511

EC-PQ-C511-LH

Brunsting004780

Interest Rates and Interest Charges	Select Rewards
Annual Percentage Rate (APR) for Purchases	**0%** Introductory APR for the first 15 billing cycles. After that, your APR will be **11.99%**. This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	**0%** Introductory APR for the first 15 billing cycles applies to balances transferred within 30 days of account opening. After that, your APR will be **11.99%**. This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	**23.99%** This APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Purchases	Your due date is 24-30 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than $2.00.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at **http://federalreserve.gov/creditcard**
Fees	
Annual Fee	**None**
Transaction Fees • Balance Transfer	Either **3%** of each transfer amount or **$5** Minimum, whichever is greater, for transfers made within 30 days of account opening. Thereafter, either **4%** of each transfer amount or **$10** Minimum, whichever is greater.
• Convenience Check Cash Advance[1]	Either **4%** of each advance amount or **$10** Minimum, whichever is greater.
• Cash Advance	Either **4%** of each advance amount or **$10** Minimum, whichever is greater.
• Cash Equivalent Advance	Either **4%** of each advance amount or **$20** Minimum, whichever is greater.
• Overdraft Protection[2]	**$10** per occurrence.
• Foreign Transaction	**2%** of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. **3%** of each foreign purchase transaction or foreign ATM advance transaction in a Foreign Currency.
Penalty Fees • Late Payment	Up to **$35**
• Returned Payment	Up to **$35**
• Overlimit	Up to **$35**

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)".
How We Apply Your Payments: We apply your minimum payment to balances with lower APRs first. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.
Right to Change Terms: We may change APRs, fees, and other Account terms in the future based on your experience with Elan Financial Services and its affiliates according to the Cardmember Agreement and applicable law.

[1] Not all products receive Convenience Checks
[2] Not all products offer Overdraft Protection

Rewards Program Rules: We will award one point for each dollar of "net purchases" (purchases minus returns/credits) charged to a Visa Signature or a Select Rewards Platinum Card Account during each statement period. There is no limit to the number of points one can earn with a Visa Signature or a Select Rewards Platinum Card. Points will not be awarded to a cardmember for "net purchases" during a statement period if the Cardmembers' Account is not open and current on the statement closing date. Points will not be awarded for Cash Advances or other Account Advances as defined in the Cardmember Agreement. Points will be awarded to the primary cardmember and may be redeemed by an authorized cardmember on the Account. Visa Signature and Select Rewards Platinum cardmembers can redeem points for round-trip airfare beginning at 25,000 points in addition to Cash, Gift Certificates, Name Brand Merchandise Rewards and more. Complete terms and conditions for the Rewards Program will be provided to Visa Signature and Select Rewards Platinum cardmembers. Service provided by Maritz Loyalty Marketing.

Notice to New York Residents: You may contact the New York State Banking Department at 1-877-226-5697 or by writing to the Research & Technical Assistance Division, 1 State St., NY, NY 10004-1417 to obtain a comparative listing of all credit card rates, fees and interest-free periods.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects our interest unless we, prior to the time the credit is granted or an open-end credit plan is entered into, are furnished a copy of the agreement, decree or court order, or have actual knowledge of the adverse provisions. IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.

Notice to California Residents: An applicant, if married, may apply for a separate Account.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with the law.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address (P.O. Boxes are not allowed under Federal law), date of birth and other information (including your Social Security or Tax Payer Identification Number) that allows us to identify you. We may ask to see your driver's license or other identifying documents when appropriate.

PRESCREEN & OPT-OUT NOTICE: This "prescreened" offer is based on information from your credit report indicating that you meet certain criteria. This offer is not guaranteed if you do not meet our criteria. If you do not want to receive prescreened offers of credit from this or other companies, contact: TransUnion Name Removal Option, P.O. Box 505, Woodlyn, PA 19094-0505; Equifax Options, P.O. Box 740123, Atlanta, GA 30374-0123; Experian Credit Marketing, P.O. Box 919, Allen TX 75013-0919 or call toll-free: 1-888-567-8688.

Important BalanceShield Program Information

BalanceShield is an optional amendment to your Elan Financial Services Cardmember Agreement.

Your decision to enroll in BalanceShield will not have any effect on your application for credit or the terms of any existing credit agreement that you may have with Elan Financial Services.

The monthly fee is 85 cents per $100 of your month ending balance on your credit card statement. BalanceShield will cancel your minimum monthly payments for up to 12 months per occurrence in the event of involuntary unemployment, disability, hospitalization and nursing home care, or leave of absence. In the tragic event of loss of life, BalanceShield will cancel your outstanding balance. You will not have to pay the monthly fee if you have no month ending balance or if you are in an approved benefit period.

We will provide you additional information before you are required to pay for BalanceShield. This information will include a complete BalanceShield Debt Cancellation Program Agreement ("BalanceShield Agreement") that fully explains the benefits and features of the program. You may cancel BalanceShield within 60 days from the effective date and receive a full credit of any BalanceShield fee(s) billed during the first 60 days.

There are eligibility requirements, conditions and exclusions that could prevent you from receiving protection under the BalanceShield Debt Cancellation Program BalanceShield Agreement. You should carefully read the BalanceShield Agreement for a full explanation of the terms of BalanceShield. You have the right to cancel BalanceShield at any time pursuant to the BalanceShield Agreement. BalanceShield is only available to U.S. residents.

P11951

PQ-SR-Back1-C311
000020747

Pre-Qualified Application Form

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Confirmation code: VDQ1306632
REWPX SC98054 PC2802 LC13924
Expiration Date: October 31, 2011

Bluebonnet CREDIT UNION
Discover the Advantage

To request your card, **Call**: 1.877.881.4208
or **Visit**: www.newcardapply.com/13924

Three easy steps to apply. If above address is incorrect or a P.O. Box, please cross out and change as necessary.

PLEASE NOTE: Rate, fee and other cost information are located on the back of the letter and application. Please print.

1 Applicant Information

____/____/____ Date of Birth

_____ Social Security #

( ) – Home Phone Number

☐ Own ☐ Rent ☐ Other
Residence

Employer

$ Monthly mortgage/rental amount

( ) – Business Phone Number

$ Annual Income†

†Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

2 Authorized User Information

To add an optional authorized user to your account, please enter the name below. (Please leave blank if no additional card is requested.)††

First Name_____ Middle Initial_____ Last Name_____

†† You may request a card be issued on your Visa Card account to a person you authorize to use your account. This person is called an Authorized User. **You agree to be solely responsible** for all transactions the Authorized User makes on your account.

Note: If this is to be an individual account, married Wisconsin residents must provide the name and address of their spouse in the section provided. If this credit account is opened, we may give notice of the opening to the applicant's spouse.

For Wisconsin Residents only: I am ☐ Married ☐ Unmarried

If married, name of spouse is:_____

Spouse resides at ☐ The address shown above, or ☐ _____

Transfer balances here and save

☐ **YES!** You have my authorization to transfer these balances to my new Visa Card account. Balance transfer transactions from other Elan Financial Services accounts are not permitted. Refer to the back of the letter and application for rates, fees and other cost information.

Credit Issuer/Company we are to pay	Account #(s) that you want us to pay	Credit Card Issuer Address	Total

Applicant Signature: X _____ Date: _____

PROTECT YOUR ACCOUNT AND CREDIT HISTORY

☑ **YES!** I want to protect my account and credit history by enrolling in the BalanceShield℠ Program. I understand that enrollment in BalanceShield is **OPTIONAL** and is not required to obtain credit and that I am free to cancel at any time. By signing below, I acknowledge that I have read and agreed to the important disclosures on the reverse side, including the monthly fee of 85 cents per $100 of my month ending balance.

X _____

Overlimit transaction opt-in right

You can request that we cover overlimit transactions by opting-in as instructed below. If you opt-in and we permit you to go over your Credit Limit, we will charge you an Overlimit Fee of up to $35. You will only pay one fee per billing cycle, even if you go over your Credit Limit multiple times in the same cycle. You may also revoke your decision to opt-in for future transactions at any time. Your decision to opt-in does not solely determine whether we will authorize transactions to go over your Credit Limit. For example, even if you opt-in, we still may decline any transaction that would cause you to go over your Credit Limit, such as if you are past due or significantly over your Credit Limit. In addition, we have discretion to authorize transactions that go over your Credit Limit even if you do not opt-in, but you will not incur a fee for these transactions. You can opt-in by checking the box below and return it with this application. You may revoke your opt-in, at any time, by contacting us at the address, phone number, or website found in your Cardmember Agreement.

☐ I want you to authorize transactions that exceed my Credit Limit. I understand that if I go over my Credit Limit, I will be charged a fee of up to $35.

3 Authorization

By signing this form, you understand and agree that Elan Financial Services ("we", "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this application, you will be individually liable for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from us and our affiliates and agents. These calls and messages may incur fees from your cellular provider. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. By signing this form, you also agree that we may verify your employment, income, address and all other information provided with other creditors, credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality you may have in that information under applicable law. You agree that, in order to open and administer the account that may be established as a result of this application, we and the correspondent financial institution that solicited this application may share certain information about you and your ongoing account activity. By signing this form you certify that you have read and understood the disclosures here and you agree to the terms of this application.

P11952

X _____
Applicant Signature

Balance Transfer Terms and Information

If you use the Optional Balance Transfer Form to pay your current credit card balances, the following additional terms are applicable:

You choose which balances to transfer. You may transfer up to 90% of your approved credit limit, with a minimum transfer amount of $250. Any amount currently subject to a billing dispute should not be transferred since the transfer may jeopardize your dispute rights. Elan Financial Services ("Issuer") shall not have any liability for not transferring any balances which exceed your credit limit. The payment and transfer of balances are contingent upon approval by the Issuer, and receipt of a complete and legible Balance Transfer Form.

Complete your Balance Transfer Form to have balances transferred to your account. Please indicate the exact amount of the balance owed, the account number, the name and address of each credit issuer, and authorize by signing your name at the bottom of the Balance Transfer Form. All balance transfers must be requested using the enclosed Balance Transfer Form. Transfer requests to "cash," to yourself, or for account balances with Issuer or its affiliates cannot be processed. Issuer will send a check to each company you list, and a letter to you to confirm the amounts paid. **Please be sure to continue paying the minimum amount due until you receive your confirmation.** This will ensure your account is kept current while your Balance Transfer Form is being processed and does not place your account in a "past due" status. Your statement will also show your transferred balances. Please allow up to 4 weeks for transfers to be completed.

What about your other credit card accounts? Transferring balances will not automatically close your accounts. If you wish to close your other accounts, please write each creditor directly. If you receive a statement while transfers are being processed, pay the minimum amount to avoid late notices and charges. We cannot assume responsibility for any late payments, interest charges, or disputed amounts on your other accounts.

Information about balances transferred to your account. Interest charges will accrue on transferred balances as of the date they are posted to your account, until the date they are paid in full. You may cancel a balance transfer request within 10 days of account opening by calling 1-800-558-3424. After 10 days from account opening, requests to stop payment on Balance Transfer Check(s) issued by Issuer shall not be honored unless the check(s) has been stolen, lost or destroyed. In such cases, Issuer shall issue replacement Balance Transfer Check(s) only if you agree to indemnify Issuer for any damages and obtain a surety bond in the amount of the stolen, lost or destroyed Balance Transfer Check(s). Payments will be applied first to the lowest APR balance on your account. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.

Cardmember Service Guarantee:

Your card is backed by our Cardmember Service Guarantee. We are dedicated to responsive, respectful, prompt and helpful service. To ensure that you receive the superior service that you deserve, we make these promises:

- Service Advisors will be available to assist you 24 hours a day, 7 days a week.
- We will respond to inquiries made before 3 p.m. CT (4 p.m. ET) on the same business day.
- Requests for replacement cards, PINs and convenience checks* received by 6 p.m. CT (7 p.m. ET) will be processed on the next business day.
- Requests for credit line increases will be processed within one business day.
- You are protected with zero fraud liability for unauthorized transactions.**

*Some products do not receive convenience checks. Please consult your Cardmember Agreement for details.

**Elan Financial Services provides zero liability for unauthorized transactions. Cardholder must notify Elan Financial Services promptly of any unauthorized use. Certain limitations may apply.

To Apply For Your New Card

To apply for your new Credit Card, complete and return the Application Form. The Credit Card is issued by Elan Financial Services, a national bank with its main office in Fargo, ND ("we", "us", "our"). All credit extended to you will be subject to the terms and conditions in the Cardmember Agreement, which may be amended from time to time. If you are a married Wisconsin resident, you must separately provide us with the name and address of your spouse. Your exact credit limit will be determined by the income reported on your Application Form. We may, however, obtain information from credit bureaus to determine the exact amount of credit that you are qualified to receive. We may also obtain credit reports from time to time to determine your continued eligibility for credit. At your request, we will tell you if such information was requested and give you names and addresses of credit bureaus providing reports. However, this credit may not be extended to you if after you respond to this offer, we find that you do not meet the criteria used to select you for this offer or any applicable criteria bearing on your creditworthiness. You must be 18 or older to accept. This offer is non-transferable. Minimum annual applicant income requirement of $12,000 for a Credit Card.

3 easy ways to request your Visa card

Visit the website shown on reverse

Call **1.877.881.4208**

Mail back this Pre-Qualified Application form

P11953

Earn unlimited rewards

for all your everyday purchases

No matter where you shop, you'll earn points every time you use your Select Rewards card ... with no points limit.

Monthly purchases	Amount	Points
Groceries	$400	400
Gas	$200	200
Merchandise	$250	250
Utilities	$300	300
Dining out	$100	100
	1-month total:	1,250
	1-year total:	**15,000**

Look how fast your points add up!

Call to request your card today:

1-877-881-4208

[redacted] **Select Rewards**

[1] The creditor, issuer and service provider of your Select Rewards Card is Elan Financial Services.

EC-ST-UPSC-C511-25-INS

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P11954

Enjoy a higher level of rewards

with your new Select Rewards card

Why not get rewarded for the things you buy every day? With your Select Rewards card, you'll earn reward points at millions of places ... automatically.

Get rewards without limits

You earn 1 point for every $1 spent, with no points limit. Redeem for cash back, travel, gift cards and merchandise. Or select anything else with our Choose Your Own Rewards option[2]

▶ **BONUS: Get 2,500 reward points** with your first purchase – enough for a $25 statement credit!

Call to request your card today:
1-877-881-4208

[2] See letter for details.

P11955

WILLIAM S. HARWELL, M.D.
11002 Landon Lane
Houston, Texas 77024-5402
August 12, 2011

Dear Wedding Band Classmates, Friends,

It is with great regret that I am sending you this letter. After contacting all the members of the class that I was able to reach, by e-mail or telephone (and including those of you who would provide me with an opinion!!) it appears that the majority of us now feel that it is time to discontinue the ORIGINAL *Wedding Band Sunday School Class*, after some 50+ years.

Of those I could reach, and get an opinion, there were ten (including individuals and couples), who felt that it was time to disband, and only three individuals who thought that we should continue the class. I assume that the majority must rule.

Therefore, I have informed Teressa Rossy of that decision, and that our class will no longer exist. I suppose that I may also inform the Wedding Band II class that they now have exclusive possession of the name.

From my conversations, I have the feeling that the reluctance of all of us to disband was mainly because we did not wish to lose the contacts, the associations, with our friends in the class, with whom we have enjoyed seeing, visiting, knowing about, commiserating and rejoicing, for all these many years.

In order to alleviate that loss, several have suggested that we continue to meet socially, maintaining the contacts with our friends, and certainly I feel that that will be a good thing to do. For lack of a better idea at present, I would suggest that we all put it on our schedules, and in our date-books, that we will try to meet each month at the Second Sunday Chicken Dinner, at 11:00 AM, right after Sunday School. We can take over a table or two, depending on the response, and have a time there to visit, learn how everyone is getting along, and what is going on with them.

If someone has a better idea, please let me know!!

Certainly I have very much enjoyed being with ***ALL*** of you every Sunday, and will miss our class greatly!!!

Regretfully,

Bill

P11956

THE CHAPELWOOD FOUNDATION

Feathering the Nest

P11957

Brunsting004787

Executive Director

Teresa Cannon

Dinner Chairman

Carol Sharpe

Host Committee

Margaret and Leonard Bedell
Rosanna and Myron Blalock
Charlie Brown
Sandy and Jay Carlton
Hazel and Carleton Cole
Cindi and Brandon Coleman
Karen and Gus Comiskey
Jennifer and Rob Cooksey
Jane Page and James Crump
Donna and Ross Dawson
Peggy and Gary Edwards
Debbie and Gary Gibson
Donna and Mark Greek
Joan and Bob Greer
Leslie and Tom Hix
Dana and Henry Houston
Sue and Dike Howe
Carrie and Jeff Hoye
Judy and Henry Jackson
Jean and Bill Jensen
Marilyn Joekel
Susan Kaplan
Karla and Bill Lowerre
Kathie and Dave Luther
Nell and Ed Lynch
Helen and Jim Miner
Pamela and Bob Moore
Kay and Bob Newman
Dorothy Nicholson
Chris and John Ogren
Susan and Ed Patterson
Katie and Wayne Payne
Grace and Carroll Phillips
Jamie and Homer Smith
Cathy and Forrest Smith
Marianita and Lee Snodgrass
Ann and Bill Steiner
Dot and Bill Thompson
Janet and Tom Walker
Pam and Jerry Treadwell
Lynn Stanley Webster and
Ron Webster
Karyl McCurdy White and
Charles White
Carrie and Ron Woliver
Sandra and Ron Yates

Please join us for the

THE CHAPELWOOD FOUNDATION

2011 Dinner

Feathering the Nest

Speaker

Giff Nielsen

Former Houston Oilers Quarterback and
Channel 11 Sports Director

Entertainment

The Salvation Army
Harbor Light Choir

Thursday, May 5, 2011
6:30 p.m. - Check In
Chapelwood Fellowship Hall
6:45 p.m. - Dinner/Program

P11958

THE CHAPELWOOD FOUNDATION

2011 Dinner
Response Reply Card
Thursday, May 5

Name _____

Address _____

_____

City _____

State _____ Zip Code _____

Phone (_____) _____

E-mail _____

Dinner Tickets - $25 per person
Enclosed is my check for $ _____ made payable to: The Chapelwood Foundation.

Please charge $ _____ to my credit card.
❒ Visa ❒ MC ❒ AMEX
Account # _____
Expiration Date _____ /_____
Signature _____

To purchase tickets on-line, go to www.chapelwood.org/foundation. Click on "Purchase Foundation Dinner Tickets." (A confirmation will be sent to you electronically).

❒ I/We are unable to attend, but enclosed is a fully tax-deductible donation of $_____.

Seating is limited, so please make your reservation by April 26. For more information contact Teresa Cannon, Executive Director of The Chapelwood Foundation, at (713) 354-4485.

Please list the names and phone numbers of your table guests or the people you would like to be seated with on the reverse side.

P11959

THE CHAPELWOOD FOUNDATION

Please list the names and phone numbers of your table guests or the people you would like to be seated with. Tables seat eight or ten.

Guest 1 _____
Phone (_____) _____

Guest 2 _____
Phone (_____) _____

Guest 3 _____
Phone (_____) _____

Guest 4 _____
Phone (_____) _____

Guest 5 _____
Phone (_____) _____

Guest 6 _____
Phone (_____) _____

Guest 7 _____
Phone (_____) _____

Guest 8 _____
Phone (_____) _____

Guest 9 _____
Phone (_____) _____

Guest 10 _____
Phone (_____) _____

P11960

THE CHAPELWOOD FOUNDATION

The Chapelwood Foundation
Chapelwood United Methodist Church
11140 Greenbay
Houston, TX 77024

P11961

Brunsting004791

B.O.L.D.er
BULLETIN

CHAPELWOOD
United Methodist Church † Embodying grace.

January 2011

BOLDer activities are open to anyone 50 or older.
It is not necessary to be a member of Chapelwood to participate.

Friendly Visits for Seniors is Here!

Friendly Visits matches two team members with a homebound Chapelwood member or couple who have requested, or whose family has requested, to receive regular visits. Social isolation is one of the real risks in growing older, and our teams provide up to an hour visit every 1-2 weeks.

If you are interested in knowing more about Friendly Visits, would like to serve as a team member or if you know a Chapelwood member who would benefit from participating, please contact Scott Endress, (713) 354-4470 or sendress@chapelwood.org.

Interesting B.O.L.D.er Outings are Coming . . .

Our day trips are open to all— Chapelwood members and guests. We appreciate your early RSVP to Judy Jones, jjones@chapelwood.org or (713) 354-4412.

Wednesday, February 16: Bayou Bend Museum. Cost: $8.50 per person. Gather at 10:45 a.m., depart at 11:00 a.m. from Chapelwood. Lunch on your own at Andre's in River Oaks.

Monday, March 21: "Impressionist and Post-Impressionist Masterpieces from the National Gallery of Art," Museum of Fine Arts Houston. Cost: $25 per person (includes tour and lunch). Lunch at Chapelwood at 12:15 p.m. Depart at 1:15 p.m. from Chapelwood for the museum.

Tuesday, March 29: Holly Hall Book Review (benefits Holly Hall), St. Luke's UMC. *Women of the West* by Dorothy Gray. Reviewer: Colleen Boudreaux. Cost: $10 per person. Gather at 9:30 a.m., depart at 9:45 a.m. Lunch after review on your own at Palazzo's (Westheimer).

B.O.L.D.er Book Club News (B.O.L.D.er Book Club meets in LC 211-212 at 1:00 p.m. every first Tuesday)

Tuesday, February 1, our book is *Hotel at the Corner of Bitter and Sweet* by Jamie Ford. It is fiction, and involves the story of a boy of Chinese ancestry and a girl of Japanese ancestry who become friends at school before World War II on the West Coast. As you can imagine, the war disrupts their families' lives and their friendship. It has been on the NY Times bestseller list for paperbacks for a long time.

Tuesday, March 1st, we will discuss *At Home* by Bill Bryson. At this point it is still in hardback only, so we will be hoping that it comes out in paperback soon! It is about the development of houses (mainly in England), but is also a social history since changes in society brought about changes in houses. Bill Bryson is always articulate and entertaining, and the book is very informative. Our church library is supposed to have it, so please check there first.

Dorothy Blodgett

P11962

A Passage Through Grief (a seminar about loss and acceptance) - The Chapelwood Caring Ministry is offering an eight-week seminar, "A Passage Through Grief, " for anyone who is dealing with grief as a result of loss. The grief may be the result of losing a job, a spouse or a child, a divorce, or any other kind of loss experienced in life. The seminar will meet on Tuesday nights beginning February 1 through March 22, from 7:00 - 8:30 p.m. The class will be held in Chapelwood's Learning Center 204. For more information or to register, contact Anne Kadlecek, (713) 354-4447 or akadlecek@chapelwood.org.

Alzheimer's Support Group will be held at Memorial Hermann Memorial City Hospital East Tower, Gessner entrance, 5th floor - Classroom A. Susan Waller, Certified Alzheimer's Support Group Facilitator, will lead the discussion the third Sunday of each month (January 16, February 20, March 20 and April 17), 2:00 - 3:00 p.m. Complimentary admission, refreshments and covered parking in garage at the Gessner entrance.

"The Only One Standing in Your Way is You!" Seminar at Chapelwood

Monday, January 24 - 8:30 a.m. to 4:00 p.m., **and** Tuesday, January 25 - 9:00 a.m. to 4:00 p.m. Seminar cost is $25 and includes lunch both days. Registration is available online at www.chapelwood.org. Workshop registration will close on Thursday, January 20. Register early, as space is limited and the seminar is very popular. For more information, contact Gloria Mounger at (713) 354-4465 or gmounger@chapelwood.org.

The Gathering Place at Chapelwood

The Gathering Place is held 10 a.m. to 1:30 p.m. on each first Monday beginning February 7, in Circle of Friends Rooms 3 - 6. Chapelwood volunteer caregivers provide respite care for Alzheimer's, dementia and stroke patients. Each day features a structured program of physical, social and recreational activities. Lunch is included. Chapelwood partners with Interfaith Care Partners in this ministry. Register your care receiver with Tom Breaux at tbreaux@interfaithcarepartners.com. For more information about serving others at The Gathering Place, contact Clayton Mills, cjmills9@gmail.com or (713) 466-7575.

Draw water for your soul

For we are God's bliss, for God delights in us without end, and so, by God's grace, will we delight in God.
Julian of Norwich

January 6, or Epiphany, marked the culmination of the three kings' long journey from the East, their long-awaited arrival at Bethlehem, at the child Jesus' house. When the star finally stopped, the narrative in Matthew 2 notes that these wise ones were "filled with joy."

There's a certain relief in finishing anything. But the text clearly states that the outcome of the trip was one of joy as they were then able to present their gifts to the Christ boy. This has helped me to assess things, not only looking at my December, but also, as I move into 2011.

It is God's joy, an overabundance of it, that moves us toward joy. The result of the journey does include joy! And if whatever spiritual practice we're observing isn't bearing the fruit of joy, maybe it's time to discover what can help us to move closer in this direction.

Thanks for your ministry,
Scott Endress

If you would prefer to receive the BOLDer Bulletin by e-mail, rather than a printed copy, please e-mail Judy Jones (jjones@chapelwood.org) and let us know.

P11963

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
06-13-12 through 07-12-12
B 07 E I E PI 7 0120373

Account Number: 5860 2756 3536

13099 E01 SCM999 I12 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

With Bank of America's secure Mobile Banking, you have the flexibility to bank from your smartphone or tablet anytime, anywhere. To download the free Mobile Banking App, visit: bankofamerica.com/onthego.

P11964

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Deposit Accounts

Regular Checking

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number	5860 2756 3536
Beginning Balance on 06-13-12	$ 46,534.79
Ending Balance on 07-12-12	**$ 46,534.79**

Daily Balance Summary

Date	Balance($)
Beginning	46,534.79

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11966

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
07-13-12 through 08-14-12
B 07 E I E PI 7 0119548

Account Number: 5860 2756 3536

15099 E01 SCM999 I1 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Checking

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number	5860 2756 3536
Beginning Balance on 07-13-12	$ 46,534.79
Ending Balance on 08-14-12	**$ 46,534.79**

Daily Balance Summary

Date	Balance($)
Beginning	46,534.79

P11967

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or compa[illegible] may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P11968

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
08-15-12 through 09-11-12
B 07 E I E PI 7 0118408

Account Number: 5860 2756 3536

12099 E01 SCM999 I123 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

With Bank of America Mobile, you have the flexibility to bank on your schedule from your smartphone or tablet. To download the free Mobile Banking App, text APP1 to 226526.

BankAmeriDeals puts cash back deals right into your account.
Visit Online Banking and click the new Cash Back Deals tab to choose those deals that are relevant to you. **Use your debit or credit card, then get cash back into your account** at the end of the next month. **Visit** www.bankofamerica.com/deals **to learn more.**

P11969

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Deposit Accounts

Regular Checking

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number		5860 2756 3536
Beginning Balance on 08-15-12	$	46,534.79
Deposits and Other Additions	+	167,000.00
Ending Balance on 09-11-12	**$**	**213,534.79**

Regular Checking Additions

Deposits and Other Additions	Date Posted	Amount($)
TX Tlr transfer Banking Ctr Victoria Banking Center #0000270 TX Confirmation# 4142628316	08-31	167,000.00

Total Deposits and Other Additions $167,000.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	46,534.79	08-31	213,534.79

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

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P11971

BNY MELLON℠
SHAREOWNER SERVICES

P.O. Box 358035
Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/15/2011
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0I00
INVESTOR ID:	**125175509293**

ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 09/14/2011		CASH		DIVIDENDS			NET AMOUNT
TOTAL MARKET VALUE ($)	CLOSING PRICE ($)	INVESTMENTS ($)		TOTAL ($)	TAX WITHHELD ($)	AMOUNT TO INVEST ($)	INVESTED ($)
58,869.06	97.3100			932.49		932.49	932.49

TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		SALE OF PLAN SHARES ($)					
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
			6.00				604.9641		604.9641

Current Activity Information

RECORD DATE / PAYABLE DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN		CASH INVESTMENT ($)	TOTAL GROSS ($)
08/19/11 09/12/11	COMMON DIVIDEND	0.7800000	4.9148			468.04

PARTICIPATING RECORD DATE DISTRIBUTION

TAX WITHHELD ($)	TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		TOTAL NET ($)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	468.04		600.0493		600.0493

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT ($)	NET DISTRIBUTION ($)	TRADING FEES ($)	SERVICE FEES ($)	AMOUNT INVESTED ($)	PRICE PER SHARE ($)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
	BALANCE FORWARD								0.0000
03/25/11	BOOK TO BOOK							595.4547	595.4547
06/10/11	COMMON DIVIDEND		464.45		3.00	461.45	100.4339601	4.5946	600.0493
09/12/11	COMMON DIVIDEND		468.04		3.00	465.04	94.6194861	4.9148	604.9641

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT1-0I00
ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

All owner(s) must sign and date above

( )
Contact Number

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares: ☐

Full Withdrawal (Terminate Plan Participation)

☐ Sell all plan shares.

Additional Cash Investments

Write the amount enclosed: ☐

Make check payable to:
BNY MELLON/CHEVRON

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF $50 UP TO $100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares: ☐

P11972

7575 125175509293 00175016676410ELMERH--BRDT1-0I00IR00167
BRUNSTING004802

BNY Mellon Shareowner Services

Manage Your Account With Ease

Use either of our shareholder service options.

Login to www.bnymellon.com/shareowner/isd

View Information
- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions
- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

and **more!**

** Online service not offered by all issuers.*

Sign up for **MLink**[SM] through Investor ServiceDirect®. MLink provides secure 24/7 online access to your investor activity reports, investment plan statements and 1099s. Click the MLink icon and follow the prompts.

New user? First, create your PIN then you're set to go.

or ***Dial*** *the toll-free number below to access our*

Interactive Voice Response system

with "Tell Me" technology

Simply speak your instructions when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect® and our Interactive Voice Response (IVR) phone system offer secure 24/7 access to your account information and account management tools.

Managing your account has never been so easy!

Questions? Contact Shareholder Services

By Internet
Visit **www.bnymellon.com/shareowner/isd** for access to your account.

By Phone

Toll Free Number	**1-800-368-8357**
Outside the U.S. (Collect)	1-201-680-6578
Hearing Impaired	1-800-231-5469

IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail
Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P11973**
Pittsburgh, PA 15252-8035

BNY MELLON℠
SHAREOWNER SERVICES

P.O. Box 358035
Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	03/14/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0I00
INVESTOR ID:	**125175509293**

ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 03/13/2012		CASH		DIVIDENDS			NET AMOUNT
TOTAL MARKET VALUE ($)	CLOSING PRICE ($)	INVESTMENTS ($)		TOTAL ($)	TAX WITHHELD ($)	AMOUNT TO INVEST ($)	INVESTED ($)
68,285.15	111.1900			493.82		493.82	493.82

TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		SALE OF PLAN SHARES ($)		CERTIFICATED	SHARES HELD	SHARES HELD BY	TOTAL
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD	SHARES HELD BY YOU	BY PLAN	OTHER PLANS(S)	SHARES
			3.00				614.1303		614.1303

Current Activity Information

RECORD DATE / PAYABLE DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN		CASH INVESTMENT ($)	TOTAL GROSS ($)
02/17/12 03/12/12	COMMON DIVIDEND	0.8100000	4.4788			493.82

PARTICIPATING RECORD DATE DISTRIBUTION

TAX	TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		TOTAL	CERTIFICATED SHARES	SHARES HELD	SHARES HELD BY	TOTAL
WITHHELD ($)	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	NET ($)	HELD BY YOU	BY PLAN	OTHER PLANS(S)	SHARES
				3.00	493.82		609.6515		609.6515

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT ($)	NET DISTRIBUTION ($)	TRADING FEES ($)	SERVICE FEES ($)	AMOUNT INVESTED ($)	PRICE PER SHARE ($)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
	BALANCE FORWARD								609.6515
03/12/12	COMMON DIVIDEND		493.82		3.00	490.82	109.5879000	4.4788	614.1303

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT1-0I00
ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

All owner(s) must sign and date above

( )
Contact Number

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares: ☐

Full Withdrawal (Terminate Plan Participation)

☐ Sell all plan shares.

Additional Cash Investments

Write the amount enclosed: ☐

Make check payable to:
BNY MELLON/CHEVRON

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Deposit of Certificates

Deposit the enclosed number of shares: ☐

P11974

7575 125175509293 0017501667641 0ELMERH--BRDT1-0I00IR00167
BRUNSTING004804

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Use either of our shareholder service options.

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- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

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- Change your address
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- Certify your taxpayer ID
- Change your dividend election*

and **more!**

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New user? First, create your PIN then you're set to go.

or *Dial* *the toll-free number below to access our*

Interactive Voice Response system

with "Tell Me" technology

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- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

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Visit **www.bnymellon.com/shareowner/isd** for access to your account.

By Phone
Toll Free Number **1-800-368-8357**
Outside the U.S. (Collect) 1-201-680-6578
Hearing Impaired 1-800-231-5469
IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail
Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P11975**
Pittsburgh, PA 15252-8035

BNY MELLON℠
SHAREOWNER SERVICES

P.O. Box 358035
Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/13/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0I00
INVESTOR ID:	**125175509293**

ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

ON 4/25/12, CHEVRON DECLARED A QUARTERLY DIVIDEND OF $0.90 PER SHARE, PAYABLE 6/11/12, TO HOLDERS OF RECORD ON 5/18/12. THIS AMOUNT REPRESENTS AN 11.1 PERCENT INCREASE IN THE QUARTERLY DIVIDEND.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 06/12/2012		CASH		DIVIDENDS			NET AMOUNT
TOTAL MARKET VALUE ($)	CLOSING PRICE ($)	INVESTMENTS ($)		TOTAL ($)	TAX WITHHELD ($)	AMOUNT TO INVEST ($)	INVESTED ($)
62,413.81	100.7400			1,046.54		1,046.54	1,046.54

TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		SALE OF PLAN SHARES ($)					
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
			6.00				619.5534		619.5534

Current Activity Information

RECORD DATE / PAYABLE DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN		CASH INVESTMENT ($)	TOTAL GROSS ($)
05/18/12 06/11/12	COMMON DIVIDEND	0.9000000	5.4231			552.72

PARTICIPATING RECORD DATE DISTRIBUTION

TAX WITHHELD ($)	TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		TOTAL NET ($)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	552.72		614.1303		614.1303

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT ($)	NET DISTRIBUTION ($)	TRADING FEES ($)	SERVICE FEES ($)	AMOUNT INVESTED ($)	PRICE PER SHARE ($)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
	BALANCE FORWARD								609.6515
03/12/12	COMMON DIVIDEND		493.82		3.00	490.82	109.5879000	4.4788	614.1303
06/11/12	COMMON DIVIDEND		552.72		3.00	549.72	101.3665767	5.4231	619.5534

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT1-0I00
ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

All owner(s) must sign and date above

( )
Contact Number

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

☐ Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
COMPUTERSHARE/CHEVRON

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF $50 UP TO $100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares:

P11976

7575 125175509293 0017501667641 0ELMERH--BRDT1-0I00IR00167
BRUNSTING004806

BNY Mellon Shareowner Services

Manage Your Account With Ease

Use either of our shareholder service options.

Login to www.bnymellon.com/shareowner/isd

View Information
- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions
- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

and **more!**

** Online service not offered by all issuers.*

Sign up for **MLink**[SM] through Investor ServiceDirect®. MLink provides secure 24/7 online access to your investor activity reports, investment plan statements and 1099s. Click the MLink icon and follow the prompts.

New user? First, create your PIN then you're set to go.

or *Dial* *the toll-free number below to access our*

Interactive Voice Response system

with "Tell Me" technology

Simply speak your instructions when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect®and our Interactive Voice Response (IVR) phone system offer secure 24/7 access to your account information and account management tools.

Managing your account has never been so easy!

Questions? Contact Shareholder Services

By Internet
Visit **www.bnymellon.com/shareowner/isd** for access to your account.

By Phone

Toll Free Number	**1-800-368-8357**
Outside the U.S. (Collect)	1-201-680-6578
Hearing Impaired	1-800-231-5469

IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail
Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P11977**
Pittsburgh, PA 15252-8035

BNY MELLON℠
SHAREOWNER SERVICES

P.O. Box 358035
Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/13/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT--0I00
INVESTOR ID:	**125175509293**

NELVA E BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

ON 4/25/12, CHEVRON DECLARED A QUARTERLY DIVIDEND OF $0.90 PER SHARE, PAYABLE 6/11/12, TO HOLDERS OF RECORD ON 5/18/12. THIS AMOUNT REPRESENTS AN 11.1 PERCENT INCREASE IN THE QUARTERLY DIVIDEND.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 06/12/2012		CASH		DIVIDENDS			NET AMOUNT
TOTAL MARKET VALUE ($)	CLOSING PRICE ($)	INVESTMENTS ($)		TOTAL ($)	TAX WITHHELD ($)	AMOUNT TO INVEST ($)	INVESTED ($)
62,197.29	100.7400			1,046.52		550.80	550.80

TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		SALE OF PLAN SHARES ($)		CERTIFICATED	SHARES HELD	SHARES HELD BY	TOTAL
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD	SHARES HELD BY YOU	BY PLAN	OTHER PLANS(S)	SHARES
			3.00				617.4041		617.4041

Current Activity Information

RECORD DATE / PAYABLE DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN		CASH INVESTMENT ($)	TOTAL GROSS ($)
05/18/12 06/11/12	COMMON DIVIDEND	0.9000000	5.4041			550.80

PARTICIPATING RECORD DATE DISTRIBUTION

TAX	TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		TOTAL	CERTIFICATED SHARES	SHARES HELD	SHARES HELD BY	TOTAL
WITHHELD ($)	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	NET ($)	HELD BY YOU	BY PLAN	OTHER PLANS(S)	SHARES
				3.00	550.80		612.0000		612.0000

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT ($)	NET DISTRIBUTION ($)	TRADING FEES ($)	SERVICE FEES ($)	AMOUNT INVESTED ($)	PRICE PER SHARE ($)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
	BALANCE FORWARD								612.0000
06/11/12	COMMON DIVIDEND		550.80		3.00	547.80	101.3665767	5.4041	617.4041

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT--0I00
NELVA E BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

All owner(s) must sign and date above

( )
Contact Number

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares: ☐

Full Withdrawal (Terminate Plan Participation)

☐ Sell all plan shares.

Additional Cash Investments

Write the amount enclosed: ☐

Make check payable to:
COMPUTERSHARE/CHEVRON

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF $50 UP TO $100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares: ☐

P11978

7575 125175509293 00175016676410ELMERH--BRDT--0I00IR00162
BRUNSTING004808

BNY Mellon Shareowner Services

Manage Your Account With Ease

Use either of our shareholder service options.

Login to www.bnymellon.com/shareowner/isd

View Information
- Account detail
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- Book-entry history
- Dividend check history
- Tax information
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- Historical stock price information

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- Change your address
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- Certify your taxpayer ID
- Change your dividend election*

and **more!**

** Online service not offered by all issuers.*

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or *Dial* *the toll-free number below to access our*

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Managing your account has never been so easy!

Questions? Contact Shareholder Services

By Internet
Visit **www.bnymellon.com/shareowner/isd** for access to your account.

By Phone

Toll Free Number	**1-800-368-8357**
Outside the U.S. (Collect)	1-201-680-6578
Hearing Impaired	1-800-231-5469

IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail
Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P11979**
Pittsburgh, PA 15252-8035

BRUNSTING004809

SHAREOWNER SERVICES

P.O. Box 358035
Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/12/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0I00
INVESTOR ID:	**125175509293**

ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Computershare Trust Company, N.A., as plan administrator or service provider for the plan administrator, upon written request and within a reasonable amount of time, will provide the name of the executing broker, the source and amount of compensation, if any, received from third parties in connection with the transaction(s) and transaction trade date(s) and time(s), if available.

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA SHAREOWNER SERVICES INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 09/11/2012		CASH		DIVIDENDS			NET AMOUNT
TOTAL MARKET VALUE ($)	CLOSING PRICE ($)	INVESTMENTS ($)		TOTAL ($)	TAX WITHHELD ($)	AMOUNT TO INVEST ($)	INVESTED ($)
71,293.95	114.1800			1,604.14		1,604.14	1,604.14

TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		SALE OF PLAN SHARES ($)		CERTIFICATED	SHARES HELD	SHARES HELD BY	TOTAL
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD	SHARES HELD BY YOU	BY PLAN	OTHER PLANS(S)	SHARES
			9.00				624.3996		624.3996

Current Activity Information

RECORD DATE / PAYABLE DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN		CASH INVESTMENT ($)	TOTAL GROSS ($)
08/17/12 09/10/12	COMMON DIVIDEND	0.9000000	4.8462			557.60

PARTICIPATING RECORD DATE DISTRIBUTION

TAX	TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		TOTAL	CERTIFICATED SHARES	SHARES HELD	SHARES HELD BY	TOTAL
WITHHELD ($)	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	NET ($)	HELD BY YOU	BY PLAN	OTHER PLANS(S)	SHARES
				3.00	557.60		619.5534		619.5534

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT ($)	NET DISTRIBUTION ($)	TRADING FEES ($)	SERVICE FEES ($)	AMOUNT INVESTED ($)	PRICE PER SHARE ($)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
	BALANCE FORWARD								609.6515
03/12/12	COMMON DIVIDEND		493.82		3.00	490.82	109.5879000	4.4788	614.1303
06/11/12	COMMON DIVIDEND		552.72		3.00	549.72	101.3665767	5.4231	619.5534
09/10/12	COMMON DIVIDEND		557.60		3.00	554.60	114.4395000	4.8462	624.3996

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT1-0I00
ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

All owner(s) must sign and date above

( )
Contact Number

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares: ☐

Full Withdrawal (Terminate Plan Participation)

☐ Sell all plan shares.

Additional Cash Investments

Write the amount enclosed: ☐

Make check payable to:
COMPUTERSHARE/CHEVRON

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF $50 UP TO $100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares: ☐

P11980

7575 125175509293 00175016676410ELMERH--BRDT1-0I00IR00167
BRUNSTING004810

Shareowner Services

Manage Your Account With Ease

Use either of our shareholder service options.

Login to www.cpushareownerservices.com

View Information
- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

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- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

and **more!**

** Online service not offered by all issuers.*

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or *Dial* *the toll-free number below to access our*

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By Phone

Toll Free Number	**1-800-368-8357**
Outside the U.S. (Collect)	1-201-680-6578
Hearing Impaired	1-800-231-5469

IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail
Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P11981**
Pittsburgh, PA 15252-8035

SHAREOWNER SERVICES

P.O. Box 358035
Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/12/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT--0I00
INVESTOR ID:	**125175509293**

NELVA E BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

Computershare Trust Company, N.A., as plan administrator or service provider for the plan administrator, upon written request and within a reasonable amount of time, will provide the name of the executing broker, the source and amount of compensation, if any, received from third parties in connection with the transaction(s) and transaction trade date(s) and time(s), if available.

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA SHAREOWNER SERVICES INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 09/11/2012		CASH		DIVIDENDS			NET AMOUNT
TOTAL MARKET VALUE ($)	CLOSING PRICE ($)	INVESTMENTS ($)		TOTAL ($)	TAX WITHHELD ($)	AMOUNT TO INVEST ($)	INVESTED ($)
71,046.61	114.1800			1,602.18		1,106.46	1,106.46

TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		SALE OF PLAN SHARES ($)					
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
			6.00				622.2334		622.2334

Current Activity Information

RECORD DATE / PAYABLE DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN		CASH INVESTMENT ($)	TOTAL GROSS ($)
08/17/12 09/10/12	COMMON DIVIDEND	0.9000000	4.8293			555.66

PARTICIPATING RECORD DATE DISTRIBUTION

TAX WITHHELD ($)	TRADING FEES PAID BY ($)		SERVICE FEES PAID BY ($)		TOTAL NET ($)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	555.66		617.4041		617.4041

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT ($)	NET DISTRIBUTION ($)	TRADING FEES ($)	SERVICE FEES ($)	AMOUNT INVESTED ($)	PRICE PER SHARE ($)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
	BALANCE FORWARD								612.0000
06/11/12	COMMON DIVIDEND		550.80		3.00	547.80	101.3665767	5.4041	617.4041
09/10/12	COMMON DIVIDEND		555.66		3.00	552.66	114.4395000	4.8293	622.2334

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT--0I00
NELVA E BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

All owner(s) must sign and date above

( )
Contact Number

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

☐ Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
COMPUTERSHARE/CHEVRON

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF $50 UP TO $100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares:

P11982

7575 125175509293 00175016676410ELMERH--BRDT--0I00IR00162
BRUNSTING004812

Shareowner Services

Manage Your Account With Ease

Use either of our shareholder service options.

Login to www.cpushareownerservices.com

View Information
- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions
- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

and **more!**

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By Phone

Toll Free Number	**1-800-368-8357**
Outside the U.S. (Collect)	1-201-680-6578
Hearing Impaired	1-800-231-5469

IVR system available 24 hours/7 days a week
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By Mail
Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P11983**
Pittsburgh, PA 15252-8035

Shareowner Services
PO Box 3526
So. Hackensack, NJ 07606-9226

your transaction advice

RETAIN THIS DOCUMENT FOR YOUR RECORDS

Company: CHEVRON CORPORATION

Registration:

00004511 01 MB 0.404 01 TR 00016 SGYDE101 000000

ANITA K BRUNSTING & AMY R
BRUNSTING TR UA OCT 10 96 THE
NELVA E BRUNSTING SURVIVORS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Issue: COMMON $0.75 P V

Shares: 37.7376

CUSIP: 16676410

[redacted]

Investor ID	125187059318
Account Key	NELVAE--BRST1-0I00
Transaction Date	September 11, 2012
Transaction Advice Number	0015114820

Your Broker-Dealer	
Broker-Dealer ID	
Broker-Dealer Account Number	

ADVC

004511 SGYDE101 004521

This is a record that the indicated book-entry shares have been transferred in accordance with your instructions. These shares are transferable on the books of the Transfer Agent upon receipt of properly completed transfer documents, instructions and assignment.

There may be rights, privileges, restrictions and conditions attached to the securities covered by this Advice. A full copy of these can be obtained by writing to the Secretary of the Company.

Manage Your Account With Ease

Visit Shareowner Services Online

Log in to the **Investor ServiceDirect™** *website at*
www.cpushareownerservices.com

View Information
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- Book-entry history
- Pending transactions
- Transaction history
- Payment history
- Tax information
- Historical stock price information

Perform Transactions
- Change your address
- Sell book-entry shares
- Replace a dividend check
- Certify your taxpayer ID
- Change your dividend election*

and **more!**

Sign up for the **MLink**SM program for secure 24/7 online access to your shareowner documents. Manage your statements and 1099 tax documents! Simply log in to your account at the Investor ServiceDirect™ website where step-by-step instructions will prompt you through enrollment.

** Online service not offered by all issuers.*

P11984

3909 01 0000427 0000853

MetLife®

Shareowner Services
P.O. Box 358420
Pittsburgh, PA 15252-8420

The MetLife Policyholder Trust ("Trust")
Transfer Transaction Advice

RETAIN THIS DOCUMENT FOR YOUR RECORDS

Account Registration:

0000427 02 SP 0.650 **SNGLP H6 1 3959 77904-304903 C01 B1MAI - 23 -

ANITA K BRUNSTING & AMY R
BRUNSTING TR UA OCT 10 96 THE
NELVA E BRUNSTING SURVIVORS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Date: 09/13/2012

For information concerning this statement, please call Shareowner Services, MetLife, Inc.'s Transfer Agent, toll free at 1-800-649-3593

Trust Interests (Shares)	95.0000
CUSIP Number	59156R10

Transaction Date	09/11/2012
Transaction Advice Number	0019585359
Investor ID	1251 8705 9318

This Transaction Advice is your record of the indicated Trust Interests being credited to an account on the books of the referenced transfer agent. The Transaction Advice should be kept with your important documents as a record of your ownership of these securities. These Trust Interests are transferable only as permitted under The MetLife Policyholder Trust.

Please read the important information on the back of this form and in the Purchase and Sale Brochure.

If you wish to request a purchase or sale transaction, detach coupon at the perforation and complete the applicable side of the form.

PLEASE BE SURE **THIS ADDRESS** APPEARS IN THE ENVELOPE WINDOW FOR **PURCHASES ONLY**

Purchase Instructions 1251 8705 9318

(See reverse side to SELL)
ANITA K BRUNSTING & AMY R

Shareowner Services
P.O. Box 382200
Pittsburgh, PA 15250-8200

Change of Address:

Signature
(if address is being changed)

Make check in U.S. dollars, payable to:
MetLife Purchase Program

Amount Enclosed

Minimum investment $250 (except as described in the Purchase and Sale Brochure)

P11985

0000101 102 125187059318 0

Shareowner Services
P O Box 358035
Pittsburgh, PA 15252-8035

your transaction advice

RETAIN THIS DOCUMENT FOR YOUR RECORDS

Company: CHEVRON CORPORATION

Registration:

ANITA K BRUNSTING & AMY R
BRUNSTING TR UA OCT 10 96 THE
ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Issue: COMMON $0.75 P V
Shares: 1,236.9575
CUSIP: 16676410-0

For information concerning this advice, please call Shareowner Services at 1-800-457-2983

Investor ID	125175509293
Account Key	ELMERH--BRDT2-0I00
Transaction Date	SEPTEMBER 11, 2012
Transaction Advice Number	0015114819

Your Broker-Dealer	
Broker-Dealer ID	
Broker-Dealer Account Number	

This is a record that the indicated book-entry shares have been transferred in accordance with your instructions. These shares are transferable on the books of the Transfer Agent upon receipt of properly completed transfer documents, instructions and assignment.

There may be rights, privileges, restrictions and conditions attached to the securities covered by this Advice. A full copy of these can be obtained by writing to the Secretary of the Company.

Manage Your Account With Ease

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Log in to the* Investor ServiceDirect™ website *at www.cpushareownerservices.com

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- Account Detail
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- Pending transactions
- Transaction history
- Payment history
- Tax information
- Historical stock price information

Perform Transactions
- Change your address
- Sell book-entry shares
- Replace a dividend check
- Certify your taxpayer ID
- Change your dividend election*

and **more!**

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** Online service not offered by all issuers.*

Living Trust

Anita Kay Brunsting TTEE
U/A DTD 10/10/1996
Elmer H Brunsting Decedents Tr

National Save for Retirement Week

National Save for Retirement Week, an event established by Congress to raise public awareness about the importance of saving for retirement, is Oct. 21-27. This is a good time to review your investment strategy to help ensure you're still on track to reach your retirement goals. Call your financial advisor today for a complimentary retirement plan review.

Account Value

$253,798.32

1 Month Ago	$249,078.45
1 Year Ago	$221,127.88
3 Years Ago	$0.00

Value Summary

	This Period	This Year
Beginning value	$249,078.45	$232,412.32
Assets added to account	0.00	0.00
Income	671.46	3,262.61
Assets withdrawn from account	0.00	0.00
Change in value	4,048.41	18,123.39
Ending Value	**$253,798.32**	

Summary of Assets (as of Sep 28, 2012) — Advisory Solutions Fund Model

Cash & Money Market	Ending Balance
Money Market 0.01%*	**$2,165.35**

* The average yield on the money market fund for the past seven days.

Mutual Funds	Price	Quantity	Cost Basis	Unrealized Gain/Loss	Value
Baron Small Cap	26.36	190.713	4,691.51	335.68	**5,027.19**
Blackrock Cap App	25.06	305.806	7,033.54	629.96	**7,663.50**
Capital World Bond	21.51	228.651	4,719.43	198.85	**4,918.28**
Capital World Growth & Income	35.96	363.111	11,895.36	1,162.11	**13,057.47**
Columbia Mid Cap Value	14.28	880.844	10,470.37	2,108.08	**12,578.45**
Credit Suisse Comm Ret Strat	8.56	918.428	7,735.45	126.29	**7,861.74**
Dodge & Cox Income	13.83	1,050.026	13,899.57	622.29	**14,521.86**
Dodge & Cox Intl Stock	32.45	406.708	11,541.84	1,655.83	**13,197.67**
DWS Small Cap Value	36.58	138.293	4,280.40	778.36	**5,058.76**
Fidelity New Insights	23.54	647.986	11,158.99	4,094.60	**15,253.59**
ING Global Real Estate	17.47	445.199	5,997.42	1,780.21	**7,777.63**
Investment Co of America	30.60	421.051	10,158.69	2,725.47	**12,884.16**
JP Morgan Core Bond	12.12	1,183.446	13,510.71	832.66	**14,343.37**

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Summary of Assets (continued)

Mutual Funds	Price	Quantity	Cost Basis	Unrealized Gain/Loss	Value
JP Morgan Fed Mon Mkt	1.00	3,600.38	—	—	**3,600.38**
Loomis Sayles Inv Grade Bd	12.77	584.379	7,271.57	190.95	**7,462.52**
Mainstay High Yield Corp Bd	6.07	1,639.506	9,676.58	275.22	**9,951.80**
MFS Research International	15.16	1,041.567	13,036.90	2,753.26	**15,790.16**
New World	51.94	150.454	6,790.09	1,024.49	**7,814.58**
Oppenheimer Intl Bd	6.53	767.071	4,695.93	313.04	**5,008.97**
Pimco Total Return IV	11.20	654.785	6,840.33	493.26	**7,333.59**
Pioneer Fund	42.22	359.674	12,238.17	2,947.27	**15,185.44**
T. Rowe Price Equity Income	26.11	695.713	14,181.61	3,983.46	**18,165.07**
T. Rowe Price New Income	9.96	1,702.241	16,166.77	787.55	**16,954.32**
Thornburg Value	32.24	317.074	9,192.24	1,030.23	**10,222.47**
Total Account Value					**$253,798.32**

Summary of Realized Gain/Loss

	This Year
Short Term (assets held 1 year or less)	**-$182.10**
Long Term (held over 1 year)	**3,561.70**
Total	**$3,379.60**

Summary totals may not include proceeds from uncosted securities or certain corporate actions.

Investment and Other Activity

Date	Description	Quantity	Amount
9/04	Dividend on JP Morgan Core Bond on 1,180.716 Shares @ 0.028		$33.06
9/04	Reinvestment into JP Morgan Core Bond @ 12.11	2.73	-33.06
9/04	Dividend on Mainstay High Yield Corp Bd on 1,619.991 Shares @ 0.036		58.81
9/04	Reinvestment into Mainstay High Yield Corp Bd @ 6.03	9.753	-58.81
9/04	Dividend on Oppenheimer Intl Bd on 764.257 Shares at Daily Accrual Rate		18.18
9/04	Reinvestment into Oppenheimer Intl Bd @ 6.46	2.814	-18.18
9/04	Dividend on Pimco Total Return IV on 653.727 Shares at Daily Accrual Rate		11.75
9/04	Reinvestment into Pimco Total Return IV @ 11.11	1.058	-11.75
9/04	Dividend on T. Rowe Price New Income on 1,697.526 Shares at Daily Accrual Rate		46.82
9/04	Reinvestment into T. Rowe Price New Income @ 9.93	4.715	-46.82
9/05	Dividend on Loomis Sayles Inv Grade Bd on 582.155 Shares @ 0.047		27.89

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Investment and Other Activity (continued)

Date	Description	Quantity	Amount
9/05	Reinvestment into Loomis Sayles Inv Grade Bd @ 12.54	2.224	-27.89
9/07	Redeemed JP Morgan Fed Mon Mkt @ 1.00	-281.37	281.37
9/07	Advisory Solutions Program Fee		-281.37
9/17	Dividend on Investment Co of America on 419.363 Shares @ 0.125		52.67
9/17	Reinvestment into Investment Co of America @ 31.21	1.688	-52.67
9/21	Dividend on Pioneer Fund on 358.504 Shares @ 0.14		50.19
9/21	Reinvestment into Pioneer Fund @ 42.88	1.17	-50.19
9/24	Dividend on Capital World Growth & Income on 361.525 Shares @ 0.16		57.95
9/24	Reinvestment into Capital World Growth & Income @ 36.54	1.586	-57.95
9/25	Fee Offset Less Admin Fee		16.75
9/26	Dividend on Columbia Mid Cap Value on 878.032 Shares @ 0.045		40.07
9/26	Reinvestment into Columbia Mid Cap Value @ 14.25	2.812	-40.07
9/26	Dividend on Dodge & Cox Income on 1,040.987 Shares @ 0.12		124.92
9/26	Reinvestment into Dodge & Cox Income @ 13.82	9.039	-124.92
9/27	Dividend on T. Rowe Price Equity Income on 692.253 Shares @ 0.13		89.99
9/27	Reinvestment into T. Rowe Price Equity Income @ 26.01	3.46	-89.99
9/28	Dividend on Mainstay High Yield Corp Bd on 1,629.744 Shares @ 0.036		59.16
9/28	Reinvestment into Mainstay High Yield Corp Bd @ 6.06	9.762	-59.16

Money Market Detail

Date	Description	Deposits	Withdrawals
9/26	Deposit	$16.75	
Total		**$16.75**	

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- at www.edwardjones.com/en_US/company/index.html
- by mail upon written request

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Fair Market Value for Individual Retirement Accounts — Your fair market value as of December 31st will be reported to the IRS as required by law.
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Client Relations		Online Access	Other Contacts
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201 Progress Parkway Maryland Heights, MO 63043		Edward Jones Online Support 800-441-5203	Edward Jones Business MasterCard® 866-874-6712
			Edward Jones VISA Debit Card 888-289-6635

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Edward Jones
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Portfolio for Nelva E Brunsting

Financial Advisor Doug Williams, 713-464-6071
9525 Katy Freeway Suite 122, Houston, TX 77024

Statement Period Sep 1 - Sep 28, 2012

ANITA KAY BRUNSTING TTEE
U/A DTD 10/10/1996
NELVA E BRUNSTING SURVIVORS TR
NELVA E BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

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Portfolio Summary

Total Portfolio Value

$254,157.94

1 Month Ago	$249,415.75
1 Year Ago	$287,486.07
3 Years Ago	$44,257.16

Overview of Accounts

Accounts	Account Holder	Account Number	Value 1 Year Ago	Current Value
Living Trust	Nelva E Brunsting	653-13555-1-6	$66,152.86	$1.05
Individual Retirement Account	Nelva E Brunsting	609-91956-1-9	$205.33	$358.57
Living Trust Advisory Solutions Fund Model	Elmer H Brunsting Decedents Tr	653-13579-1-8	$221,127.88	$253,798.32
Total Accounts			**$287,486.07**	**$254,157.94**

Although account information is provided on this page, it does not guarantee an actual statement was produced. Refer to your account statement for the exact registration and more specific details regarding each account.

Important disclosures; such as Statement of Financial Condition, Conditions that Govern Your Account, Account Safety, Errors, Complaints, Withholding, Free Credit Balance, Fair Market Value or Terminology; relating to your account(s) are available on the last page of this package or at www.edwardjones.com/statementdisclosures.

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201 Progress Parkway
Maryland Heights, MO 63043-3042

BRUNSTING004622

Edward Jones
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Account Holder(s) Nelva E Brunsting
Account Number 653-13555-1-6
Account Type Living Trust
Financial Advisor Doug Williams, 713-464-6071
9525 Katy Freeway Suite 122, Houston, TX 77024

Statement Date Jun 30 - Sep 28, 2012

Living Trust

Anita Kay Brunsting TTEE
U/A DTD 10/10/1996
Nelva E Brunsting Survivors Tr
Nelva E Brunsting

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Account Value

$1.05

1 Month Ago	$1.05
1 Year Ago	$66,152.86
3 Years Ago	$0.00

Value Summary

	This Period	This Year
Beginning value	$1.05	$1.05
Assets added to account	0.00	0.00
Income	0.00	0.00
Assets withdrawn from account	0.00	0.00
Change in value	0.00	0.00
Ending Value	**$1.05**	

Summary of Assets (as of Sep 28, 2012)

additional details at www.edwardjones.com/access

Cash & Money Market					**Ending Balance**
Cash					**$1.05**
Total Account Value					**$1.05**

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September 2012

77904304903
ANITA KAY BRUNSTING TTEE $$SEQ$$
U/A DTD 10/10/1996
NELVA E BRUNSTING SURVIVORS TR
NELVA E BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

Your Edward Jones financial advisor

DOUG WILLIAMS

713-464-6071

9525 KATY FREEWAY SUITE 122

HOUSTON TX 77024

Other contact information:

www.edwardjones.com/access

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201 Progress Parkway
Maryland Heights, MO 63043

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Monday-Friday 7am-7pm Central time

Edward Jones VISA debit card: 888-289-6635

P11995

Account number: 609-91956-1-9
Statement type: Preferred
September 1 - September 28, 2012

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Edward Jones

EDWARD D JONES & CO CUSTODIAN
FBO NELVA E BRUNSTING IRA
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

DOUG WILLIAMS
9525 KATY FREEWAY SUITE 122
HOUSTON TX 77024
713-464-6071

Value Summary

Value on Sep 28	**$358.57**
Value on Sep 1	$336.25
Value one year ago	$205.33

Summary of Your Assets

Held at Edward Jones	Value on Sep 28	Value on Sep 1	Dollar change
Cash, Insured Bank Deposit & Money Market funds	$207.37	$207.37	$0.00
Stocks	151.20	128.88	22.32
Total at Edward Jones	**$358.57**	$336.25	$22.32

Your Retirement Account Summary

	This period	Cumulative
2012 Contributions	$0.00	$0.00
2011 Contributions	$0.00	$0.00
Fee paid by this account	$0.00	$40.00

National Save for Retirement Week
National Save for Retirement Week, an event established by Congress to raise public awareness about the importance of saving for retirement, is Oct. 21-27. This is a good time to review your investment strategy to help ensure you're still on track to reach your retirement goals. Call your financial advisor today for a complimentary retirement plan review.

Your Assets at Edward Jones

Cash, Insured Bank Deposit & Money Market funds	Current Yield/Rate	Current value
Cash		$207.37
Total Cash, Insured Bank Deposit & Money Market funds		**$207.37**

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Stocks	Asset Category/ Research Opinion	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
MOTORS LIQUIDATION COMPANY GUC TRUST UNIT BENEFICIAL INTEREST Symbol: MTLQU	Aggressive None	16.800	9.	$151.20	~	~

Preferred Stocks	Asset Category/ Research Opinion	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
GENERAL MOTORS CORP ESCROW	Aggressive None	~	389.	~	~	~
Total Stocks				**$151.20**	~	~

The Edward Jones' Research Opinion referenced in this document does not take into account your particular investment profile and is not intended as an express recommendation to purchase, hold or sell particular securities, financial instruments or strategies. You should contact your Edward Jones Financial Advisor before acting upon the Edward Jones Research Opinion referenced in this report.

Total estimated asset value **$358.57**

For Your Reading Pleasure
Edward Jones offers a number of complimentary publications that provide timely information and guidance. These publications include "Investment Perspective," which provides investment ideas and strategies; strategy reports, which provide more in-depth information on a variety of topics; and research opinions on hundreds of companies. If you would like to receive any of these publications on a regular basis, contact your Edward Jones branch office.

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* by mail upon written request

About Your Account

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Fair Market Value for Individual Retirement Accounts – Your fair market value as of December 31st will be reported to the IRS as required by law.

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BRUNSTING004828

ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

031439

ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING
SURVIVOR'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009467777

SSN/TIN Certified Yes

Symbol XOM

001CS0006_rps.EmL.XOM.105024_40233/031439/032117/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009467777

► ACCOUNT SUMMARY

As of close of stock market on 11 Jun 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	0.000000	684.511319	684.511319	80.270000	54,945.72

Dividend Reinvestment Activity

As of record date

This section includes information only for shares/units for which dividends are reinvested.

Record Date	Payment Date	Dividend Rate ($)	Stock Class Description	Dividend Reinvestment Shares/Units	Gross Dividend ($)	Taxes Withheld ($)	Net Dividend ($)
14 May 2012	11 Jun 2012	0.570000	Common	679.609732	387.38		387.38

Transaction History

From: 01 Jan 2012 **To: 11 Jun 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							675.910671
09 Mar 2012	Dividend Reinvestment	317.68	Comp Paid Fees	0.09	317.68	85.881244	3.699061	679.609732
11 Jun 2012	Dividend Reinvestment	387.38	Comp Paid Fees	0.12	387.38	79.031547	4.901587	684.511319

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

Record Date – The date on which you must have officially owned shares to receive the dividend.

Payment Date – The date the dividend was payable.

Dividend Rate – The dollar amount of the dividend paid per share or the rate of stock dividend or stock split.

Dividend Reinvestment Shares/Units – Shares enrolled in dividend reinvestment.

Gross Dividend – The dividend paid on the Plan's dividend reinvestment shares.

Net Dividend – The total amount reinvested for you, equal to the gross dividend amount less any taxes withheld.

SSN/TIN Certified – If your account is not certified, as indicated by a "No" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

P11999

C0009467777 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

[ ] OR [ ] Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

[ ] OR [ ] Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

[ ] **IMPORTANT:** You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

You can manage your account online through Investor Centre at the website listed on the top right of the reverse side. Register today!

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011. If your shares were covered by the legislation and you have sold or transferred the shares and requested a specific cost basis calculation method, we have processed as requested. If you did not specify a cost basis calculation method, we have defaulted to the first in, first out (FIFO) method. Please visit our website or consult your tax advisor if you need additional information about cost basis.

1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED, STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 8/11)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$ [ ][ ][ ], [ ][ ][ ]. [ ][ ]

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING

Holder Account Number

C0009467777 FID

Computershare
P.O. Box 6006
Carol Stream, IL 60197-6006

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ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

031438

ANITA BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING
DECEDENT'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009467769

SSN/TIN Certified Yes

Symbol XOM

001CS0006_rps.EmL.XOM.105024_40233/031438/032116/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009467769

► ACCOUNT SUMMARY

As of close of stock market on 11 Jun 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	583.000000	4.204777	587.204777	80.270000	47,134.93

Dividend Reinvestment Activity

As of record date

This section includes information only for shares/units for which dividends are reinvested.

Record Date	Payment Date	Dividend Rate ($)	Stock Class Description	Dividend Reinvestment Shares/Units	Gross Dividend ($)	Taxes Withheld ($)	Net Dividend ($)
14 May 2012	11 Jun 2012	0.570000	Common	583.000000	332.31		332.31

Transaction History

From: 01 Jan 2012 **To: 11 Jun 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							0.000000
11 Jun 2012	Dividend Reinvestment	332.31	Comp Paid Fees	0.11	332.31	79.031547	4.204777	4.204777

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

Record Date – The date on which you must have officially owned shares to receive the dividend.

Payment Date – The date the dividend was payable.

Dividend Rate – The dollar amount of the dividend paid per share or the rate of stock dividend or stock split.

Dividend Reinvestment Shares/Units – Shares enrolled in dividend reinvestment.

Gross Dividend – The dividend paid on the Plan's dividend reinvestment shares.

Net Dividend – The total amount reinvested for you, equal to the gross dividend amount less any taxes withheld.

SSN/TIN Certified – If your account is not certified, as indicated by a "No" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

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C0009467769 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

OR ☐ Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

OR ☐ Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

IMPORTANT: You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

You can manage your account online through Investor Centre at the website listed on the top right of the reverse side. Register today!

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011. If your shares were covered by the legislation and you have sold or transferred the shares and requested a specific cost basis calculation method, we have processed as requested. If you did not specify a cost basis calculation method, we have defaulted to the first in, first out (FIFO) method. Please visit our website or consult your tax advisor if you need additional information about cost basis.

1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED, STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 8/11)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$, .

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING

Holder Account Number

C0009467769 FID

Computershare
P.O. Box 6006
Carol Stream, IL 60197-6006

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ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

031394

ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING
SURVIVOR'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009467777

SSN/TIN Certified Yes

Symbol XOM

001CS0006_rps.EmL.XOM.112356_40896/031394/036289/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009467777

► ACCOUNT SUMMARY

As of close of stock market on 10 Sep 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	0.000000	688.939175	688.939175	89.480000	61,646.28

Dividend Reinvestment Activity

As of record date

This section includes information only for shares/units for which dividends are reinvested.

Record Date	Payment Date	Dividend Rate ($)	Stock Class Description	Dividend Reinvestment Shares/Units	Gross Dividend ($)	Taxes Withheld ($)	Net Dividend ($)
13 Aug 2012	10 Sep 2012	0.570000	Common	684.511319	390.17		390.17

Transaction History

From: 01 Jan 2012 **To: 10 Sep 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							675.910671
09 Mar 2012	Dividend Reinvestment	317.68	Comp Paid Fees	0.09	317.68	85.881244	3.699061	679.609732
11 Jun 2012	Dividend Reinvestment	387.38	Comp Paid Fees	0.12	387.38	79.031547	4.901587	684.511319
10 Sep 2012	Dividend Reinvestment	390.17	Comp Paid Fees	0.11	390.17	88.117135	4.427856	688.939175

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

Record Date – The date on which you must have officially owned shares to receive the dividend.

Payment Date – The date the dividend was payable.

Dividend Rate – The dollar amount of the dividend paid per share or the rate of stock dividend or stock split.

Dividend Reinvestment Shares/Units – Shares enrolled in dividend reinvestment.

Gross Dividend – The dividend paid on the Plan's dividend reinvestment shares.

Net Dividend – The total amount reinvested for you, equal to the gross dividend amount less any taxes withheld.

SSN/TIN Certified – If your account is not certified, as indicated by a "No" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

P12003

C0009467777 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

[ ] OR [ ] Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

[ ] OR [ ] Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

IMPORTANT: You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

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1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

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To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans, direct registration services and/or custody services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information, date of birth, government-issued identification number, and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 7/12)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$ [ ][ ][ ],[ ][ ][ ].[ ][ ]

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING

Holder Account Number

C0009467777 FID

Computershare
PO Box 6006
Carol Stream, IL 60197-6006

P12004

0000000000XOM SPP1 C 0009467777

BRUNSTING004834

ExxonMobil

Computershare

Computershare
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

010867

ANITA KAY BRUNSTING
& AMY RUTH BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING
DECEDENT'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Account Number: C0009896261

Dear Holder:

We have received and processed your request to enroll your account in the dividend reinvestment plan for Exxon Mobil Corporation.

In response to your request, your account has been enrolled with the following option: Full Dividend Reinvestment.

This change was made on 12 Sep 2012.

Please note, if your enrollment was received after the record date of any upcoming dividend, it will not be in effect for that dividend.

If you did not request this enrollment, please contact us at the number above during regular business hours.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information and other financial information.

With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information.

Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

This notice is provided on behalf of Computershare Trust Company, N.A.

P12005

ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

001704

ANITA KAY BRUNSTING
& AMY RUTH BRUNSTING TR UA 04/01/2009 NELVA E BRUNSTING
SURVIVORS TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009896287

SSN/TIN Certified Yes

Symbol XOM

001CS0003.dss.l.mix.042349_3733/001704/001876/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009896287

► ACCOUNT SUMMARY

As of close of stock market on 12 Sep 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	0.000000	684.511319	684.511319		

Transaction History

From: 12 Sep 2012 **To: 12 Sep 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							0.000000
12 Sep 2012	Transfer						684.511319	684.511319

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

SSN/TIN Certified – If your account is not certified, as indicated by a "Yes" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

P12006

C0009896287 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

OR ☐ Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

OR ☐ Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

IMPORTANT: You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

You can manage your account online through Investor Centre at the website listed on the top right of the reverse side. Register today!

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011. If your shares were covered by the legislation and you have sold or transferred the shares and requested a specific cost basis calculation method, we have processed as requested. If you did not specify a cost basis calculation method, we have defaulted to the first in, first out (FIFO) method. Please visit our website or consult your tax advisor if you need additional information about cost basis.

1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED, STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 8/11)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$, .

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA KAY BRUNSTING

Holder Account Number

C0009896287 FID

Computershare
PO Box 6006
Carol Stream, IL 60197-6006

P12007

00000000XOM SPP1 C 0009896287

BRUNSTING004837

ExxonMobil

Computershare

Computershare
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

010871

ANITA KAY BRUNSTING
& AMY RUTH BRUNSTING TR UA 04/01/2009 NELVA E BRUNSTING
SURVIVORS TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Account Number: C0009896287

Dear Holder:

We have received and processed your request to enroll your account in the dividend reinvestment plan for Exxon Mobil Corporation.

In response to your request, your account has been enrolled with the following option: Full Dividend Reinvestment.

This change was made on 12 Sep 2012.

Please note, if your enrollment was received after the record date of any upcoming dividend, it will not be in effect for that dividend.

If you did not request this enrollment, please contact us at the number above during regular business hours.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information and other financial information.

With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information.

Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

This notice is provided on behalf of Computershare Trust Company, N.A.

P12008

ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

031393

ANITA BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING
DECEDENT'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009467769

SSN/TIN Certified Yes

Symbol XOM

001CS0006_rps.EmL.XOM.112356_40896/031393/036288/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009467769

► ACCOUNT SUMMARY

As of close of stock market on 10 Sep 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	583.000000	8.003244	591.003244	89.480000	52,882.97

Dividend Reinvestment Activity

As of record date

This section includes information only for shares/units for which dividends are reinvested.

Record Date	Payment Date	Dividend Rate ($)	Stock Class Description	Dividend Reinvestment Shares/Units	Gross Dividend ($)	Taxes Withheld ($)	Net Dividend ($)
13 Aug 2012	10 Sep 2012	0.570000	Common	587.204777	334.71		334.71

Transaction History

From: 01 Jan 2012 **To: 10 Sep 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							0.000000
11 Jun 2012	Dividend Reinvestment	332.31	Comp Paid Fees	0.11	332.31	79.031547	4.204777	4.204777
10 Sep 2012	Dividend Reinvestment	334.71	Comp Paid Fees	0.09	334.71	88.117135	3.798467	8.003244

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

Record Date – The date on which you must have officially owned shares to receive the dividend.

Payment Date – The date the dividend was payable.

Dividend Rate – The dollar amount of the dividend paid per share or the rate of stock dividend or stock split.

Dividend Reinvestment Shares/Units – Shares enrolled in dividend reinvestment.

Gross Dividend – The dividend paid on the Plan's dividend reinvestment shares.

Net Dividend – The total amount reinvested for you, equal to the gross dividend amount less any taxes withheld.

SSN/TIN Certified – If your account is not certified, as indicated by a "No" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

P12009

C0009467769 SL1 FID

XOM 214UDR +

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

[ ] OR [ ] Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

[ ] OR [ ] Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

[ ] **IMPORTANT:** You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

You can manage your account online through Investor Centre at the website listed on the top right of the reverse side. Register today!

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011. If your shares were covered by the legislation and you have sold or transferred the shares and requested a specific cost basis calculation method, we have processed as requested. If you did not specify a cost basis calculation method, we have defaulted to the first in, first out (FIFO) method. Please visit our website or consult your tax advisor if you need additional information about cost basis.

1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED, STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans, direct registration services and/or custody services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information, date of birth, government-issued identification number, and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 7/12)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$ [ ][ ][ ],[ ][ ][ ].[ ][ ]

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING

Holder Account Number

C0009467769 FID

Computershare
PO Box 6006
Carol Stream, IL 60197-6006

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00000000XOM SPP1 C 0009467769

BRUNSTING004840

ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

000073

ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING
SURVIVOR'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009467777

SSN/TIN Certified Yes

Symbol XOM

001CS0003.eml.l.mix.042349_3733/000073/000082/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009467777

► ACCOUNT SUMMARY

As of close of stock market on 12 Sep 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	0.000000	0.000000	0.000000		

Transaction History

From: 12 Sep 2012 **To: 12 Sep 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							684.511319
12 Sep 2012	Transfer						-684.511319	0.000000

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

SSN/TIN Certified – If your account is not certified, as indicated by a "No" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

P12011

C0009467777 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

OR ☐ Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

OR ☐ Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

IMPORTANT: You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

You can manage your account online through Investor Centre at the website listed on the top right of the reverse side. Register today!

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011. If your shares were covered by the legislation and you have sold or transferred the shares and requested a specific cost basis calculation method, we have processed as requested. If you did not specify a cost basis calculation method, we have defaulted to the first in, first out (FIFO) method. Please visit our website or consult your tax advisor if you need additional information about cost basis.

1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED, STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 8/11)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$ ☐☐☐,☐☐☐.☐☐

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING

Holder Account Number

C0009467777 FID

Computershare
PO Box 6006
Carol Stream, IL 60197-6006

P12012

0000000000XOM SPP1 C 0009467777

BRUNSTING004842

ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

000073

ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING
SURVIVOR'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009467777

SSN/TIN Certified Yes

Symbol XOM

001CS0003.eml.l.mix.042349_3733/000073/000082/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

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Holder Account Number: C0009467777

► ACCOUNT SUMMARY

As of close of stock market on 12 Sep 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	0.000000	0.000000	0.000000		

Transaction History

From: 12 Sep 2012 **To: 12 Sep 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							684.511319
12 Sep 2012	Transfer						-684.511319	0.000000

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

SSN/TIN Certified – If your account is not certified, as indicated by a "No" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

P12013

C0009467777 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

OR ☐ Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

OR ☐ Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

IMPORTANT: You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

You can manage your account online through Investor Centre at the website listed on the top right of the reverse side. Register today!

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011. If your shares were covered by the legislation and you have sold or transferred the shares and requested a specific cost basis calculation method, we have processed as requested. If you did not specify a cost basis calculation method, we have defaulted to the first in, first out (FIFO) method. Please visit our website or consult your tax advisor if you need additional information about cost basis.

1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED, STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 8/11)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$, .

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA BRUNSTING TR UA 04/01/09 NELVA BRUNSTING

Holder Account Number

C0009467777 FID

Computershare
PO Box 6006
Carol Stream, IL 60197-6006

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BRUNSTING004844

ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

001703

ANITA KAY BRUNSTING
& AMY RUTH BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING
DECEDENT'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009896261

SSN/TIN Certified Yes

Symbol XOM

001CS0003.dss.l.mix.042349_3733/001703/001875/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009896261

► ACCOUNT SUMMARY

As of close of stock market on 12 Sep 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	0.000000	587.204777	587.204777		

Transaction History

From: 12 Sep 2012 **To: 12 Sep 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							0.000000
12 Sep 2012	Transfer						587.204777	587.204777

00TPPA (Rev. 12/11)

How to Read Your Statement

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P12015

C0009896261 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

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Sell this number of shares. Shares may be a combination of DRS and Plan shares.
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IMPORTANT: You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

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1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 8/11)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$ ☐☐☐,☐☐☐.☐☐

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA KAY BRUNSTING

Holder Account Number

C0009896261 FID

Computershare
PO Box 6006
Carol Stream, IL 60197-6006

P12016

00000000XOM SPP1 C 0009896261

BRUNSTING004846

ExxonMobil

Computershare

Computershare Trust Company, N.A.
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800 252 1800
Outside USA, US territories & Canada 781 575 2058
www.computershare.com/exxonmobil

Exxon Mobil Corporation is incorporated under the laws of the State of NJ.

000072

ANITA BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING
DECEDENT'S TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Holder Account Number

C0009467769

SSN/TIN Certified Yes

Symbol XOM

001CS0003.eml.l.mix.042349_3733/000072/000081/i

Exxon Mobil Corporation - Summary of Account Holdings and Transaction Form

It is important to retain this statement for tax reporting purposes and for use as a reference when you access your account online at our website or when contacting Computershare.

Holder Account Number: C0009467769

► ACCOUNT SUMMARY

As of close of stock market on 12 Sep 2012

Stock Class Description	Certificated Shares/ Units Held by You	Direct Registration Book Shares/Units	Investment Plan Book Shares/Units	Total Shares/Units	Closing Price Per Share/Unit ($)	Market Value ($)
DSPP - Common Stock	0.000000	0.000000	0.000000	0.000000		

Transaction History

From: 12 Sep 2012 **To: 12 Sep 2012**

This section pertains only to book-entry shares/units.

Date	Transaction Description	Transaction Amount ($)	Deduction Description	Deduction Amount ($)	Net Amount ($)	Price Per Share/Unit ($)	Transaction Shares/Units	Total Book Shares/Units
Plan Transactions DSPP - Common Stock								
	Balance Forward							4.204777
12 Sep 2012	Deposit						583.000000	587.204777
12 Sep 2012	Transfer						-587.204777	0.000000

00TPPA (Rev. 12/11)

How to Read Your Statement

Please see reverse side for important information

Stock Class Description – A description of the stock class in which you hold shares, e.g. Common stock.

Certificated Shares/Units Held By You – A physical certificate was issued for these shares/units.

Book/Book-Entry Shares – Shares Computershare maintains for you in an electronic account; a stock certificate was not issued for these shares. All Direct Registration shares and investment plan ("Plan") shares are held in book-entry form.

Direct Registration Book Shares/Units (DRS) – Book-entry shares that are not part of the Plan.

Investment Plan Book Shares/Units – Book-entry shares that are part of either a dividend reinvestment plan (DRP) or direct stock purchase plan (DSPP).

Total Shares/Units – The sum of all certificated and book shares held in this account as of the date specified.

Closing Price – The closing market price as of the account summary date.

Market Value – The dollar value of the total shares held in this account as of the date specified.

Deduction Description – A description of any amounts withheld including transaction fees.

Deduction Amount – Dollar amounts deducted may include taxes and transaction fees (which fees shall include any brokerage commissions Computershare is required to pay).

Net Amount – The total amount transacted for you, equal to the transaction amount less any applicable deductions.

Price Per Share/Unit – The market price per share purchased or sold under the Plan for this transaction.

Transaction Shares/Units – The number of shares purchased or sold through the Plan for this transaction.

Total Book Shares/Units – The sum of all book-entry shares, including both DRS and investment plan shares, as of the date specified.

SSN/TIN Certified – If your account is not certified, as indicated by a "No" appearing under the SSN/TIN title in the top right section of this form, you must complete a Form W-9 (US resident) or Form W-8BEN (non-US resident) or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Either form is available through the "PRINTABLE FORMS" section of our website. Faxed forms are not acceptable. You may certify your tax status or obtain the necessary forms at the website listed above.

P12017

BRUNSTING004847

C0009467769 SL1 FID

XOM 214UDR

1 Transaction Request Form

Please check or complete all applicable sections.

1A Sell Shares

OR ☐ Sell all book-entry shares, including plan and DRS shares (if applicable), and terminate plan participation.

Sell this number of shares. Shares may be a combination of DRS and Plan shares.
Sale requests submitted on this *Transaction Request Form* will be processed as a batch order. Please see instructions below for more information.

1B Withdraw from the Reinvestment Program

(DRS shares will receive future dividends in cash.)

OR ☐ Reassign all of my whole shares to DRS, terminate my participation in the plan and send a check for any fractional shares.

Reassign this number of whole shares to DRS, and terminate my participation in the plan for these shares.

1C Deposit Certificate(s) into the Investment Plan

IMPORTANT: You must submit the original unsigned certificate(s) with this form.

Deposit this number of shares into my reinvestment account.

1D Authorized Signature(s)*

Signature 1 - Please keep signature within the box.

Signature(s) 2 - Please keep signature within the box.

Please detach this portion and mail it to: Computershare, PO Box 43078, Providence, RI 02940-3078

How to Request a Transaction (refer to the prospectus/brochure for additional details on the terms and conditions of transactions under the plan or DRS sales facility)

You can manage your account online through Investor Centre at the website listed on the top right of the reverse side. Register today!

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011. If your shares were covered by the legislation and you have sold or transferred the shares and requested a specific cost basis calculation method, we have processed as requested. If you did not specify a cost basis calculation method, we have defaulted to the first in, first out (FIFO) method. Please visit our website or consult your tax advisor if you need additional information about cost basis.

1A. Use **section 1A** above to sell a portion of your plan shares, or to sell all plan shares and terminate your plan participation. Sale requests submitted on this *Transaction Request Form* will be treated as a batch order and generally processed no later than five business days after the date on which the form is received. A Market Order sale may be available for transactions submitted by telephone or through Investor Centre at www.computershare.com. Please contact us at the phone number listed on the reverse side or refer to the brochure for the plan or DRS Sales Facility for more information concerning the types of orders available. Note: market orders and batch orders are subject to different fees. Please visit the website or contact us at the phone number listed on the reverse side for fee details. A proceeds check will be mailed to you, less any applicable taxes and fees. You can request electronic funds transfer for your sales proceeds by updating your bank details online through Investor Centre at the website listed on the reverse side. Upon written request, we will provide the name of the executing broker dealer associated with the transaction, and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction, if any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED, STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

To have the proceeds paid to someone other than the current registered holder, the shares must first be transferred to the other party. For assistance with a stock transfer please visit the "Help" section on our website or you may contact us by phone; both are listed on the reverse side.

1B. Use **section 1B** above to withdraw a portion or all of your shares from the plan. These shares will become Direct Registration System (DRS) shares and will be held electronically in your account in book-entry form by Computershare. We will mail you a check for the value of any fractional shares (if applicable). If your request is received near a record date, Computershare has the right to reinvest the dividend or pay you in cash. Future dividends for these shares will be paid in cash, unless you rejoin the plan.

1C. Use **section 1C** above to minimize risk of loss, theft or damage by depositing certificates. Computershare will deposit these shares into your plan account and hold them electronically in book-entry form. Send physical stock certificate(s) via registered mail or a courier service that provides a return receipt to: Computershare, 250 Royall Street, Canton, MA, 02021. Do not endorse the certificate(s) or complete the assignment section. You may want to insure the mailing for 3% of the stock's market value, which is the approximate cost to replace a certificate in the event that it is lost in transit.

1D. All registered holders must sign **section 1D** for the above instruction(s) to be completed. *Sales requests for partnerships or corporations must include a Medallion Signature Guarantee or a copy of the corporate resolution/partnership agreement. A Medallion Signature Guarantee is a special stamp provided by a bank, broker or credit union (guarantor institutions) that indicates the individual(s) signing a form is legally authorized to conduct the requested transaction. A notarized signature is not a substitute for a Medallion Signature Guarantee.

2. Use **section 2** below to make an optional investment through the plan. Detach the completed form and mail it, along with a check payable to Computershare, in the enclosed envelope. Please note the purchase limitations identified on the bottom left of the form.

If you do not keep in contact with us or do not have any activity in your account for the time periods specified by state law, your property could become subject to state unclaimed property laws and transferred to the appropriate state.

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), Social Security number, bank account information, stock ownership information and other financial information. With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information. Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Note: Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other federal or state agency.

00WA2A-MOT (Rev. 8/11)

2 Purchase Additional Shares of Company Stock

If you wish to make an optional cash purchase at this time, please make your check payable to Computershare.

Attached is a check in the amount of:

$, .

- **No third party checks, money orders or credit card payments will be accepted.**
- Please write your holder account number and the company name on your check.
- This form should **ONLY** be used for Exxon Mobil Corporation.
- The enclosed contribution will **ONLY** be applied to the account referenced to the right.

The plan allows for a minimum amount of $50 with a maximum amount of $250,000 per year. Computershare will invest funds at least twice per week on Tuesdays and Thursdays. If either Tuesday or Thursday is not a stock market trading day ("trading day"), then funds will be invested on the next trading day.

Please detach this portion and mail it to the address provided on the right.

Holder Name: ANITA BRUNSTING TR UA 04/01/09 ELMER H BRUNSTING

Holder Account Number

C0009467769 FID

Computershare
PO Box 6006
Carol Stream, IL 60197-6006

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BRUNSTING004848

Bank of America

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-08-12 through 10-10-12
B 05 E I E PI 5 0127944

Account Number: 5860 2756 3523

11099 E01 SCM999 I1 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Mobile Banking Apps

Want flexibility to bank on your smartphone or tablet? Download Bank of America's free Mobile Banking App: Text APP1 to 226526. Must first enroll in Online Banking. Supported carriers include: Alltel, AT&T, Cellular One, T-Mobile, Virgin Mobile, US Cellular, Verizon Wireless. Wireless fees may apply. Text STOP to cancel and HELP for help to 226526.

P12019

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Deposit Accounts

Adv Tiered Interest Chkg

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		5860 2756 3523
Beginning Balance on 09-08-12	$	249,539.10
Deposits and Other Additions	+	0.27
Other Subtractions	-	167,068.97
Ending Balance on 10-10-12	**$**	**82,470.40**

Interest Paid Year to Date: $0.27

Effective 12/01/12, the rate bonus available to Advantage and Preferred Checking relationship customers ("Plus Customers") for new or renewing CD or CD IRA accounts may be lowered or discontinued without notice at any time. The new rate bonus, if any, will be included in the interest rate quoted for the renewal term. This change also affects customers who have a Wealth Management, US Trust or Small Business client managed relationship. Platinum Privileges customers will still be eligible for Platinum rates on select CDs. For information about alternative products and rates, or to find out how to qualify for Platinum Privileges®, please call 1.800.432.1000 or visit your nearest banking center.

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	10-10	0.27

Total Deposits and Other Additions $0.27

Adv Tiered Interest Chkg Subtractions

Other Subtractions	Date Posted	Amount($)
Houston Chron Des:Checkpaymt Check #:0137 Indn:0658779 Co ID:1760556295 Arc	09-10	68.97
Agent Assisted transfer to Chk 8577 Confirmation# 0346357465	10-05	167,000.00

Total Other Subtractions $167,068.97

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	249,539.10	10-05	82,470.13
09-10	249,470.13	10-10	82,470.40

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12021

P12022

Bank of America Online Banking

Adv Tiered Interest Chkg - 3523: Account Activity

Balance Summary:$249,470.40 (available as of today 10/17/2012)
View:today 10/17/2012

All Transactions

Date	Description	Type	Status	$Amount	$A
Amount included in Available Balance					
10/11/2012	Online Banking transfer from SAV 8577 Confirmation# 2792416135		C	167,000.00	24
Statement as of 10/11/2012 (view statements)					
10/10/2012	Interest Earned		C	0.27	8
10/05/2012	Agent Assisted transfer to CHK 8577 Confirmation# 0346357465		C	-167,000.00	8
09/10/2012	HOUSTON CHRON DES:CHECKPAYMT CHECK #:0137 INDN:0658779 CO ID:1760556295...		C	-68.97	24
Statement as of 09/08/2012 (view statements)					
08/31/2012	TX TLR transfer to CHK 3536 Banking Ctr VICTORIA BANKING CENTER #0000270 TX...		C	-167,000.00	24
Statement as of 08/11/2012 (view statements)					
07/18/2012	Check 136		C	-15.45	41
07/18/2012	Check 135		C	-17,000.00	41
07/17/2012	External transfer fee - 3 Day - 07/16/2012 Confirmation: 80473686		C	-3.00	43
07/16/2012	TRANSFER NELVA E BRUNSTING SU:Amy Brunsting Confirmation# 2645371827		C	-353.43	43
Statement as of 07/11/2012 (view statements)					
07/05/2012	Check 125		C	-60.00	43
07/05/2012	Check 124		C	-60.00	43
06/27/2012	Check 134		C	-29.19	43

P12023

BRUNSTING004853

Bank of America Online Banking

Personal Money Mkt Savings - 8577: Account Activity

Balance Summary:$167,000.00 (available as of today 10/17/2012)
View:today 10/17/2012

All Transactions

Date	Description	Type	Status	$Amount	$Available Balance
10/11/2012	Online Banking transfer to CHK 3523 Confirmation# 2792416135		C	-167,000.00	167,000.00
10/11/2012	Online Banking transfer from CHK 3536 Confirmation# 3792410856		C	167,000.00	334,000.00
10/05/2012	Agent Assisted transfer from CHK 3523 Confirmation# 0346357465		C	167,000.00	167,000.00

P12024

BRUNSTING004854

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
06-09-12 through 07-10-12
B 05 E I E PI 5 0125617

Account Number: 5860 2756 3523

11099 E01 SCM999 I12 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

With Bank of America's secure Mobile Banking, you have the flexibility to bank from your smartphone or tablet anytime, anywhere. To download the free Mobile Banking App, visit: bankofamerica.com/onthego.

P12025

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Deposit Accounts

Regular Checking

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number	5860 2756 3523
Beginning Balance on 06-09-12	$ 434,060.17
Checks Posted	- 149.19
Ending Balance on 07-10-12	**$ 433,910.98**

Regular Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
124	07-05	60.00	125	07-05	60.00	134*	06-27	29.19

Total Checks Posted $149.19

* Gap in sequential check numbers.

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	434,060.17	06-27	434,030.98	07-05	433,910.98

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

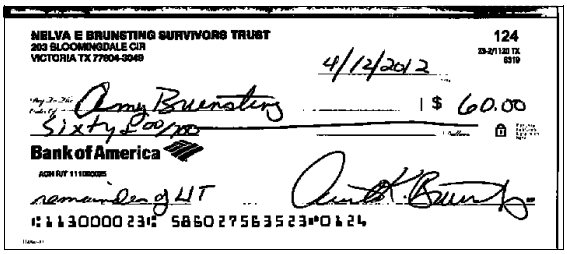
Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

P12027

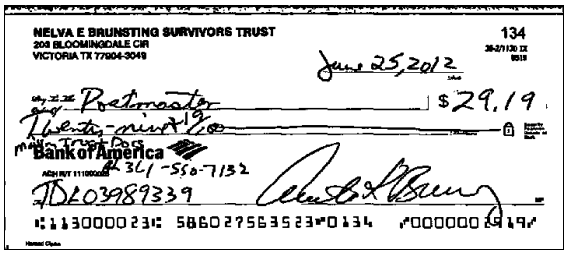
Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Check Image

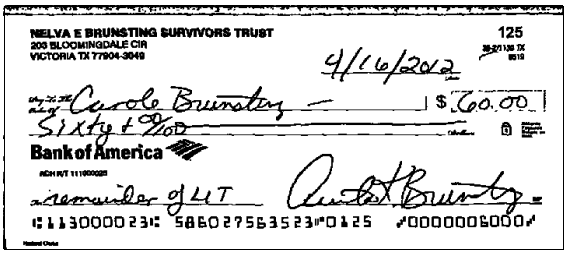
Account Number: 5860 2756 3523



Ref. No.: 813009792648581 Amount: 60.00



Ref. No.: 813009330328363 Amount: 29.19



Ref. No.: 813007633374960 Amount: 60.00

P12028

END OF CHECK IMAGE

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
07-11-12 through 08-10-12
B 05 E I E PI 5 0121585

Account Number: 5860 2756 3523

11099 E01 SCM999 I1 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Checking

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		5860 2756 3523
Beginning Balance on 07-11-12	$	433,910.98
Checks Posted	-	17,015.45
Service Charges and Other Fees	-	3.00
Other Subtractions	-	353.43
Ending Balance on 08-10-12	**$**	**416,539.10**

Regular Checking Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
135	07-18	17,000.00	136	07-18	15.45

P12029

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Account Number: 5860 2756 3523

Regular Checking Subtractions

Total Checks Posted $17,015.45

Service Charges and Other Fees	Date Posted	Amount($)
External transfer fee - 3 Day - 07/16/2012 Confirmation: 80473686	07-17	3.00

Total Service Charges and Other Fees $3.00

Other Subtractions	Date Posted	Amount($)
Transfer Nelva E Brunsting Su:Amy Brunsting Confirmation# 2645371827	07-16	353.43

Total Other Subtractions $353.43

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	433,910.98	07-17	433,554.55
07-16	433,557.55	07-18	416,539.10

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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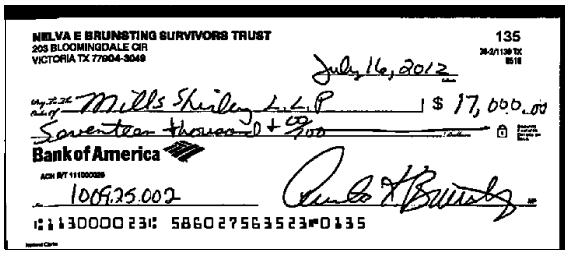
P12031

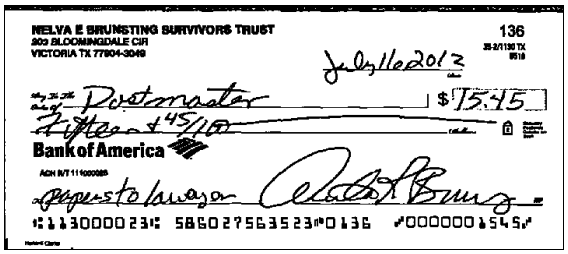
Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Check Image

Account Number: 5860 2756 3523



Ref. No.: 813009792530209 Amount: 17,000.00



Ref. No.: 813009430537935 Amount: 15.45

P12032

END OF CHECK IMAGE

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
08-11-12 through 09-07-12
B 05 E I E PI 5 0121760

Account Number: 5860 2756 3523

08099 E01 SCM999 I123 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
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Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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P12033

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Deposit Accounts

Regular Checking

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number	5860 2756 3523
Beginning Balance on 08-11-12	$ 416,539.10
Other Subtractions	- 167,000.00
Ending Balance on 09-07-12	**$ 249,539.10**

Regular Checking Subtractions

Other Subtractions	Date Posted	Amount($)
TX Tlr transfer to Chk 3536 Banking Ctr Victoria Banking Center #0000270 TX Confirmation# 4142628316	08-31	167,000.00

Total Other Subtractions $167,000.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	416,539.10	08-31	249,539.10

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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P12035

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12036

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
09-12-12 through 10-12-12
B 07 E I E PI 7 0123054

Account Number: 5860 2756 3536

13099 E01 SCM999 I1 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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P12037

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Deposit Accounts

Adv Tiered Interest Chkg

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number		5860 2756 3536
Beginning Balance on 09-12-12	$	213,534.79
Deposits and Other Additions	+	26,438.67
Other Subtractions	-	167,000.00
Ending Balance on 10-12-12	**$**	**72,973.46**

Annual Percentage Yield Earned this Statement Period: 0.01%
Interest Paid Year to Date: $1.17

Effective 12/01/12, the rate bonus available to Advantage and Preferred Checking relationship customers ("Plus Customers") for new or renewing CD or CD IRA accounts may be lowered or discontinued without notice at any time. The new rate bonus, if any, will be included in the interest rate quoted for the renewal term. This change also affects customers who have a Wealth Management, US Trust or Small Business client managed relationship. Platinum Privileges customers will still be eligible for Platinum rates on select CDs. For information about alternative products and rates, or to find out how to qualify for Platinum Privileges®, please call 1.800.432.1000 or visit your nearest banking center.

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	10-05	26,437.50
Interest Earned	10-12	1.17

Total Deposits and Other Additions $26,438.67

Adv Tiered Interest Chkg Subtractions

Other Subtractions	Date Posted	Amount($)
Online Banking transfer to Sav 8577 Confirmation# 3792410856	10-11	167,000.00

Total Other Subtractions $167,000.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	213,534.79	10-11	72,972.29
10-05	239,972.29	10-12	72,973.46

P12038

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12039

P12040

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
10-05-12 through 10-23-12
B 14 0 A P PA 14 0116265
Number of checks enclosed: 0
Account Number: 5860 2345 8577

24099 001 SCM999 I1 0

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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Tampa, FL 33622-5118

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P12041

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Deposit Accounts

Personal Money Market Savings
Money Market Savings

NELVA E BRUNSTING SURVIVORS TRUST ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 8577
Beginning Balance on 10-05-12	$	0.00
Deposits and Other Additions	+	334,017.34
Other Subtractions	-	167,000.00
Ending Balance on 10-23-12	**$**	**167,017.34**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $17.34

Money Market Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Agent Assisted transfer from Chk 3523 Confirmation# 0346357465	10-05	167,000.00
Online Banking transfer from Chk 3536 Confirmation# 3792410856	10-11	167,000.00
Interest Earned	10-23	17.34

Total Deposits and Other Additions $334,017.34

Money Market Savings Subtractions

Other Subtractions	Date Posted	Amount($)
Online Banking transfer to Chk 3523 Confirmation# 2792416135	10-11	167,000.00

Total Other Subtractions $167,000.00

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	0.00	10-05	167,000.00	10-23	167,017.34

P12042

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

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IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

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Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12043

P12044

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
10-11-12 through 11-07-12
B 05 E I E PI 5 0121805

Account Number: 5860 2756 3523

08099 E01 SCM999 I123 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

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P.O. Box 25118
Tampa, FL 33622-5118

Mobile Banking Apps

Want flexibility to bank on your smartphone or tablet? Download Bank of America's free Mobile Banking App: Text APP1 to 226526. Must first enroll in Online Banking. Supported carriers include: Alltel, AT&T, Cellular One, T-Mobile, Virgin Mobile, US Cellular, Verizon Wireless. Wireless fees may apply. Text STOP to cancel and HELP for help to 226526.

P12045

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Deposit Accounts

Adv Tiered Interest Chkg

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 3523
Beginning Balance on 10-11-12	$	82,470.40
Deposits and Other Additions	+	167,029.76
Checks Posted	-	149.75
Ending Balance on 11-07-12	**$**	**249,350.41**

Annual Percentage Yield Earned this Statement Period: 0.03%
Interest Paid Year to Date: $5.99

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Online Banking transfer from Sav 8577 Confirmation# 2792416135	10-11	167,000.00
Deposit	10-26	24.04
Interest Earned	11-07	5.72

Total Deposits and Other Additions $167,029.76

Adv Tiered Interest Chkg Subtractions

Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)	Check #	Posting Date	Amount($)
138	10-19	79.00	139	10-18	61.75	140	10-22	9.00

Total Checks Posted $149.75

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	82,470.40	10-19	249,329.65	11-07	249,350.41
10-11	249,470.40	10-22	249,320.65		
10-18	249,408.65	10-26	249,344.69		

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

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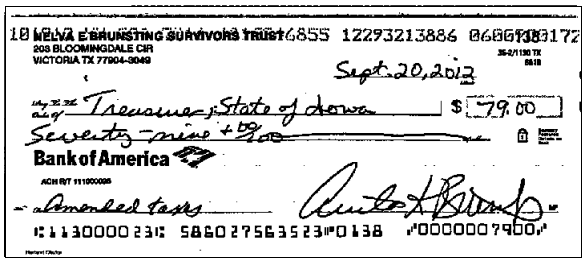
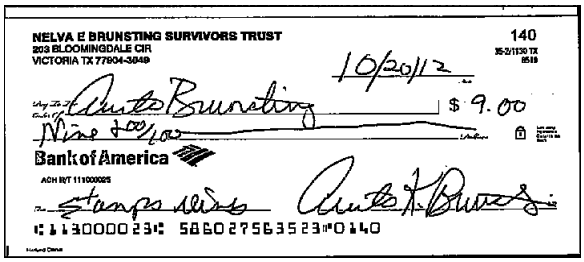
P12047

Check Image

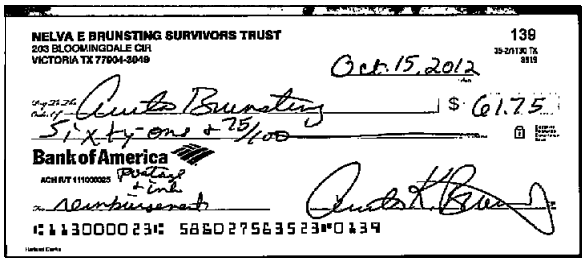
Account Number: 5860 2756 3523



Ref. No.: 813009092808927 Amount: 79.00



Ref. No.: 813004292261629 Amount: 9.00



Ref. No.: 813004192308473 Amount: 61.75

END OF CHECK IMAGE

P12048

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
10-13-12 through 11-09-12
B 07 E I E PI 7 0118803

Account Number: 5860 2756 3536

10099 E01 SCM999 I123 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
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www.bankofamerica.com

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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P12049

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Deposit Accounts

Adv Tiered Interest Chkg

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number		XXXX XXXX 3536
Beginning Balance on 10-13-12	$	72,973.46
Deposits and Other Additions	+	58.94
Checks Posted	-	1,000.00
Other Subtractions	-	1,586.40
Ending Balance on 11-09-12	**$**	**70,446.00**

Annual Percentage Yield Earned this Statement Period: 0.02%
Interest Paid Year to Date: $2.25

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	10-26	57.86
Interest Earned	11-09	1.08

Total Deposits and Other Additions $58.94

Adv Tiered Interest Chkg Subtractions

Check #	Posting Date	Amount($)
103	10-16	1,000.00

Total Checks Posted $1,000.00

Other Subtractions	Date Posted	Amount($)
County Treasurer Des:Tax ID: 1662907 Indn:Elmer H. Brunsting Dec Co ID:Yxxxxxxxxx Web	10-15	1,586.40

Total Other Subtractions $1,586.40

Daily Balance Summary

Date	Balance($)	Date	Balance($)	Date	Balance($)
Beginning	72,973.46	10-16	70,387.06	11-09	70,446.00
10-15	71,387.06	10-26	70,444.92		

P12050

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
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4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
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SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

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IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

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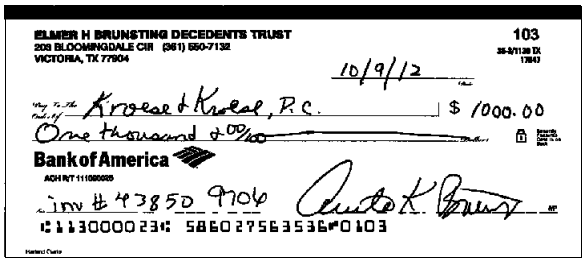
P12051

Check Image

Account Number: 5860 2756 3536



Ref. No.: 813006992613925 Amount: 1,000.00

END OF CHECK IMAGE

P12052

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
10-24-12 through 11-21-12
B 14 0 A P PA 14 0111496
Number of checks enclosed: 0
Account Number: 5860 2345 8577

23099 001 SCM999 I123 0

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011
203 BLOOMINGDALE CIR
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P.O. Box 25118
Tampa, FL 33622-5118

This holiday season, you can make 3 times the difference in the fight against hunger. For every $1 you give from now until January 7, 2013, we'll give $2, up to a maximum total match of $1,500,000. Together, we'll help provide thousands of meals to people in need through Feeding America's Give a Meal campaign. To give, visit www.bankofamerica.com/give.

P12053

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Deposit Accounts

Personal Money Market Savings
Money Market Savings

NELVA E BRUNSTING SURVIVORS TRUST ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 8577
Beginning Balance on 10-24-12	$	167,017.34
Deposits and Other Additions	+	26.47
Ending Balance on 11-21-12	**$**	**167,043.81**

Annual Percentage Yield Earned this Statement Period: 0.20%
Interest Paid Year to Date: $43.81

Money Market Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	11-21	26.47

Total Deposits and Other Additions $26.47

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	167,017.34	11-21	167,043.81

P12054

How To Balance Your Bank of America Account

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4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

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IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

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P12055

P12056

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
11-08-12 through 12-07-12
B 05 E I E PI 5 0119992

Account Number: 5860 2756 3523

08099 E01 SCM999 I1 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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Tampa, FL 33622-5118

Deposit Accounts

Adv Tiered Interest Chkg

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 3523
Beginning Balance on 11-08-12	$	249,350.41
Deposits and Other Additions	+	6.13
Ending Balance on 12-07-12	**$**	**249,356.54**

Annual Percentage Yield Earned this Statement Period: 0.03%
Interest Paid Year to Date: $12.12

P12057

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Account Number: 5860 2756 3523

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	12-07	6.13

Total Deposits and Other Additions $6.13

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	249,350.41	12-07	249,356.54

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SUBTOTAL ..... $ _____

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Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

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* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12059

P12060

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
11-10-12 through 12-11-12
B 07 E I E PI 7 0118079

Account Number: 5860 2756 3536

12099 E01 SCM999 I1 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information

www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Adv Tiered Interest Chkg

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number		XXXX XXXX 3536
Beginning Balance on 11-10-12	$	70,446.00
Deposits and Other Additions	+	1.23
Ending Balance on 12-11-12	**$**	**70,447.23**

Annual Percentage Yield Earned this Statement Period: 0.02%
Interest Paid Year to Date: $3.48

P12061

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Account Number: 5860 2756 3536

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	12-11	1.23

Total Deposits and Other Additions $1.23

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	70,446.00	12-11	70,447.23

P12062

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12063

P12064

Bank of America

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
11-22-12 through 12-20-12
B 14 0 A P PA 14 0099409
Number of checks enclosed: 0
Account Number: 5860 2345 8577

21099 001 SCM999 I1 0

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Personal Money Market Savings
Money Market Savings

NELVA E BRUNSTING SURVIVORS TRUST ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 8577
Beginning Balance on 11-22-12	$	167,043.81
Deposits and Other Additions	+	20.08
Ending Balance on 12-20-12	**$**	**167,063.89**

Annual Percentage Yield Earned this Statement Period: 0.15%
Interest Paid Year to Date: $63.89

Money Market Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	12-20	20.08
Total Deposits and Other Additions		**$20.08**

P12065

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Statement Period
11-22-12 through 12-20-12
B 14 0 A P PA 14
Number of checks enclosed: 0
Account Number: 5860 2345 8577

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	167,043.81	12-20	167,063.89

P12066

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
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* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

P12067

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12068

Bank of America

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-08-12 through 01-09-13
B 05 E I E PI 5 0122547

Account Number: 5860 2756 3523

10099 E01 SCM999 I1 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Adv Tiered Interest Chkg

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 3523
Beginning Balance on 12-08-12	$	249,356.54
Deposits and Other Additions	+	111.01
Other Subtractions	-	48.70
Ending Balance on 01-09-13	**$**	**249,418.85**

Annual Percentage Yield Earned this Statement Period: 0.03%
Interest Paid Year to Date: $6.75

P12069

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Deposit	12-24	104.26
Interest Earned	01-09	6.75

Total Deposits and Other Additions $111.01

Adv Tiered Interest Chkg Subtractions

Other Subtractions	Date Posted	Amount($)
Office Depot Des:Purchase Ck#141 Victtx Indn:140031000020686944856 Co ID:9036900539 Pop	12-31	48.70

Total Other Subtractions $48.70

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	249,356.54	12-31	249,412.10
12-24	249,460.80	01-09	249,418.85

P12070

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

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For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

P12071

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12072

Bank of America

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-12-12 through 01-11-13
B 07 E I E PI 7 0117369

Account Number: 5860 2756 3536

12099 E01 SCM999 I1 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Adv Tiered Interest Chkg

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number		XXXX XXXX 3536
Beginning Balance on 12-12-12	$	70,447.23
Deposits and Other Additions	+	1.19
Ending Balance on 01-11-13	**$**	**70,448.42**

Annual Percentage Yield Earned this Statement Period: 0.02%
Interest Paid Year to Date: $1.19

P12073

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Account Number: 5860 2756 3536

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-11	1.19

Total Deposits and Other Additions $1.19

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	70,447.23	01-11	70,448.42

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

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For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

P12075

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12076

Bank of America

H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
12-21-12 through 01-23-13
B 14 0 A P PA 14 0106634
Number of checks enclosed: 0
Account Number: 5860 2345 8577

24099 001 SCM999 I1 0

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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Customer Service Information
www.bankofamerica.com

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Personal Money Market Savings
Money Market Savings

NELVA E BRUNSTING SURVIVORS TRUST ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 8577
Beginning Balance on 12-21-12	$	167,063.89
Deposits and Other Additions	+	23.32
Ending Balance on 01-23-13	**$**	**167,087.21**

Annual Percentage Yield Earned this Statement Period: 0.15%
Interest Paid Year to Date: $23.32

Money Market Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	01-23	23.32
Total Deposits and Other Additions		**$23.32**

P12077

H

Statement Period
12-21-12 through 01-23-13
B 14 0 A P PA 14
Number of checks enclosed: 0
Account Number: 5860 2345 8577

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	167,063.89	01-23	167,087.21

P12078

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calender days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

P12079

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12080

Bank of America

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
01-10-13 through 02-06-13
B 05 E I E PI 5 0115484

Account Number: 5860 2756 3523

07099 E01 SCM999 I 23 0

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Adv Tiered Interest Chkg

NELVA E BRUNSTING SURVIVORS TRUST AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 3523
Beginning Balance on 01-10-13	$	249,418.85
Deposits and Other Additions	+	5.74
Ending Balance on 02-06-13	**$**	**249,424.59**

Annual Percentage Yield Earned this Statement Period: 0.03%
Interest Paid Year to Date: $12.49

P12081

NELVA E BRUNSTING SURVIVORS TRUST
AMY RUTH BRUNSTING TRTEE
ANITA K BRUNSTING TRTEE U/A 11/22/2011

Account Number: 5860 2756 3523

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	02-06	5.74

Total Deposits and Other Additions $5.74

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	249,418.85	02-06	249,424.59

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

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For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

P12083

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12084

Bank of America

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
01-12-13 through 02-08-13
B 07 E I E PI 7 0112536

Account Number: 5860 2756 3536

09099 E01 SCM999 I 23 0

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information
www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Adv Tiered Interest Chkg

ELMER H BRUNSTING DECEDENTS TRUST ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Your Account at a Glance

Account Number		XXXX XXXX 3536
Beginning Balance on 01-12-13	$	70,448.42
Deposits and Other Additions	+	1.08
Ending Balance on 02-08-13	**$**	**70,449.50**

Annual Percentage Yield Earned this Statement Period: 0.02%
Interest Paid Year to Date: $2.27

P12085

ELMER H BRUNSTING DECEDENTS TRUST
ANITA K BRUNSTING TRTEE
AMY RUTH BRUNSTING TRTEE U/A 10/10/1996

Adv Tiered Interest Chkg Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	02-08	1.08

Total Deposits and Other Additions $1.08

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	70,448.42	02-08	70,449.50

P12086

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... $ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
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For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

P12087

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12088

Bank of America

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Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Statement Period
01-24-13 through 02-20-13
B 14 0 A P PA 14 0098987
Number of checks enclosed: 0
Account Number: 5860 2345 8577

21099 001 SCM999 I 23 0

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

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Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Personal Money Market Savings
Money Market Savings

NELVA E BRUNSTING SURVIVORS TRUST ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Your Account at a Glance

Account Number		XXXX XXXX 8577
Beginning Balance on 01-24-13	$	167,087.21
Deposits and Other Additions	+	19.23
Ending Balance on 02-20-13	**$**	**167,106.44**

Annual Percentage Yield Earned this Statement Period: 0.15%
Interest Paid Year to Date: $42.55

Money Market Savings Additions

Deposits and Other Additions	Date Posted	Amount($)
Interest Earned	02-20	19.23
Total Deposits and Other Additions		**$19.23**

P12089

NELVA E BRUNSTING SURVIVORS TRUST
ANITA K BRUNSTING TRTEE
U/A 11/22/2011

Daily Balance Summary

Date	Balance($)	Date	Balance($)
Beginning	167,087.21	02-20	167,106.44

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here ..... $ _____
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3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... $ _____
4. This is your NEW ACCOUNT REGISTER BALANCE ..... $ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here ..... $ _____
2. Add any deposits not shown on this statement ..... $ _____

_____

_____

SUBTOTAL ..... $ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		**Checks, ATM, Check Card, Electronic Withdrawals**		**Checks, ATM, Check Card, Electronic Withdrawals**	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... $ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
   This Balance should match your new Account Register Balance ..... $ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

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Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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P12091

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

P12092

9706

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

▶ Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

2012 | OMB No. 1545-0092

A Check all that apply:
- ☐ Decedent's estate
- ☐ Simple trust
- ☒ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2012 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instr.)
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Name and title of fiduciary
ANITA BRUNSTING
TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see the instructions.)
203 BLOOMINGDALE CIR

City or town, state, and ZIP code
VICTORIA TX 77904

C Employer identification number
27-6453100

D Date entity created

Client Copy

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.
- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ▶

Income	1	Interest income	1	
	2a	Total ordinary dividends	2a	10,386
	b	Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust 6,754		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	7,187
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	63,512
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9	81,085
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☐	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	1,487
	16	Add lines 10 through 15b ▶	16	1,487
	17	Adjusted total income or (loss). Subtract line 16 from line 9 17 79,598		
	18	Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	100
	21	Add lines 18 through 20 ▶	21	100
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	79,498
	23	**Total tax** (from Schedule G, line 7)	23	23,902
	24	**Payments:** a 2012 estimated tax payments and amount applied from 2011 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with Form 7004 (see instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	
	26	Estimated tax penalty (see instructions)	26	4
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	23,906
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	
	29	Amount of line 28 to be: a **Credited to 2013 estimated tax** ▶ ; b **Refunded** ▶	29	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/15/13		P00144154

Firm's name ▶ KROESE & KROESE P.C. Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 Phone no. 712-722-3375

DAA **For Paperwork Reduction Act Notice, see the separate instructions.**

Form **1041** (2012)

P12093

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1	
2	Tax-exempt income allocable to charitable contributions (see instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

Client Copy

Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions)	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law 8		
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	

Schedule G Tax Computation (see instructions)

1	**Tax:** a Tax on taxable income (see instructions)	1a	23,992		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0		
	d **Total.** Add lines 1a through 1c ▶			1d	23,992
2a	Foreign tax credit. Attach Form 1116	2a	90		
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	90
4	Subtract line 3 from line 1d. If zero or less, enter -0-			4	23,902
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 4 through 6. Enter here and on page 1, line 23 ▶			7	23,902

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses		X
	Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $		
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2012, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X

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Form **8879-F**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for Form 1041

For calendar year 2012, or fiscal year beginning ..... , ending .....

▶ **Do not send to the IRS. Keep for your records.**

OMB No. 1545-0967

2012

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number

Client Copy
27-6453100

Name and title of fiduciary

ANITA BRUNSTING
TRUSTEE

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	81,085
2	Income distribution deduction (Form 1041, line 18)	2	
3	Taxable income (Form 1041, line 22)	3	79,498
4	Total tax (Form 1041, line 23)	4	23,902
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	23,906

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2012 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☒ I authorize KROESE & KROESE P.C. (ERO firm name) to enter my PIN 10540 (do not enter all zeros) as my signature on the estate's or trust's 2012 electronically filed income tax return.

☐ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2012 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ▶ _____ Date ▶ 04/05/13

ANITA BRUNSTING

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 42051284948 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Returns for Estates and Trusts for Tax Year 2012.

ERO's signature ▶ RICHARD K RIKKERS CPA Date ▶ 04/15/13

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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2012 Form 1041-V

Department of the Treasury
Internal Revenue Service

Client Copy

Any reference in these instructions to "you" means the fiduciary of the estate or trust.

What Is Form 1041-V and Do You Have To Use It?

It is a statement you send with a check or money order for any balance due on Line 27 (Tax due) of the estate's or trust's 2012 Form 1041. Using Form 1041-V allows us to process the payment more accurately and efficiently. We strongly encourage you to use Form 1041-V, but there is no penalty if you do not.

You may choose to pay any balance due electronically. If you do, you do not need to send in Form 1041-V. To find out how to pay electronically, go to IRS.gov and enter "electronic payment options" in the search box.

How To Fill In Form 1041-V

Line 1. Enter the estate's or trust's employer identification number (EIN) as shown on its return.

Line 2. Enter the amount you are paying by check or money order.

Line 3. Enter the name of the estate or trust.

Line 4. Enter your name and title.

Line 5. Enter your address exactly as shown on the estate's or trust's return. Please print clearly.

How To Prepare the Payment

- Make the check or money order payable to "United States Treasury." Do not send cash.
- Make sure the name of the estate or trust appears on the check or money order.
- Write the estate's or trust's EIN and "2012 Form 1041" on the check or money order.
- To help us process the payment, enter the amount on the right side of the check like this: $ XXX.XX. Do not use dashes or lines (for example, do not enter "$ XXX—" or "$ XXX $^{xx}/_{100}$").

How To Send In the Estate's or Trust's 2012 Tax Return, Payment, and Form 1041-V

- Detach Form 1041-V along the dotted line.
- Do not staple or otherwise attach the payment or Form 1041-V to the return or to each other. Instead, just put them loose in an envelope.
- Mail the estate's or trust's 2012 tax return, payment, and Form 1041-V to the address shown on the back that applies to you.

Mail To: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0148

Form **1041-V** (2012)

▼ Detach Here and Mail With Your Payment and Return ▼

CUT HERE

Form **1041-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ **Make your check or money order payable to "United States Treasury"**
▶ **Do not staple or attach this voucher to your payment or return.**

OMB No. 1545-0092

2012

Print or type

1 Employer identification number (EIN) 27-6453100		2 Amount you are paying by check or money order	Dollars 23,906
3 Name of estate or trust	ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96		
4 Name and title of fiduciary	ANITA BRUNSTING TRUSTEE		
5 Address of fiduciary (number, street, and room or suite no.)	203 BLOOMINGDALE CIR		
City, state, and ZIP code	VICTORIA TX 77904		

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

DAA

P12096

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SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.
▶ Information about Schedule I (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2012

Name of estate or trust
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number
Client Copy
27-6453100

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)	1	79,598
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)	4	1,487
5	Refund of taxes	5	( )
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	( )
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	81,085
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44 (26)		
27	Estate tax deduction (from Form 1041, line 19) (27)		
28	Add lines 26 and 27	28	
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	81,085

If line 29 is:

- $22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $22,500, but less than $165,000, go to line 45.
- $165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	81,085
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	(7,187)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	73,898
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-		43	73,898
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26		44	

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Part III Alternative Minimum Tax

45	Exemption amount			45	22,500
46	Enter the amount from line 29	46	81,085		
47	Phase-out of exemption amount	47	75,000		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	6,085		
49	Multiply line 48 by 25% (.25)			49	1,521
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	20,979
51	Subtract line 50 from line 46			51	60,106
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $175,000 or less, multiply line 51 by 26% (.26). • Over $175,000, multiply line 51 by 28% (.28) and subtract $3,500 from the result			52	14,106
53	Alternative minimum foreign tax credit (see instructions)			53	90
54	Tentative minimum tax. Subtract line 53 from line 52			54	14,016
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	23,902
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see the instructions before completing this part.

57	Enter the amount from line 51			57	60,106
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary)	58	13,833		
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59			
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	13,833		
61	Enter the **smaller** of line 57 or line 60			61	13,833
62	Subtract line 61 from line 57			62	46,273
63	If line 62 is $175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,500 from the result ▶			63	12,031
64	Maximum amount subject to the 0% rate	64	2,400		
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0-	65	65,665		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0		
67	Enter the **smaller** of line 57 or line 58	67	13,833		
68	Enter the **smaller** of line 66 or line 67	68			
69	Subtract line 68 from line 67	69	13,833		
70	Multiply line 69 by 15% (.15) ▶			70	2,075
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.				
71	Subtract line 67 from line 61	71			
72	Multiply line 71 by 25% (.25) ▶			72	
73	Add lines 63, 70, and 72			73	14,106
74	If line 57 is $175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,500 from the result			74	15,628
75	Enter the **smaller** of line 73 or line 74 here and on line 52			75	14,106

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SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2012

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number

Client Copy
27-6453100

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a	JP MORGAN HIGH YIELD	VARIOUS	05/24/12	135	135	
	PIONEER FUND	VARIOUS	10/12/12	183	181	2
	BRANDYWINE BLUE	09/09/11	05/24/12	386	330	56
	CREDIT SUISSE COM RET STRAT	09/09/11	05/24/12	1,244	1,512	-268
	WASH SALE					268

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	50
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	108

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a	BRANDYWINE BLUE	06/09/10	05/24/12	6,815	5,822	993
	DWS SMALL CAP VALUE	06/09/10	05/24/12	161	147	14
	DODGE & COX INTL STOCK	06/09/10	05/24/12	10,834	10,739	95
	DODGE & COX INCOME	06/09/10	05/24/12	5,218	5,070	148
	ING GLOBAL REAL ESTATE	06/09/10	05/24/12	271	227	44

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	5,071
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions SEE STATEMENT 1	9	714
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	7,079

Part III Summary of Parts I and II Caution: Read the instructions **before** completing this part.		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		108	108
14 **Net long-term gain or (loss):**				
a Total for year	14a		Client Copy	7,079
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15		7,187	7,187

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:

a The loss on line 15, column (3) **or** b $3,000 ..... 16 ( )

Note: If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	79,498		
18 Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18	7,079				
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	6,754				
20 Add lines 18 and 19	20	13,833				
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	0				
22 Subtract line 21 from line 20. If zero or less, enter -0-			22	13,833		
23 Subtract line 22 from line 17. If zero or less, enter -0-			23	65,665		
24 Enter the **smaller** of the amount on line 17 or $2,400			24	2,400		
25 Is the amount on line 23 equal to or more than the amount on line 24? ☒ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25			
26 Subtract line 25 from line 24			26			
27 Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30; go to line 31. ☒ **No.** Enter the smaller of line 17 or line 22			27	13,833		
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)			28			
29 Subtract line 28 from line 27			29	13,833		
30 Multiply line 29 by 15% (.15)					30	2,075
31 Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31	21,917
32 Add lines 30 and 31					32	23,992
33 Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33	26,758
34 **Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34	23,992

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SCHEDULE D-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2012

Name of estate or trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number: 27-6453100

Client Copy

Part I Short-Term Capital Gains and Losses–Assets Held One Year or Less

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a JP MORGAN HIGH YIELD	VARIOUS	05/24/12	196	193	3
LOOMIS SAYLES INV GRADE BD	09/09/11	05/24/12	161	164	-3
OPPEN COMM STRAT TTL RET	12/22/11	05/09/12	284	262	22
PIMCO TOTAL RETURN IV	09/09/11	05/24/12	267	258	9
PIONEER FUND	12/23/11	10/12/12	103	84	19

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b 50

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side.
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number
27-6453100

Part II Long-Term Capital Gains and Losses–Assets Held More Than One Year

Client Copy

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a INVESTMENT CO OF AMERICA	06/09/10	05/24/12	5,511	4,697	814
JP MORGAN CORE BOND	06/09/10	05/24/12	252	240	12
JP MORGAN HIGH YIELD	VARIOUS	05/24/12	4,586	4,511	75
MFS RESEARCH INTERNATIONAL	06/09/10	05/24/12	1,595	1,484	111
OPPENHEIMER INTL BD	06/09/10	05/24/12	2,233	2,198	35
OPPEN COM STRAT TTL RET	VARIOUS	05/09/12	4,205	3,886	319
PIONER FUND	VARIOUS	VARIOUS	19,811	16,302	3,509
T ROWE PRICE EQUITY INCOME	06/09/10	05/24/12	826	701	125
T ROWE PRICE NEW INCOME	06/09/10	05/24/12	2,664	2,593	71

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 5,071

9706

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ **Attach to Form 1040, 1040NR, or Form 1041.**

▶ **Information about Schedule E and its separate instructions is at www.irs.gov/form1040.**

OMB No. 1545-0074

2012

Attachment Sequence No. **13**

Name(s) shown on return

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Your social security number

Client Copy

27-6453100

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A	Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)	☐ Yes	☐ No
B	If "Yes," did you or will you file all required Forms 1099?	☐ Yes	☐ No

1a Physical address of each property (street, city, state, ZIP code)

A IOWA

B

C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	5		**A**			
B			**B**			
C			**C**			

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income: **Properties:**		A	B	C
3 Rents received	3	66,778		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	3,266		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	3,266		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	63,512		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	66,778	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e	3,266	
24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		63,512
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		63,512

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule E (Form 1040) 2012

DAA

P12103

9706

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ **Attach to Form 1040, 1040NR, 1041, or 990-T.**

▶ **Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.**

OMB No. 1545-0121

2012

Attachment Sequence No. **19**

Name
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Identifying number as shown on page 1 of your tax return
Client Copy
27-6453100

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

		Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g	Enter the name of the foreign country or U.S. possession ▶	VARIOUS				
1a	Gross income from sources within country shown above and of the type checked above (see instructions): INTEREST / DIVIDENDS	4,977			1a	4,977
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ [ ]					
	Deductions and losses (Caution: See instructions):					
2	Expenses **definitely related** to the income on line 1a (attach statement)					
3	Pro rata share of other deductions **not definitely related:**					
a	Certain itemized deductions or standard deduction (see instructions)					
b	Other deds. (attach stmt.)					
c	Add lines 3a and 3b					
d	Gross foreign source income (see instructions)	6,771				
e	Gross income from all sources (see instructions)	84,354				
f	Divide line 3d by line 3e (see instructions)	0.0803				
g	Multiply line 3c by line 3f					
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5				6	
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	4,977

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A	VARIOUS					90				90
B										
C										
8	**Add lines A through C, column(s). Enter the total here and on line 9, page 2** ▶								8	90

For Paperwork Reduction Act Notice, see instructions.

DAA

Form **1116** (2012)

P12104

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	90		
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	90		
12	Reduction in foreign taxes (see instructions)	12	( )		
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	90
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	4,977		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	4,977		
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption SEE STATEMENT 2	18	71,694		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.0694
20	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20	23,992
	Caution: If you are completing line 20 for separate category **e** (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)			21	1,665
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions) ▶			22	90

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income	23	90		
24	Credit for taxes on general category income	24			
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions	26			
27	Add lines 23 through 26			27	90
28	Enter the **smaller** of line 20 or line 27			28	90
29	Reduction of credit for international boycott operations. See instructions for line 12			29	
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			30	90

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Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ **Attach to Form 1040, 1040NR, 1041, or 990-T.**

▶ **Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.**

OMB No. 1545-0121

2012

Attachment Sequence No. **19**

Name
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Identifying number as shown on page 1 of your tax return
Client Copy
27-6453100

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

		Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g	Enter the name of the foreign country or U.S. possession ▶	VARIOUS				
1a	Gross income from sources within country shown above and of the type checked above (see instructions): INTEREST / DIVIDENDS	5,313			1a	5,313
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (Caution: See instructions):						
2	Expenses **definitely related** to the income on line 1a (attach statement)					
3	Pro rata share of other deductions **not definitely related:**					
a	Certain itemized deductions or standard deduction (see instructions)					
b	Other deds. (attach stmt.)					
c	Add lines 3a and 3b					
d	Gross foreign source income (see instructions)	6,771				
e	Gross income from all sources (see instructions)	84,354				
f	Divide line 3d by line 3e (see instructions)	0.0803				
g	Multiply line 3c by line 3f					
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5				6	
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	5,313

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued; (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A	VARIOUS					90				90
B										
C										
8	**Add lines A through C, column(s). Enter the total here and on line 9, page 2** ▶								8	90

For Paperwork Reduction Act Notice, see instructions.

DAA

Form **1116** (2012)

P12106

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	90		
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	90		
12	Reduction in foreign taxes (see instructions)	12	( )		
13	Taxes reclassified under high tax kickout (see instructions)	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	90
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	5,313		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	5,313		
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption SEE STATEMENT 3	18	74,662		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.0712
20	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20	14,106
	Caution: If you are completing line 20 for separate category **e** (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)			21	1,004
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions) ▶			22	90

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income	23	90		
24	Credit for taxes on general category income	24			
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions	26			
27	Add lines 23 through 26			27	90
28	Enter the **smaller** of line 20 or line 27			28	90
29	Reduction of credit for international boycott operations. See instructions for line 12			29	
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			30	90

Client Copy

Federal Statements

Client Copy

Statement 1 - Schedule D, Part II, Line 9 - Capital Gain Distributions

Description	Amount
EDWARD JONES	$ 714
TOTAL	$ 714

Interest / Dividends

Statement 2 - Form 1116, Line 18 - Adjusted Taxable Income

Description	Amount
TAXABLE INCOME	$ 79,498
PLUS: EXEMPTION	100
LESS: WORLDWIDE 15% GAINS MULTIPLIED BY 0.5714	-7,904
TOTAL	$ 71,694

Interest / Dividends

Statement 3 - Form 1116, Line 18 - Adjusted Taxable Income

Description	Amount
TAXABLE INCOME	$ 81,085
LESS: WORLDWIDE 15% GAINS MULTIPLIED BY 0.4643	-6,423
TOTAL	$ 74,662

9706

Estimate Worksheet

Form **1041**

For calendar year 2013, or tax year beginning , and ending

2012

Name

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Taxpayer Identification Number

Client Copy

Record of Estimated Tax Payments (see 1041-ES instructions for correct payment due dates)

Payment number	(a) Due Date	(b) Amount Due	(c) Date Paid	(d) Amount Paid
1	04/15/13	5,980		
2	06/17/13	5,980		
3	09/16/13	5,980		
4	01/15/14	5,980		
Total ▶		23,920		

Calculation of 1041-ES Payments

1	Enter adjusted total income expected in 2013			1	
2	Enter any expected income distribution deduction	2			
3	Enter any estate tax deduction	3			
4	Enter exemption (see instructions)	4			
5	Add lines 2 through 4			5	
6	Taxable income of estate or trust. Subtract line 5 from line 1			6	
7	Figure your tax on line 6			7	23,992
8	Alternative minimum tax			8	
9	Add lines 7 and 8. Include any tax on lump-sum distributions from Form 4972			9	23,992
10	Credits (see instructions)			10	90
11	Subtract line 10 from line 9. If zero or less, enter -0-			11	23,902
12	Other taxes (see instructions)			12	
13	Income tax withheld and estimated to be withheld during 2012 and other refundable credits			13	
14	Rounding amount			14	18
15	**Balance**			15	23,920
16	Less amount of current year overpayment applied to next year's estimates			16	
17	Less amounts already paid towards next year's estimates			17	
18	**Total estimates for next year**			18	23,920

DDA

P12109

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Adjusted Gross Income Worksheet

Form **1041**

For calendar year 2012, or tax year beginning , and ending

2012

Name

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Taxpayer Identification Number

Client Copy

	Total	ESBT / QSST	Other
Total income	81,085		
Administrative costs			
Fiduciary fees			
Attorney, accountant fees			
Other administrative deductions			
Net operating loss			
Income distribution deduction			
Exemption	100		
Subtotal	100		
Adjusted gross income	80,985		
Adjusted gross income (Force)			

P12110

9706

Form 1116 Page 1 Detail Worksheet

Form **1116**

For calendar year 2012, or tax year beginning , and ending

2012

Client Copy

Name

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Taxpayer Identification Number

27-6453100

Category of income PASSIVE INCOME **Regular Tax** X **Alternative Minimum Tax** ___

Name of foreign country	VARIOUS					
1a Gross income: (1)						
Other income	3,632					
Qualified dividends	2,425					
Short-term capital gain / loss						
Long-term capital gain / loss	714					
2 Expenses definitely related						
3a Certain itemized deductions						
3b Other deductions						
3c Add lines 3a and 3b						
3d Gross foreign source income	6,771					
3e Gross income from all sources	84,354					
3f Divide line 3d by line 3e	0.0803					
3g Multiply line 3c by line 3f						
4a Home mortgage interest						
4b Other interest expense						
5 Losses from foreign sources						
Deductions not definitely related (Add lines 3g, 4a, 4b, and 5)						
8 Foreign taxes paid or accrued	90					
Fiduciary share (2)	100.0000 %	%	%	%	%	%

(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule.

(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

P12111

BRUNSTING004941

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Form **1116**

Form 1116 Page 1 Detail Worksheet

For calendar year 2012, or tax year beginning , and ending

2012

Client Copy

Name
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Taxpayer Identification Number
27-6453100

Category of income PASSIVE INCOME **Regular Tax** ___ **Alternative Minimum Tax** X

Name of foreign country	VARIOUS					
1a Gross income: (1)						
Other income	3,632					
Qualified dividends	2,425					
Short-term capital gain / loss						
Long-term capital gain / loss	714					
2 Expenses definitely related						
3a Certain itemized deductions						
3b Other deductions						
3c Add lines 3a and 3b						
3d Gross foreign source income	6,771					
3e Gross income from all sources	84,354					
3f Divide line 3d by line 3e	0.0803					
3g Multiply line 3c by line 3f						
4a Home mortgage interest						
4b Other interest expense						
5 Losses from foreign sources						
Deductions not definitely related (Add lines 3g, 4a, 4b, and 5)						
8 Foreign taxes paid or accrued	90					
Fiduciary share (2)	100.0000 %	%	%	%	%	%

(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule.
(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

P12112

BRUNSTING004942

9706

Form **1041**

Foreign Tax Credit Worksheet B

For calendar year 2012, or tax year beginning , and ending

2012

Name

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Taxpayer Identification Number

Client Copy

	Category #1 Specify ▶ PASSIVE INC		Category #2 Specify ▶		
	(1) Short-Term	(2) Long-Term (15%)	(3) Short-Term	(4) Long-Term (15%)	(5) Other
1. Separate category rate group capital gain or (loss)		714			
2. U.S. capital loss adjustment amount					
3. Subtotal (subtract line 2 from line 1 gain amounts)		714			
4. Net U.S. long-term capital loss					
5. U.S. long-term capital loss adjustment					
6. Excess net U.S. long-term capital loss					
7. Long-term capital gain (or adjustment amount)					
8. Limitation percentage					
9. Long-term limitation amounts					
10. Adjustment amounts					
11. Rate differential adjustments					
12. Long-term gains					
13. Rate differential adjustment					
14. Long-term gain					
15. Adjusted separate category capital gains and losses		306			

P12113

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Form **1041**

Foreign Tax Credit Worksheet B

AMT VERSION

For calendar year 2012, or tax year beginning , and ending

2012

Name

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Taxpayer Identification Number

[illegible]4630

Client Copy

	Category #1 Specify ▶ PASSIVE INC		Category #2 Specify ▶		
	(1) Short-Term	(2) Long-Term (15%)	(3) Short-Term	(4) Long-Term (15%)	(5) Other
1. Separate category rate group capital gain or (loss)		714			
2. U.S. capital loss adjustment amount					
3. Subtotal (subtract line 2 from line 1 gain amounts)		714			
4. Net U.S. long-term capital loss					
5. U.S. long-term capital loss adjustment					
6. Excess net U.S. long-term capital loss					
7. Long-term capital gain (or adjustment amount)					
8. Limitation percentage					
9. Long-term limitation amounts					
10. Adjustment amounts					
11. Rate differential adjustments					
12. Long-term gains					
13. Rate differential adjustment					
14. Long-term gain					
15. Adjusted separate category capital gains and losses		382			

P12114

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Iowa

IA 1041V Fiduciary Income Tax Payment Voucher

(on bottom of page)

Client Copy

CUT HERE

Iowa Department of Revenue
www.iowa.gov/tax

Iowa Fiduciary Income Tax Payment Voucher

For calendar year 2012 **or fiscal year beginning** **and ending**

PRINT name of estate or trust (last name, first name, middle initial) ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96	Department of Revenue number
Name, address, and title of fiduciary ANITA BRUNSTING 203 BLOOMINGDALE CIR VICTORIA TX 77904 TRUSTEE	Federal Employer ID Number 27-6453100
Name of attorney CANDACE KUNZ-FREED	County
Address of attorney 14800 ST MARYS LANE, SUITE 230 City HOUSTON State TX ZIP 77079	
Attorney's telephone number 800-229-3002 Check whether an estate ☐ or trust ☒	Probate number

Date of payment _____

Make check payable to **Treasurer — State of Iowa**
When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 63-007 (08/23/12)

CS

IA 1041V 2012

$ 4,712 **P12115**

9706

Iowa Department of Revenue
www.iowa.gov/tax

2012 IA 1041

For Calendar Year 2012 or fiscal year beginning _____ , and ending _____

Iowa Fiduciary Return

Name of Estate or Trust: ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96	Federal Employer ID Number: 27-6453100	Check one: ☐ Estate ☐ Simple Trust ☒ Complex Trust ☐ Bankruptcy Estate
Name, Address, and Title of Fiduciary: ANITA BRUNSTING, 203 BLOOMINGDALE CIR, VICTORIA TX 77904, TRUSTEE	Decedent's Social Security Number: Client Copy	If trust, check one: ☒ Testamentary ☐ Inter Vivos
Name of Attorney, Mailing Address (city, state, ZIP): CANDACE KUNZ-FREED, 14800 ST MARYS LANE, SUITE 230, HOUSTON TX 77079	Iowa County in which estate is pending:	
Attorney's Phone Number: 800-229-3002	Probate No.	Date of decedent's death

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Is this an amended IA 1041? ☐ Yes ☒ No **Is Income Tax Certificate of Acquittance requested?** ☐ Yes ☒ No

Is an Iowa 706 being filed? ☐ Yes ☒ No **Have prior returns been filed for this estate or trust?** ☒ Yes ☐ No

INCOME	1. Dividends. Enter full amount.	1.	10,386
	2. Interest	2.	
	3. Income from partnerships and other fiduciaries. Attach supporting schedule.	3.	
	4. Net rents and royalties	4.	63,512
	5. Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.	5.	
	6. Net gain (loss) from capital assets	6.	7,187
	7. Ordinary gains (losses). Attach federal form 4797.	7.	
	8. Other income. State nature of income. SEE STMT 1	8.	6,913
	9. Total income. Add lines 1 through 8.	9.	87,998 ▲
DEDUCTIONS	10. Interest. Enter on Schedule D, page 2.	10.	
	11. Taxes. Enter on Schedule D, page 2.	11.	-1,573
	12. Fiduciary fees. Enter on Schedule D, page 2.	12.	
	13. Charitable deduction from income in compliance with Will or Trust instrument.	13.	
	14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.	14.	
	15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2.	15.	
	16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.	16.	1,487
	17. Total. Add lines 10 through 16.	17.	-86 ▲
	18. Balance. Subtract line 17 from line 9	18.	88,084 ▲
	19. Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1.	19.	
	20. Federal estate tax attributable to income in respect of a decedent (fiduciary's share)	20.	
	21. Total. Add lines 19 and 20.	21.	
	22. Taxable income of fiduciary. Subtract line 21 from line 18. **Must be zero on final return**	22.	88,084 ▲
COMPUTED TAX	Complete lines 23-32. Nonresidents, also complete Schedule C and enter on line 28.		
	23. Compute tax from rate Schedule E, page 2.	23.	6,151
	24. Iowa lump sum tax. Attach federal Schedule 4972.	24.	
	25. Iowa minimum tax. Attach IA 6251.	25.	
	26. Tax before credits. Add lines 23 through 25.	26.	6,151
	27. Personal exemption credit. This is a nonrefundable credit.	27.	40.00
	28. Out-of-state tax credit or nonresident credit. Attach copy of out-of-state return and Schedule IA 130 or IA 1041 Schedule C.	28.	1,314
	29. Motor fuel tax credit. Attach Schedule IA 4136.	29.	
	30. Other credits. Attach IA 148 Tax Credits Schedule.	30.	
	31. Total credits. Add lines 27 through 30.	31.	1,354
TAX DUE	32. Tax liability. Subtract line 31 from 26.	32.	4,797
	33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher	33.	
	34. Refund. If line 33 is larger than line 32, enter the difference.	34.	▲
	35. Amount due. If line 33 is less than line 32, enter the difference.	35.	4,797 ▲

Staple payment and voucher here.

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

SIGN HERE

DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers attached hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary — Date

Signature of preparer other than fiduciary: RICHARD K RIKKERS CPA — Preparer's ID No.: 42-1277139 — Address: 540 NORTH MAIN AVENUE, SIOUX CENTER, IA 51250-1824 — Date: 10/15/13

P12116

CS

63-001a (09/17/12)

BRUNSTING004946

9706

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 **Fiduciary Schedules A, B, D, and E**

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? ☐ Yes ☐ No
6. Did will of decedent create trust? ☐ Yes ☐ No
7. Did decedent file IOWA return(s) up to the date of death? ☐ Yes ☐ No If no, attach earnings statement or explanatory affidavit.
8. Enter decedent's name and address: _____
9. Name and Social Security No. of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Had federal audit been made on prior returns of decedent or the estate or trust? ☐ Yes ☒ No Is an audit now in the process? ☐ Yes ☒ No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? ☐ Yes ☒ No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? ☐ Yes ☒ No
15. Does the estate/trust elect to recognize the gain or loss on a distribution of property under section IRC 643(e)(3)? ☐ Yes ☒ No

Client Copy

Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.

	Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of each beneficiary				
2. Social Security Number				
3. Address				
4. Iowa resident (Yes/No)				
5. Net short-term capital gain				
6. Net long-term capital gain (100%)				
7. Depreciation and depletion				
8. Ordinary income subject to Iowa income tax				
9. Income not subject to Iowa income tax				
10. Excess deductions				
REGARDING IOWA NONRESIDENT INCOME				
11. Iowa income tax withheld, if any				
12. Withholding agent's identification number				

Schedule D - Explanation of Expenses

Line No.	Explanation	Amount
16	MISC DED- STMT 2	1,487

Schedule E - Tax Rates

Taxable Income Over	But Not Over			Tax Rate		Of Excess Over
$0	$1,469	$0.00	+	(0.36%	x	$0)
$1,469	$2,938	$5.29	+	(0.72%	x	$1,469)
$2,938	$5,876	$15.87	+	(2.43%	x	$2,938)
$5,876	$13,221	$87.26	+	(4.50%	x	$5,876)
$13,221	$22,035	$417.79	+	(6.12%	x	$13,221)
$22,035	$29,380	$957.21	+	(6.48%	x	$22,035)
$29,380	$44,070	$1,433.17	+	(6.80%	x	$29,380)
$44,070	$66,105	$2,432.09	+	(7.92%	x	$44,070)
$66,105	over	$4,177.26	+	(8.98%	x	$66,105)

63-001b (10/08/12)

CS

P12117

9706

Iowa Department of Revenue
www.iowa.gov/tax

2012 IA 1041 Schedule C
Computation of Nonresident's Tax Credit

Client Copy

Name of Estate or Trust	Federal Identification No.
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96	27-6453100

		Column B All Source (from IA 1041)	Column A Iowa Source
1. Ordinary dividend income	1.	10,386	
2. Taxable interest income	2.		
3. Income from partnerships and other fiduciaries	3.		
4. Net rents and royalties	4.	63,512	63,512
5. Net business and farm income (loss)	5.		
6. Net gain (loss) from capital assets	6.	7,187	
7. Ordinary gains (losses) from federal form 4797	7.		
8. Other income	8.	6,913	6,913
9. **Gross Income**	9.	87,998	70,425
10. Interest	10.		
11. Taxes	11.	-1,573	
12. Fiduciary fees	12.		
13. Charitable deduction from income in compliance with Will or Trust Instrument	13.		
14. Attorney, accountant, and return preparer fees	14.		
15. Other deductions not subject to 2% floor	15.		
16. Allowable miscellaneous interest deductions	16.	1,487	1,287
17. **Total Deductions**	17.	-86	1,287
18. Balance	18.	88,084	69,138
19. Distribution to beneficiaries (note: line 19 col. B is the same as page 1 of the IA1041)	19.		
20. Federal estate tax attributable to income in respect of a decedent	20.		
21. **Taxable Income**	21.	88,084	69,138
22. Iowa income percentage: divide column A of line 21 by column B of line 21 and enter percentage rounded to the nearest tenth of a percent. This cannot exceed 100.0%	22.		78.5
23. Nonresident credit percentage (subtract line 22 from 100.0%)	23.		21.5
24. Iowa tax on total income from line 26, IA 1041	24.		6,151
25. Personal exemption credit from line 27, IA 1041	25.		$ 40.00
26. Tax after credits (subtract line 25 from line 24)	26.		6,111
27. Nonresident tax credit (multiply line 26 by line 23 and enter on line 28, IA 1041)	27.		1,314

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P12118 03-005 (11/19/12)

Iowa Statements

Client Copy

Statement 1 - Form IA 1041, Page 1, Line 8 - Other Income

Description	Amount
FEDERAL TAX REFUND	$ 6,913
TOTAL	$ 6,913

Statement 2 - Form IA 1041, Page 2, Schedule D - Allowable Miscellaneous Itemized Deductions

Description	Amount
INVESTMENT FEES	$ 3,107
SUBTOTAL	$ 3,107
MISC DEDUCTIONS BEFORE 2%	$ 3,107
LESS 2% AGI	-1,620
PAGE 1 - MISC DEDUCTS AFTER 2%	$ 1,487
TOTAL IOWA ALLOWABLE MISC ITEMIZED DEDUCTIONS	$ 1,487

9963

Department of the Treasury—Internal Revenue Service

Form 1041 U.S. Income Tax Return for Estates and Trusts

▶ Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

2012 | OMB No. 1545-0092

A Check all that apply:
- [ ] Decedent's estate
- [ ] Simple trust
- [X] Complex trust
- [ ] Qualified disability trust
- [ ] ESBT (S portion only)
- [ ] Grantor type trust
- [ ] Bankruptcy estate-Ch. 7
- [ ] Bankruptcy estate-Ch. 11
- [ ] Pooled income fund

For calendar year 2012 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instr.)
NELVA E BRUNSTING SURVIVIORS TRUST

Name and title of fiduciary
ANITA BRUNSTING
TRUSTEE

Number, street, and room or suite no. (If a P.O. box, see the instructions.)
203 BLOOMINGDALE CIR

City or town, state, and ZIP code
VICTORIA TX 77904

C Employer identification number
45-6602570

D Date entity created
Client Copy

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.
- [ ] Described in sec. 4947(a)(1). Check here if not a private foundation ▶ [ ]
- [ ] Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶

F Check applicable boxes:
- [X] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Change in trust's name
- [ ] Change in fiduciary
- [ ] Change in fiduciary's name
- [ ] Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election ▶ [ ]

Income	1	Interest income	1	230
	2a	Total ordinary dividends	2a	202
	b	Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust 202		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9	432
Deductions	10	Interest. Check if Form 4952 is attached ▶ [ ]	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Add lines 10 through 15b ▶	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9 — 17: 432		
	18	Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041)	18	
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	100
	21	Add lines 18 through 20 ▶	21	100
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	332
	23	**Total tax** (from Schedule G, line 7)	23	20
	24	**Payments:** a 2012 estimated tax payments and amount applied from 2011 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with Form 7004 (see instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ [ ]	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	
	26	Estimated tax penalty (see instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	20
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	
	29	Amount of line 28 to be: a **Credited to 2013 estimated tax** ▶ ; b **Refunded** ▶	29	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RICHARD K RIKKERS CPA	RICHARD K RIKKERS CPA	04/15/13	[ ]	P00144154

Firm's name ▶ KROESE & KROESE P.C. — Firm's EIN ▶ 42-1277139

Firm's address ▶ 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 — Phone no. 712-722-3375

DAA **For Paperwork Reduction Act Notice, see the separate instructions.**

P12120

Form 1041 (2012)

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1	
2	Tax-exempt income allocable to charitable contributions (see instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

Client Copy

Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions)	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law 8		
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	

Schedule G Tax Computation (see instructions)

1	**Tax:** a Tax on taxable income (see instructions)	1a	20		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	0		
	d **Total.** Add lines 1a through 1c ▶			1d	20
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	**Total credits.** Add lines 2a through 2d ▶			3	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-			4	20
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 4 through 6. Enter here and on page 1, line 23 ▶			7	20

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2012, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X

9963

Form 8879-F

IRS e-file Signature Authorization for Form 1041

For calendar year 2012, or fiscal year beginning ..... , ending .....

▶ **Do not send to the IRS. Keep for your records.**

OMB No. 1545-0967

2012

Department of the Treasury
Internal Revenue Service

Name of estate or trust

NELVA E BRUNSTING SURVIVIORS TRUST

Employer identification number

Client Copy
45-6602570

Name and title of fiduciary

ANITA BRUNSTING
TRUSTEE

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	432
2	Income distribution deduction (Form 1041, line 18)	2	
3	Taxable income (Form 1041, line 22)	3	332
4	Total tax (Form 1041, line 23)	4	20
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	20

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2012 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☒ I authorize KROESE & KROESE P.C. to enter my PIN 10540 as my signature
ERO firm name — do not enter all zeros
on the estate's or trust's 2012 electronically filed income tax return.

☐ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2012 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ▶ _____ Date ▶ 04/05/13

ANITA BRUNSTING

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 42051284948
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Returns for Estates and Trusts for Tax Year 2012.

ERO's signature ▶ RICHARD K RIKKERS CPA Date ▶ 04/15/13

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

9963

2012 Form 1041-V

Department of the Treasury
Internal Revenue Service

Client Copy

Any reference in these instructions to "you" means the fiduciary of the estate or trust.

What Is Form 1041-V and Do You Have To Use It?

It is a statement you send with a check or money order for any balance due on Line 27 (Tax due) of the estate's or trust's 2012 Form 1041. Using Form 1041-V allows us to process the payment more accurately and efficiently. We strongly encourage you to use Form 1041-V, but there is no penalty if you do not.

You may choose to pay any balance due electronically. If you do, you do not need to send in Form 1041-V. To find out how to pay electronically, go to IRS.gov and enter "electronic payment options" in the search box.

How To Fill In Form 1041-V

Line 1. Enter the estate's or trust's employer identification number (EIN) as shown on its return.

Line 2. Enter the amount you are paying by check or money order.

Line 3. Enter the name of the estate or trust.

Line 4. Enter your name and title.

Line 5. Enter your address exactly as shown on the estate's or trust's return. Please print clearly.

How To Prepare the Payment

- Make the check or money order payable to "United States Treasury." Do not send cash.
- Make sure the name of the estate or trust appears on the check or money order.
- Write the estate's or trust's EIN and "2012 Form 1041" on the check or money order.
- To help us process the payment, enter the amount on the right side of the check like this: $ XXX.XX. Do not use dashes or lines (for example, do not enter "$ XXX—" or "$ XXX $^{xx}/_{100}$").

How To Send In the Estate's or Trust's 2012 Tax Return, Payment, and Form 1041-V

- Detach Form 1041-V along the dotted line.
- Do not staple or otherwise attach the payment or Form 1041-V to the return or to each other. Instead, just put them loose in an envelope.
- Mail the estate's or trust's 2012 tax return, payment, and Form 1041-V to the address shown on the back that applies to you.

Mail To: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0148

Form **1041-V** (2012)

▼ **Detach Here and Mail With Your Payment and Return** ▼

CUT HERE

Form **1041-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ **Make your check or money order payable to "United States Treasury"**
▶ **Do not staple or attach this voucher to your payment or return.**

OMB No. 1545-0092

2012

Print or type

1 Employer identification number (EIN) 45-6602570		2 Amount you are paying by check or money order	Dollars 20

3 Name of estate or trust: NELVA E BRUNSTING SURVIVIORS TRUST

4 Name and title of fiduciary: ANITA BRUNSTING
TRUSTEE

5 Address of fiduciary (number, street, and room or suite no.): 203 BLOOMINGDALE CIR

City, state, and ZIP code: VICTORIA TX 77904

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

P12123

DAA

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SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2012

Name of estate or trust

NELVA E BRUNSTING SURVIVIORS TRUST

Employer identification number

Client Copy
45-6602570

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a PERSONAL RESIDENCE	07/01/72	03/12/12	469,000	469,000	

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	

Part III Summary of Parts I and II **Caution:** Read the instructions **before** completing this part.		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13			
14 **Net long-term gain or (loss):**				
a Total for year	14a		Client	Copy
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:			
a The loss on line 15, column (3) **or** b $3,000	16	(	)

Note: If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	332		
18 Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18					
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	202				
20 Add lines 18 and 19	20	202				
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	0				
22 Subtract line 21 from line 20. If zero or less, enter -0-			22	202		
23 Subtract line 22 from line 17. If zero or less, enter -0-			23	130		
24 Enter the **smaller** of the amount on line 17 or $2,400			24	332		
25 Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☒ **No.** Enter the amount from line 23			25	130		
26 Subtract line 25 from line 24			26	202		
27 Are the amounts on lines 22 and 26 the same? ☒ **Yes.** Skip lines 27 thru 30; go to line 31. ☐ **No.** Enter the smaller of line 17 or line 22			27			
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)			28			
29 Subtract line 28 from line 27			29			
30 Multiply line 29 by 15% (.15)					30	
31 Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31	20
32 Add lines 30 and 31					32	20
33 Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33	50
34 **Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34	20

FARM LEASE

THE IOWA STATE BAR ASSOCIATION
Official Form No. 135
Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)
John G. De Koster, 1102 Main Street, P.O. Box 801, Hull, IA 51239, Phone: (712) 439-2511

Taxpayer Information: (Name and complete address)
Elmer H. Brunsting Decedent's Trust, Anita Brunsting, Trustee, c/o Kroese & Kroese, 540 North Main Avenue, Sioux Center, IA 51250

Return Document To: (Name and complete address)
John G. De Koster, 1102 Main Street, P.O. Box 801, Hull, IA 51239, Phone: (712) 439-2511

Grantors:
Anita Brunsting, Trustee

Grantees:
Doyle Wissink

Legal description: See Page 2

Document or instrument number of previously recorded documents:

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FARM LEASE - CASH OR CROP SHARES

THIS LEASE ("Lease") is made between Elmer H. Brunsting Decedent's Trust, dated April 1, 2009, Anita Brunsting, Trustee, ("Landlord"), whose address for the purpose of this Lease is c/o Kroese & Kroese, 540 North Main Avenue, Sioux Center, IA 51250, and Doyle Wissink, ("Tenant"), whose address for the purpose of this Lease is 3414 340th Street, Hull, IA 51239.

THE PARTIES AGREE AS FOLLOWS:

1. **PREMISES AND TERM.** Landlord leases to Tenant the following real estate situated in Sioux County, Iowa (the "Real Estate"):

The Northwest Quarter (NW¼) of Section Two (2), Township Ninety-six (96) North, Range Forty-five (45) West of the Fifth P.M., except the farm building site therein,

and containing 141 **(total)(tillable) acres,** more or less, with possession by Tenant for a term of 1 years to commence on 03/01/13, and end on February 28th, 2014. The Tenant has had or been offered an opportunity to make an independent investigation as to the acres and boundaries of the premises. In the event that possession cannot be delivered within fifteen (15) days after commencement of this Lease, Tenant may terminate this Lease by giving the Landlord notice in writing.

2. **RENT**. Tenant shall pay to Landlord as rent for the Real Estate (the "Rent"):

a. Total annual cash rent of $ 59,925.00 payable, unless otherwise agreed, as follows: $29,962.50 on 1st day of March, $ 29,962.50 on 1st day of October, and $ _____ on _____ day of _____; or

b. Crop share: _____% of corn, _____% of soybeans and _____% of other crops raised on the Real Estate.

All Rent is to be paid to Landlord at the address above or at such other place as Landlord may direct in writing. Rent must be in Landlord's possession on or before the due date. Participation of this farm in any offered program by the U.S. Department of Agriculture or any state for crop production control or soil conservation, the observance of the terms and conditions of this program, and the division of farm program payments, requires Landlord's consent. Payments from participation in these programs shall be divided 0 % Landlord 100 % Tenant. Governmental cost-sharing payments for permanent soil conservation structures shall be divided 0 % Landlord 100 % Tenant. Crop disaster payments shall be divided 0 % Landlord 100 % Tenant.

3. **LANDLORD'S LIEN AND SECURITY INTEREST**. As security for all sums due or which will become due from Tenant to Landlord, Tenant hereby grants to Landlord, in addition to any statutory liens, a security interest as provided in the Iowa Uniform Commercial Code and a contractual lien in all crops produced on the premises and the proceeds and products thereof, all contract rights concerning such crops, proceeds and/or products, all proceeds of insurance collected on account of destruction of such crops, all contract rights and U.S. government and/or state agricultural farm program payments in connection with the above described premises whether such contract rights be payable in cash or in kind, including the proceeds from such rights, and any and all other personal property kept or used on the real estate that is not exempt from execution. Tenant shall also sign any additional forms required to validate the security interest in government program payments.

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Tenant shall not sell such crops unless Landlord agrees otherwise. Tenant shall notify Landlord of Tenant's intention to sell crop at least three (3) business days prior to sale of the crop (with business days being described as Monday through Friday, except any Iowa or federal holidays). Tenant shall pay the full rent for the crop year in which the crop is produced, whether due or not, at the time of sale pursuant to Landlord's consent to release Landlord's security interests. Upon payment in full Landlord shall release Landlord's lien on the crop produced in that crop year on the premises. The parties agree that by the Landlord releasing the lien as to the crop in one year, the Landlord in no way releases the lien or agrees to release the lien in any prior or subsequent year.

Tenant shall sign and deliver to Landlord a list of potential buyers of the crops upon which Landlord has been granted a security interest in this lease. Unless Landlord otherwise consents, Tenant will not sell these crops to a buyer who is not on the potential list of buyers unless Tenant pays the full rent due for the crop year to the Landlord at or prior to the date of sale. Landlord may give notice to the potential buyers of the existence of this security interest.

Landlord is further granted the power, coupled with an interest, to sign on behalf of Tenant as attorney-in-fact and to file one or more financing statements under the Iowa Uniform Commercial Code naming Tenant as Debtor and Landlord as Secured Party and describing the collateral herein specified. Tenant consents to the financing statement being filed immediately after execution of this Lease.

4. **INPUT COSTS AND EXPENSES.** Tenant shall prepare the Real Estate and plant such crops in a timely fashion as may be directed by Tenant **(Landlord) (Tenant)**. Tenant shall only be entitled to pasture or till those portions of the Real Estate designated by Landlord. All necessary machinery and equipment, as well as labor, necessary to carry out the terms of this lease shall be furnished by and at the expense of the Tenant. The following materials, in the amounts required by good husbandry, shall be acquired by Tenant and paid for by the parties as follows:

	% Landlord	% Tenant
(1) Commercial Fertilizer	0	100
(2) Lime and Trace Minerals	0	100
(3) Herbicides	0	100
(4) Insecticides	0	100
(5) Seed	0	100
(6) Seed cleaning	0	100
(7) Harvesting and/or Shelling Expense	0	100
(8) Grain Drying Expense	0	100
(9) Grain Storage Expense	0	100
(10) Other	0	100

Phosphate and potash on oats or beans shall be allocated 100 % the first year and 0 % the second year, and on all other crops allocated 100 % the first year and 0 % the second year. Lime and trace minerals shall be allocated over 1 years. If this Lease is not renewed, and Tenant does not therefore receive the full allocated benefits, Tenant shall be reimbursed by Landlord to the extent Tenant has not received the benefits. Tenant agrees to furnish, without cost, all labor, equipment and application for all fertilizer, lime, trace minerals and chemicals _____.

5. **PROPER HUSBANDRY; HARVESTING OF CROPS; CARE OF SOIL, TREES, SHRUBS AND GRASS**. Tenant shall farm the Real Estate in a manner consistent with good husbandry, seek to obtain the best crop production that the soil and crop season will permit, properly care for all growing crops in a manner consistent with good husbandry, and harvest all crops on a timely basis. In the event Tenant fails to do so, Landlord reserves the right, personally or by designated agents, to enter upon the Real Estate and properly care for and harvest all growing crops, charging the cost of the care and harvest to the Tenant, as part of the Rent. Tenant shall timely control all weeds, including noxious weeds, weeds in the fence rows, along driveways and around buildings throughout the premises. Tenant shall comply with all terms of the conservation plan and any other required environmental plans for the leased premises. Tenant shall do what is reasonably necessary to control soil erosion including, but not limited to, the maintenance of existing watercourses, waterways, ditches, drainage areas, terraces and tile drains, and abstain from any practice which will cause damage to the Real Estate.

Upon request from the Landlord, Tenant shall by August 15 of each lease year provide to the Landlord a written listing showing all crops planted, including the acres of each crop planted, fertilizers, herbicides and insecticides applied showing the place of application, the name and address of the applicator, the type of application and the quantity of such items applied on the lease premises during such year.

Tenant shall distribute upon the poorest tillable soil on the Real Estate, unless directed otherwise by Landlord, all of the manure and compost from the farming operation suitable to be used. Tenant shall not remove from the Real Estate, nor burn, any straw, stalks, stubble, or similar plant materials, all of which are recognized as the property of Landlord. Tenant may use these materials, however, upon the Real Estate for the farming operations. Tenant shall protect all trees, vines and shrubbery upon the Real Estate from injury by Tenant's cropping operation or livestock.

Tenant shall maintain accurate yield records for the real estate, and upon request, during or after lease term, shall disclose to Landlord, all yield base information required for participation in government programs.

6. **DELIVERY OF GRAIN.** If this lease is a crop share lease, Tenant, without cost to Landlord, shall deliver Landlord's grain pursuant to request, at reasonable times, to the elevator at XXXX

8. **ENVIRONMENTAL.**

a. Landlord. To the best of Landlord's knowledge to date:

i) Neither Landlord nor, Landlord's former or present tenants, are subject to any investigation concerning the premises by any governmental authority under any applicable federal, state, or local codes, rules, and regulations pertaining to air and water quality, the handling, transportation, storage, treatment, usage, or disposal of toxic or hazardous substances, air emissions, other environmental matters, and all zoning and other land use matters.

ii) Any handling, transportation, storage, treatment, or use of toxic or hazardous substances that has occurred on the premises has been in compliance with all applicable federal, state, and local codes, rules, and regulations.

iii) No leak, spill release, discharge, emission, or disposal of toxic or hazardous substances has occurred on the premises.

iv) The soil, groundwater, and soil vapor on or under the premises is free of toxic or hazardous substances except for chemicals (including without limitation fertilizer, herbicides, insecticides) applied in conformance with good farming methods, applicable rules and regulations and the label directions of each chemical.

Landlord shall hold Tenant harmless against liability for removing solid waste disposal sites existing at the execution of this Lease, with the exception that Tenant shall be liable for removal of solid waste disposal sites to the extent that the Tenant created or contributed solid waste disposal site at any time.

Landlord shall assume liability and shall indemnify and hold Tenant harmless against any liability or expense arising from any condition which existed, whether known or unknown, at the time of execution of the lease which is not a result of actions of the Tenant or which arises after date of execution but which is not a result of actions of the Tenant.

Landlord shall disclose in writing to Tenant the existence of any known wells, underground storage tanks, hazardous waste sites, and solid waste disposal sites. Disclosure may be provided by a properly completed groundwater hazard statement to be supplemented if changes occur.

b. Tenant. Tenant shall comply with all applicable environmental laws concerning application, storage and handling of chemicals (including, without limitation, herbicides and insecticides) and fertilizers. Tenant shall apply any chemicals used for weed or insect control at levels not to exceed the manufacturer's recommendation for the soil types involved. Farm chemicals **~~(may)~~ (may not)** be stored on the premises for more than one year. Farm chemicals for use on other properties **~~(may)~~ (may not)** be stored on this property. Chemicals stored on the premises shall be stored in clearly marked, tightly closed containers. No chemicals or chemical containers will be disposed of on the premises. Application of chemicals for agricultural purposes per manufacturer's recommendation shall not be construed to constitute disposal.

Tenant shall employ all means appropriate to insure that well or ground water contamination does not occur, and shall be responsible to follow all applicator's licensing requirements. Tenant shall install and maintain safety check valves for injection of any chemicals and/or fertilizers into an irrigation system (injection valve only, not main well check valve). Tenant shall properly post all fields (when posting is required) whenever chemicals are applied by ground or air. Tenant shall haul and spread all manure on appropriate fields at times and in quantities consistent with environmental protection requirements. Tenant shall not dispose of waste oil, tires, batteries, paint, other chemicals or containers anywhere on the premises. Solid waste **~~(may)~~ (may not)** be disposed of on the premises. Dead livestock **~~(may)~~ (may not)** be buried on the premises. If disposal of solid waste or burial of dead animals is permitted as stated in the previous two sentences, the disposal or burial shall be in compliance with all applicable environmental laws. Tenant shall not use waste oil as a means to suppress dust on any roads on or near the premises. No underground storage tanks, except human waste septic systems that meet current codes, rules, and regulations, shall be maintained on the premises.

Tenant shall immediately notify Landlord of any chemical discharge, leak, or spill which occurs on premises. Tenant shall assume liability and shall indemnify and hold Landlord harmless for any claim or violation of standards which results from Tenant's use of the premises. Tenant shall assume defense of all claims, except claims resulting from Landlord's negligence, in which case each party shall be responsible for that party's defense of any claim. After termination, Tenant shall remain liable for violations which occurred during the term of this Lease.

In the absence of selection of an alternative where choices are provided in this paragraph 8b, the choice of word "may" shall be presumed unless that presumption is contrary to applicable environmental laws and regulations.

9. **TERMINATION OF LEASE.** This Lease shall automatically renew upon expiration from year-to-year, upon the same terms and conditions unless either party gives due and timely written notice to the other of an election not to renew this Lease. If renewed, the tenancy shall terminate on March 1 of the year following, provided that the tenancy shall not continue because of an absence of notice in the event there is a default in the performance of this Lease. All notices of termination of this Lease shall be as provided by law.

10. **POSSESSION AND CONDITION AT END OF TERM.** At the termination of this Lease, Tenant will relinquish possession of the Real Estate to the Landlord. If Tenant fails to do so Tenant agrees to pay Landlord $ **200.00** per day, as liquidated damages until possession is delivered to Landlord. At the time of delivery of the Real Estate to Landlord, Tenant shall assure that the Real Estate is in good order and condition, and substantially the same as it was when received by Tenant at the commencement of this Lease, excusable or insurable loss by fire, unavoidable accidents and ordinary wear, excepted.

11. **LANDLORD'S RIGHT OF ENTRY AND INSPECTION**. In the event notice of termination of this Lease has been properly served, Landlord may enter upon the Real Estate or authorize someone else to enter upon the Real Estate to conduct any normal tillage or fertilizer operation after Tenant has completed the harvesting of crops even if this is prior to the date of termination of the lease. Landlord may enter upon the Real Estate at any reasonable time for the purpose of viewing or seeding or making repairs, or for other reasonable purposes.

12. **VIOLATION OF TERMS OF LEASE.** If Tenant or Landlord violates the terms of this Lease, the other may pursue the legal and equitable remedies to which each is entitled. Tenant's failure to pay any Rent when due shall cause all unpaid Rent to become immediately due and payable, without any notice to or demand upon Tenant.

13. **REPAIRS.** Tenant shall maintain the fences on the leased premises in good and proper repair. Landlord shall furnish necessary materials for repairs that Landlord deems necessary within a reasonable time after being notified of the need for repairs. Tenant shall haul the materials to the repair site without charge to Landlord.

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14. **NEW IMPROVEMENTS.** All buildings, fences and improvements of every kind and nature that may be erected or established upon the Real Estate during the term of the Lease by the Tenant shall constitute additional rent and shall inure to the Real Estate, becoming the property of Landlord unless the Landlord has agreed in writing prior to the erection that the Tenant may remove the improvement at the end of the lease.

15. **WELL, WINDMILL, WATER AND SEPTIC SYSTEMS.** Tenant shall maintain all well, windmill, water and septic systems on the Real Estate in good repair at Tenant's expense except damage caused by windstorm or weather. Tenant shall not be responsible for replacement or installation of well, windmill, water and septic systems on the Real Estate, beyond ordinary maintenance expenses. Landlord does not guarantee continuous or adequate supplies of the water for the premises.

16. **EXPENSES INCURRED WITHOUT CONSENT OF LANDLORD.** No expense shall be incurred for or on account of the Landlord without first obtaining Landlord's written authorization. Tenant shall take no actions that might cause a mechanic's lien to be imposed upon the Real Estate.

17. **NO AGENCY.** Tenant is not an agent of the Landlord.

18. **TELEVISION AND RADIO.** Tenant may install and remove, without causing material injury to the premises, Tenant's television reception antennas, microwave dishes, and radio reception and transmission antennas.

19. **ACCOUNTING.** The method used for dividing and accounting for the harvested grain shall be the customary and usual method used in the locale.

20. **ATTORNEY FEES AND COURT COSTS.** If either party files suit to enforce any of the terms of this Lease, the prevailing party shall be entitled to recover court costs and reasonable attorneys' fees,

21. **CHANGE IN LEASE TERMS.** The conduct of either party, by act or omission, shall not be construed as a material alteration of this Lease until such provision is reduced to writing and executed by both parties as addendum to this Lease.

22. **CONSTRUCTION.** Words and phrases herein, including the acknowledgement, are construed as in the singular or plural and as the appropriate gender, according to the context.

23. **NOTICES.** The notices contemplated in this Lease shall be made in writing and shall either be delivered in person, or be mailed in the U.S. mail, certified mail to the recipient's last known mailing address, except for the notice of termination set forth in Section 9, which shall be governed by the Code of Iowa.

24. **ASSIGNMENT.** Tenant shall not assign this Lease or sublet the Real Estate or any portion thereof without prior written authorization of Landlord.

25. **CERTIFICATION.** Tenant certifies that it is not acting, directly or indirectly, for or on behalf of any person, group, entity or nation named by any Executive Order or the United States Treasury Department as a terrorist, "Specially Designated National and Blocked Person" or any other banned or blocked person, entity, nation or transaction pursuant to any law, order, rule or regulation that is enforced or administered by the Office of Foreign Assets Control; and it is not engaged in this transaction, directly or indirectly on behalf of, or instigating or facilitation this transaction, directly or indirectly on behalf of, any such person, group, entity or nation. Tenant hereby agrees to defend, indemnify and hold harmless Landlord from and against any and all claims, damages, losses, risks, liabilities and expenses (including attorney's fees and costs) arising from or related to any breach of the foregoing certification.

26. **ADDITIONAL PROVISIONS.**

A. Tenant shall report to Kroese & Kroese, acting on Landlord's behalf, on or before August 1 in each year of this Lease, a listing of all fertilizer and chemicals applied on the subject premises. Said report shall include the names of the chemicals and fertilizers, amounts applied and any application records, including grid sampling that the Tenant may have or may be able to obtain.

B. Prior to the end of each calendar year during the term of this Lease, Tenant shall report to Kroese & Kroese, acting on Landlord's behalf, the yield of all crops planted on the subject premises as certified for purposes of Federal Crop Insurance or as certified to the Farm Service Agency.

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DATED: Aug. 31, 2012

TENANT:

Doyle E. Wissink

Doyle Wissink

LANDLORD: ELMER H. BRUNSTING DECEDENT'S TRUST

By Anita Kay Brunsting

Amy R. Brunsting 10/13/12

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____, _____, by _____

_____

_____.

_____

_____, Notary Public

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____, _____,

by _____

as _____

of _____.

If a corporation: Said person(s) acknowledged that the corporation (has no seal) (has a seal which is affixed hereto).

_____

_____, Notary Public

[ATTACH OTHER APPROPRIATE ACKNOWLEDGEMENT(S) HERE]

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