

DECLARATION UNDER CALIFORNIA PROBATE CODE §13101

The undersigned, LILA M. KOMMERSTAD, as Trustee of the Kommerstad Family Trust dated May 16, 1988, wherein ROBERT M. KOMMERSTAD and LILA M. KOMMERSTAD are trustors and initial trustees, makes this declaration pursuant to California Probate Code §13101 and hereby declares as follows:

1. The Decedent with respect to whom this declaration is made is ROBERT M. KOMMERSTAD.
2. The Decedent died on July 11, 2002, a resident of the State of California.
3. At least forty (40) days have elapsed since the death of the Decedent, as shown on a certified copy of the Decedent's death certificate attached to this declaration.
4. No proceeding is now being or has been conducted in California for administration of the Decedent's estate.
5. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed \$100,000.
6. The property of the Decedent that is to be paid and transferred to the Declarant includes the Decedent's one percent (1%) interest in Kommerstad Communications Company, LLC.
7. After making specific devises of certain assets other than the property referred to in paragraph 6 above, the Decedent's last Will, dated May 16, 1988, names the Trustees of the Kommerstad Family Trust as sole residuary devisee of the decedent's estate.
8. The undersigned is the sole Trustee of the Kommerstad Family Trust, and no other person is serving as Trustee of the Kommerstad Family Trust.

Accordingly, the Declarant, in her capacity as Trustee of the Kommerstad Family Trust, is the successor of the Decedent (as defined in Section 13006 of the California Probate Code) to the Decedent's interest in the described property.

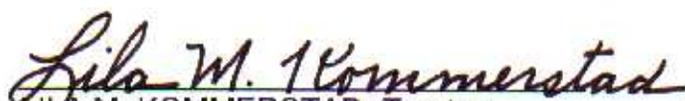
9. No other person has a superior right to the interest of the Decedent in the described property.

10. The Declarant requests that the described property, and all proceeds from the disposition thereof, be distributed and conveyed to:

LILA M. KOMMERSTAD, Trustee of the Kommerstad Family Trust
dated May 16, 1988.

11. The Declarant affirms and declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 8/21, 2002.


LILA M. KOMMERSTAD, Trustee

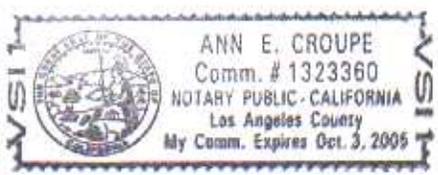
STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

On August 21, 2002, before me,
Ann E Croupe, a Notary Public in
and for said County and State, personally appeared LILA M. KOMMERSTAD,
~~personally known to me~~ (or proved to me on the basis of satisfactory evidence)
to be the person whose name is subscribed to the within instrument and acknowledged
to me that she executed the same in her authorized capacity, and that by her signature
on the instrument the person, or the entity upon behalf of which the person acted,
executed the instrument.

WITNESS my hand and official seal.



Notary Public



COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) ROBERT 2. MIDDLE MARVIN 3. LAST (FAMILY) KOMMERSTAD

4. DATE OF BIRTH MM/DD/CCYY 01/27/1927 5. AGE YRS. 75 6. SEX MALE 7. DATE OF DEATH MM/DD/CCYY 07/11/2002 8. HOUR 0918

9. STATE OF BIRTH MN 10. SOCIAL SECURITY NO. 473-20-6255 11. MILITARY SERVICE YES NO UNK 12. MARITAL STATUS MARRIED 13. EDUCATION—YEARS COMPLETED 19

14. RACE WHITE 15. HISPANIC—SPECIFY YES NO 16. USUAL EMPLOYER PROVIDENT INVESTMENT COUNSEL

17. OCCUPATION INVESTMENT COUNSELOR 18. KIND OF BUSINESS INVESTMENT COMPANY 19. YEARS IN OCCUPATION 48

20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 218 DEODAR LANE

21. CITY BRADBURY 22. COUNTY LOS ANGELES 23. ZIP CODE 91010 24. YRS IN COUNTY 46 25. STATE OR FOREIGN COUNTRY CA

26. NAME, RELATIONSHIP LILA M. KOMMERSTAD - WIFE 27. MAILING ADDRESS (STREET PAR NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 218 DEODAR LANE, BRADBURY, CA 91010

28. NAME OF SURVIVING SPOUSE—FIRST LILA 29. MIDDLE MAE 30. LAST (MAIDEN NAME) McDOUGALL

31. NAME OF FATHER—FIRST ALEX 32. MIDDLE - 33. LAST KOMMERSTAD 34. BIRTH STATE UNK USA

35. NAME OF MOTHER—FIRST JOSEPHINE 36. MIDDLE - 37. LAST (MAIDEN) RISSEL 38. BIRTH STATE UNK USA

39. DATE MM/DD/CCYY 07/17/2002 40. PLACE OF FINAL DISPOSITION FOREST LAWN MEM PARK, 1712 S. GLENDALE AVE., GLENDALE, CA 91205

41. TYPE OF DISPOSITION BURIAL 42. SIGNATURE OF EMBALMER Scott Fox 43. LICENSE NO. B257

44. NAME OF FUNERAL DIRECTOR FOREST LAWN MTY GLENDALE 45. LICENSE NO. ED 656 46. SIGNATURE OF LOCAL REGISTRAR Thomas A. Gubert 47. DATE MM/DD/CCYY 07/16/2002 MS

101. PLACE OF DEATH SANTA TERESITA HOSP. 102. IF HOSPITAL, SPECIFY ONE: IF ER/OP OCA 103. FACILITY OTHER THAN HOSPITAL: CONV. HOSP. NRS. CARE OTHER 104. COUNTY LOS ANGELES

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 819 BUENA VISTA ST. 106. CITY DUARTE

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) CARDIAC ARREST 108. DEATH REPORTED TO CORNER YES NO

DUE TO (B) MYOCARDIAL INFARCTION 109. WIDEPY PERFORMED YES NO

DUE TO (C) CARCINOMA LUNG 110. ALTOPHY PERFORMED YES NO

DUE TO (D) 111. USED IN DETERMINING CAUSE YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEASED LAST SEEN ALIVE MM/DD/CCYY 01/08/2002 07/09/2002

115. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN *Shari Stutz* 116. LICENSE NO. G35326 117. DATE MM/DD/CCYY 07/12/2002

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CARY A. PRESANT, MD 1250 S. SUNSET AVE. W. COVINA, CA 91790

119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK? YES NO 121. INJURY DATE MM/DD/CCYY 122. HOUR 123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (WRITE WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE MM/DD/CCYY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR A B C D E F G H FAX AUTH. # 273/4787 CENSUS TRACT 190124600

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink

Thomas A. Gubert
Director of Health Services and Registrar

245 JUL 17 2002

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

