| NAME   | R.& P. ENTERPRISES, INC.             |      |
|--------|--------------------------------------|------|
|        | D/B/A R.P. MILHOUSE, A CALIFORNIA CO | ORP. |
|        | 19313 E. FOOTHILL BLVD               |      |
| ADDRES | GLENDORA , CALIFORNIA 91740          |      |

| CRYSTAL | BAY | II | SEC.  | 2  | LOT | 14 |
|---------|-----|----|-------|----|-----|----|
|         |     | D  | ESCRI | PT | ION |    |

| Parcel Number | PLAINFIELD |  |
|---------------|------------|--|
|               |            |  |
| Key Number    | 201-14     |  |

6/17/88 PLAT ( from 165-1 2.71A)

| 0/1//88 PLAI                     | ( from 165-1 2.71A                       | 1)                   |                     |                    |                |              |                    |                     | ASSESS             | 89             |
|----------------------------------|--|----------------------|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--------------------|----------------|
| TRANSFERS TO                     |  | DATE OF<br>INST'NT   | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OF<br>PART |
| TERRELL, LARRY<br>2240 CRYSTAL B | E. & SHELIA M. HW<br>AY W. DRIVE, PLAINF | 9/9/88<br>IELD, IND. | 9/12/88<br>46168    | SPWD               | ALL            |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |
|                                  |  |                      |                     |                    |                |              |                    |                     |                    |                |

| NAME         |                    |                     |                    |                |              | Parcel Numl | ber                |                     |                    |                |
|--------------|--------------------|---------------------|--------------------|----------------|--------------|-------------|--------------------|---------------------|--------------------|----------------|
| ADDRESS      |                    | _                   |                    | DESC           | RIPTION      | Key Number  |                    |                     |                    |                |
| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO |             | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |
|              |                    |                     |                    |                |              |             |                    |                     |                    |                |

| NAME    | R. &. P. ENTERPRISES, INC.              |
|---------|---|
|         | D/B/A R.P. MILHOUSE, A CALIFORNIA CORP. |
|         | 19313 E. FOOTHILL BLVD                  |
| ADDRESS | GLENDORA, CALIFORNIA 91740              |

|                              | Parcel Number | PLAINFIELD |
|------------------------------|---------------|------------|
| CRYSTAL BAY II SEC. 2 LOT 15 | Key Number    | 201–15     |
| DESCRIPTION                  |               |            |

PLAINFIELD

| 6/17/88 PLAT ( from 165-1 2.71      | A)                 |                     |                    |                |              |                    |                     | ASSESS             | 89             |
|-------------------------------------|--------------------|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--------------------|----------------|
| TRANSFERS TO                        | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
| GUTHERY, EDWARD J. & VANESSA D. HW  | 11/28/88<br>1/3/89 | 1/3/89              | SPWD<br>WD         | ALL<br>ALL     |              |                    |                     |                    |                |
| 2244 CRYSTAL BAY W. DRIVE, PLAINFIE | LD, IND. 4         | 6168                |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |
|                                     |                    |                     |                    |                |              |                    |                     |                    |                |

| NAME         |                    |                     |                    |             | Parcel Num         | iber               |                     | •                  |                |  |
|--------------|--------------------|---------------------|--------------------|-------------|--------------------|--------------------|---------------------|--------------------|----------------|--|
| ADDRESS      |                    | _                   |                    | DESC        | RIPTION Key Number | Key Number         |                     |                    |                |  |
| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART | TRANSFERS TO       | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |
|              |                    |                     |                    |             |                    |                    |                     |                    |                |  |

|         | R. & P. ENTERPRISES, INC.         |       |
|---------|-----------------------------------|-------|
|         | D/B/A R.P. MILHOUSE, A CALIFORNIA | CORP. |
|         | 19313 E. FOOTHILL BLVD            |       |
| ADDRESS | GLENDORA , CALIFORNIA 91740       |       |

| CRYSTAL | BAY | II | SEC.  | 2   | LOT | 16 | Key Number | 201–16 |
|---------|-----|----|-------|-----|-----|----|------------|--------|
|         |     | DF | SCRIP | TIO | N   |    |            |        |

Parcel Number

PLAINFIELD

| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER |  |
|--------------|--------------------|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--|
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |
|              |                    |                     |                    |                |              |                    |                     |  |

|              |                    |                     |                    |                | Parc         | cel Number         |                     |                    |                |
|--------------|--------------------|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--------------------|----------------|
| S            |                    |                     | RIPTION            | Number         |              |                    |                     |                    |                |
| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |
|              |                    |                     |                    |                |              |                    |                     |                    |                |

| NAME   | R. & P. ENTERPRISES, INC.               |
|--------|---|
|        | D/B/A R.P. MILHOUSE, A CALIFORNIA CORP. |
|        | 19313 E. FOOTHILL BLVD                  |
| ADDRES | SGLENDORA, CALIFORNIA 91740             |

| CRYSTAL         | BAY | II  | SEC.2    | LOT | 17 |  |
|-----------------|-----|-----|----------|-----|----|--|
| TENNES THE REST |     | DES | CRIPTION |     |    |  |

| Parcel Number | PLAINFIELD |  |  |  |  |
|---------------|------------|--|--|--|--|
|               |            |  |  |  |  |
| Key Number    | 201–17     |  |  |  |  |

6/17/88 PLAT ( from 165-1 2.71A)

| 0/1//08 PLAI ( from 105-1 2./1 | A)                 |                     |                    |                |              |                    |                     | ASSES              | 5 89          |
|--------------------------------|--------------------|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--------------------|---------------|
| TRANSFERS TO                   | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL O<br>PART |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |
|                                |                    |                     |                    |                |              |                    |                     |                    |               |

| AME          |                    |                     |                        |                | Parcel Nur   | nber               |                     |                    |                |  |  |
|--------------|--------------------|---------------------|------------------------|----------------|--------------|--------------------|---------------------|--------------------|----------------|--|--|
| ADDRESS      |                    | _                   | DESCRIPTION Key Number |                |              |                    |                     |                    |                |  |  |
| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT     | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |
|              |                    |                     |                        |                |              |                    |                     |                    |                |  |  |

| NAME  | R. &  | P. 1 | ENTERF | RISES,  | II. | IC.        |       |
|-------|-------|------|--------|---------|-----|------------|-------|
|       |       |      |        |         |     | CALIFORNIA | CORP. |
|       | 19313 | 3 E. | FOOTE  | IILL BI | LVD |            |       |
| ADDDE | GLENI | DORA | . CALI | FORNIA  | 1   | 91740      |       |

| CRYSTAL | BAY | II  | SEC.   | 2  | LOT | 18 |  |
|---------|-----|-----|--------|----|-----|----|--|
|         |     | DES | CRIPTI | ON | I   |    |  |

| Parcel Number | PLAINFIELD |  |
|---------------|------------|--|
| Key Number    | 201–18     |  |

6/17/88 PLAT ( from 165-1 2.71A)

| 0/1//00 FLAT ( 110m 105=1 2./1 | Δ)                 |                                    |                            |                              |              |                    |                     | ADDESS             | 0)            |
|--------------------------------|--------------------|------------------------------------|----------------------------|------------------------------|--------------|--------------------|---------------------|--------------------|---------------|
| TRANSFERS TO                   | DATE OF<br>INST'NT | DATE OF<br>TRANSFER                | KIND OF<br>INST'NT         | ALL OR<br>PART               | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL O<br>PART |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    |                                    |                            |                              |              |                    |                     |                    |               |
|                                |                    | THE RESERVE OF THE PERSON NAMED IN | THE PERSON NAMED IN COLUMN | District Charge of the party |              |                    |                     |                    |               |

| NAME         |  |                     |                    |             |              | Parcel Numb | per                |                     |                    |                |
|--------------|--|---------------------|--------------------|-------------|--------------|-------------|--------------------|---------------------|--------------------|----------------|
| ADDRESS      |  | _                   |                    | DESC        | RIPTION      | Key Number  |                    |                     |                    |                |
| TRANSFERS TO | DATE OF<br>INST'NT   | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART | TRANSFERS TO | ,           | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              |  |                     |                    |             |              |             |                    |                     |                    |                |
|              | RESIDENCE OF THE PARTY OF THE P |                     |                    | The land    |              |             |                    |                     |                    |                |

NAME

| NAME   |         |      | ERPRISE |        |       |       |       |
|--------|---------|------|---------|--------|-------|-------|-------|
|        | D/B/A   | R.P  | . MILHO | USE, A | CALIF | ORNIA | CORP. |
|        |         |      | COTHILL |        |       |       |       |
| ADDRES | SGLENDO | DRA, | CALIFOR | NIA 9  | 1740  |       |       |

| CRYSTAL     | BAY | II | SEC. | 2 | LOT | 19 |  |  |  |
|-------------|-----|----|------|---|-----|----|--|--|--|
| DESCRIPTION |     |    |      |   |     |    |  |  |  |

| PLAINFIELD |  |  |  |  |
|------------|--|--|--|--|
|            |  |  |  |  |
| 201-19     |  |  |  |  |
|            |  |  |  |  |

6/17/88 PLAT ( from 165-1 2.71A\_)

| 6/17/88 PLAT ( from 165-1 2.71A_)                      |                    |                     |                    |                |              |                    | ASSESS 89           |                    |                |  |
|--|--------------------|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--------------------|----------------|--|
| TRANSFERS TO   | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |  |
| JONES, KEVIN J.<br>1970 CRYSTAL BAY E. DRIVE, PLAINFIE | 11/23/88           | 11/28/88<br>A 46168 | SPWD               | ALL            |              |                    |                     |                    |                |  |
| 1970 OKIDINE BILL BY BRITE, TERRITOR                   |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |
|  |                    |                     |                    |                |              |                    |                     |                    |                |  |

| NAME         |                    |                     |                    |                |              | Parcel Number _ |         |                    |                    |                |  |
|--------------|--------------------|---------------------|--------------------|----------------|--------------|-----------------|---------|--------------------|--------------------|----------------|--|
| ADDRESS      |                    | _                   |                    | DESC           | RIPTION      | Key Number      |         |                    |                    |                |  |
| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO |                 | TE OF T | DATE OF<br>RANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |
|              |                    |                     |                    |                |              |                 |         |                    |                    |                |  |