

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)		2. MIDDLE	
ROBERT		MARVIN	
3. LAST (FAMILY)		KOMMERSTAD	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.	
01/27/1927		75	
6. SEX		7. DATE OF DEATH MM/DD/CCYY	
MALE		07/11/2002	
8. HOUR		0918	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
MN		473-20-6255	
11. MILITARY SERVICE		12. MARITAL STATUS	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION—YEARS COMPLETED		14. RACE	
19		WHITE	
15. USUAL EMPLOYER		16. KIND OF BUSINESS	
PROVIDENT INVESTMENT COUNSEL		INVESTMENT COMPANY	
17. YEARS IN OCCUPATION		18. RESIDENCE—STREET AND NUMBER OR LOCATION	
48		218 DEODAR LANE	
19. CITY		20. COUNTY	
BRADBURY		LOS ANGELES	
21. ZIP CODE		22. YRS IN COUNTY	
91010		46	
23. STATE OR FOREIGN COUNTRY		24. NAME, RELATIONSHIP	
CA		LILA M. KOMMERSTAD - WIFE	
25. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		26. NAME OF SURVIVING SPOUSE—FIRST	
218 DEODAR LANE, BRADBURY, CA 91010		LILA	
27. MIDDLE		28. LAST (MAIDEN NAME)	
MAE		McDOUGALL	
29. NAME OF FATHER—FIRST		30. MIDDLE	
ALEX		-	
31. NAME OF MOTHER—FIRST		32. MIDDLE	
JOSEPHINE		-	
33. LAST (MAIDEN)		34. BIRTH STATE	
RISSEL		UNK USA	
35. BIRTH STATE		36. BIRTH STATE	
UNK USA		UNK USA	
37. DATE MM/DD/CCYY		38. PLACE OF FINAL DISPOSITION	
07/17/2002		FOREST LAWN MEM PARK, 1712 S. GLENDALE AVE., GLENDALE, CA 91205	
39. TYPE OF DISPOSITION		40. SIGNATURE OF EMBALMER	
BURIAL		Scott Fox	
41. NAME OF FUNERAL DIRECTOR		42. LICENSE NO.	
FOREST LAWN MTY GLENDALE		8257	
43. LICENSE NO.		44. SIGNATURE OF LOCAL REGISTRAR	
FD 656		Thomas L. Gaudin	
45. DATE MM/DD/CCYY		46. DATE MM/DD/CCYY	
07/16/2002 MS		07/16/2002 MS	
47. PLACE OF DEATH		48. COUNTY	
SANTA TERESITA HOSP.		LOS ANGELES	
49. STREET ADDRESS—STREET AND NUMBER OR LOCATION		50. CITY	
819 BUENA VISTA ST.		DUARTE	
51. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		52. TIME INTERVAL BETWEEN ONSET AND DEATH	
(A) CARDIAC ARREST		1 MIN.	
(B) MYOCARDIAL INFARCTION		5 MINS	
(C) CARCINOMA LUNG		7 MTHS	
(D)			
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 51		54. DEATH REPORTED TO CORNER	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 53 IF YES, LIST TYPE OF OPERATION AND DATE		56. WIDEPY PERFORMED	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		58. ALTOPIY PERFORMED	
DECEDENT ATTENDED SINCE DECEASED LAST REG. ALIVE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
01/08/2002 07/09/2002		59. USED IN DETERMINING CAUSE	
119. MANNER OF DEATH		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE			
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			
120. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		121. SIGNATURE AND TITLE OF CERTIFIER	
		GARY A. PRESANT, MD 1250 S. SUNSET AVE. W. COVINA, CA 91790	
122. SIGNATURE OF CORONER OR DEPUTY CORONER		123. LICENSE NO.	
		G35326	
124. DATE MM/DD/CCYY		125. DATE MM/DD/CCYY	
07/12/2002		07/12/2002	
126. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		127. HOUR	
		128. PLACE OF INJURY	
129. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		130. FAX AUTH. #	
		273/4787	
131. CENSUS TRACT		132. 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 L. Gaudin

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

