

Use of Schedule 316

This application on Form 2100, Schedule 316, is being filed pursuant to 47 CFR Section 73.3541(b) within 30 days after the death of an individual directly or indirectly in control of a corporation which is a licensee of broadcast stations, requesting consent to the involuntary transfer of control to the person legally qualified to succeed to Mrs. Mnich's voting powers.

Specifically, Mrs. Norma Mnich was the beneficial owner of 56 shares of Class A Stock, and 1,749 shares of Class B Stock, of North American Broadcasting Company, Inc. ("NABCo"), the licensee of the subject broadcast stations. Class A Stock is voting stock, and Mrs. Mnich's Class A shares represent 71.8% of the outstanding voting power. Class B Stock is non-voting. Mrs. Mnich's Class A and Class B Shares together constitute 40.9% of the outstanding equity of NABCo.

Mrs. Mnich, while maintaining beneficial ownership of, and control over, the NABCo stock, held such stock interests in trust, administered by her as trustee.

As documented in the attached Certificate of Death, Mrs. Mnich passed away on November 1, 2021. Pursuant to her trust instructions, Matthew Mnich, Mrs. Mnich's son, is her successor trustee. See attached Acceptance of Trusteeship (November 22, 2021).

Matthew Mnich, as successor trustee, has the right to exercise the voting powers of Mrs. Mnich's Class A Stock, which, together with his own 22 shares of Class A Stock, constitute 100% of the outstanding votes of NABCo.

When it has been determined how to distribute Mrs. Mnich's NABCo stock, to the extent appropriate, an application for Commission consent to a transfer of control of NABCo will be submitted along with the relevant court orders and/or authorizing documents.

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) NORMA JEAN MNICH						2. Sex FEMALE	3. Date of Death (Mo/Day/Year) NOVEMBER 01, 2021
	4. Social Security Number 299-26-4668	5a. Age (Years) 90	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) JULY 05, 1931	7. Birthplace (City and State or Foreign Country) COLUMBUS, OHIO	
	8a. Residence State OHIO		8b. County FRANKLIN			8c. City or Town WESTERVILLE		
	8d. Street Address and Zip Code 4567 RAVINE DRIVE 43081						9. Ever in US Armed Forces? NO	
10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)					11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Decedent's Education BACHELORS DEGREE (E.G., BA, AB, BS)				13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE			
15. Father's Name ANGELO MARCHI				16. Mother's Name (prior to first marriage) LUISA BISUTTI				
17a. Informant's Name LOUISE M FLEMING			17b. Relationship to Decedent DAUGHTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 57 VALLEY RUN POWELL, OHIO 43065			
18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY						18d. County of Death FRANKLIN		
18b. Facility Name (If not Institution, give street & number) KEMPER HOUSE				18c. City or Town, State and Zip Code WORTHINGTON, OH 43085				
DISPOSITION	19. Funeral Service Licensee or Other Agent WILLIAM L SMITH			20. License Number (of licensee) 009260		21. Name and Complete Address of Funeral Facility JOHN QUINT TREBONI FUNERAL HOME 1177 W FIFTH AVE COLUMBUS, OH 43212		
	22. Method and Place of Disposition BURIAL - SAINT JOSEPH CEMETERY, LOCKBOURNE, OH							
	23. Local Registrar SANDRA TAYLOR				24. Date Filed (Month/Day/Year) NOVEMBER 04, 2021			
	26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
26b. Time of Death 05:40		26c. Date Pronounced Dead (Month/Day/Year) NOVEMBER 01, 2021			26d. Was Case Referred to Medical Examiner or Coroner? NO			
26e. Certifier Name and Title DANIEL LAWRENCE MILLER MD				26f. License number 35.084230		26g. Date Signed (Month/Day/Year) NOVEMBER 04, 2021		
27. Name and Address of Person who Completed Cause of Death DANIEL LAWRENCE MILLER, 3525 OLENTANGY RIVER RD, COLUMBUS, OH 43214								
CAUSE OF DEATH	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a. DEMENTIA					YEARS	
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
		c. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	d. Due to (or as Consequence of)						
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? NO	
						29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE		
30. Did Tobacco Use Contribute to Death? NO		31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death NATURAL			
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work?	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:		

HEA 2724 Rev. 08/18

Sandra Taylor, Franklin County Registrar

NOV 04 2021

Sandra Taylor

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW



610554284



VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

**DECLARATION OF TRUST OF
NORMA JEAN MNICH TRUST**

ACCEPTANCE OF TRUSTEESHIP

THIS ACCEPTANCE is made effective as of November 1, 2021 ("Effective Date"), by MATTHEW MNICH.

RECITALS

A. NORMA JEAN MNICH, as Grantor and Trustee ("Trustee"), entered into a Declaration of Trust dated January 25, 2005, as amended August 29, 2016, known as the DECLARATION OF TRUST OF NORMA JEAN MNICH ("Trust Instrument").

B. Norma Jean Mnich passed away on November 1, 2021. Pursuant to Paragraph 5(b) of the Trust Instrument, MATTHEW MNICH is named as successor Trustee to Norma Jean Mnich.

C. MATTHEW MNICH wishes to accept the position of Trustee under the Trust Instrument, succeeding Norma Jean Mnich.

ACCEPTANCE

NOW, THEREFORE, MATTHEW MNICH hereby accepts the trust and the appointment and duties of the Trustee under the Trust Instrument, succeeding Norma Jean Mnich as Trustee of the DECLARATION OF TRUST OF NORMA JEAN MNICH as of the Effective Date.

IN WITNESS WHEREOF, the undersigned has executed this document this 22 day of November, 2021.


MATTHEW MNICH, Trustee

STATE OF OHIO)
) SS:
COUNTY OF FRANKLIN)

The foregoing Acceptance of Trusteeship was acknowledged before me this 22nd day of November, 2021, by MATTHEW MNICH.



Notary Public
