

EXHIBIT T

THE FERNANDEZ TRUST

DATED

MARCH 16, 2018

MORTENSEN LAW

TAX, TRUST & PROBATE ATTORNEYS, P.C.

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THE FERNANDEZ TRUST DATED MARCH 16, 2018

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AMENDED AND RESTATED DECLARATION OF TRUST

We, MANUAL FERNANDEZ and ANA PATRICIA FERNANDEZ, husband and wife, enter into this AMENDED AND RESTATED DECLARATION OF TRUST on September 12, 2018, as the settlors and as the trustees of the trust to which we have transferred to ourselves as trustees (the "Trustee") under a Declaration of Trust dated March 16, 2018, certain real and personal property (the "Trust"). By its terms the Trust may be amended by us at any time by an instrument in writing signed by both of us.

NOW, THEREFORE, we amend and restate the Trust as follows:

DECLARATION OF TRUST

ARTICLE I CREATION OF TRUST

We, MANUAL FERNANDEZ and ANA PATRICIA FERNANDEZ, are husband and wife (the "Husband" or "Wife"). We declare that we hold all real and personal property we own today as trustees under this Declaration of Trust. If either of us cannot serve, the other shall be the sole trustee. Any reference below to the "Trustee" shall be to both of us, either of us alone, or any successor trustee. This trust shall be known as the FERNANDEZ TRUST DATED MARCH 16, 2018. The Trustee shall distribute the trust estate according to the attached Exhibit A.

ARTICLE II THE TRUSTEE

A. Successor Trustee: If neither of us can act as Trustee, then MARCOS A. FERNANDEZ shall act as Trustee. If MARCOS A. FERNANDEZ cannot or does not act as Trustee, DIEGO M. FERNANDEZ shall act as successor Trustee. The Trustee may appoint in writing additional successor trustees. No bond shall be required of the Trustee. The Trustee "cannot act" if found substantially unable to manage his or her own financial resources, or resist fraud or

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undue influence, by two licensed physicians who have examined him or her and who so state in writing.

B. No Liability for Certain Acts: No Trustee designated above shall be liable to any beneficiary, except for willful misconduct or gross negligence. A successor Trustee need not review any action of a predecessor Trustee and may accept the records of the predecessor Trustee without investigation, unless a beneficiary requests otherwise in writing within 60 days after the beneficiary is informed of the Trustee's acceptance to serve. Unless the Trustee is informed in writing of an event affecting the trust, the Trustee shall not be liable for any distribution made as though the event had not occurred.

C. Compensation; Accounting: The Trustee shall be entitled to compensation equal to 1/12 of 1 percent of the net value of the trust assets each month for ordinary services and reasonable additional compensation for extraordinary services. The Trustee shall account to the current trust beneficiaries at least annually, at the termination of the trust, and upon a change of trustees, unless either of us is the Trustee or the beneficiary waives the accounting. If any person entitled to receive an accounting is a minor or is incompetent, the accounting shall be delivered to his or her parents, or guardian or conservator of the person. An objection must be delivered in writing to the Trustee within 180 days after receipt of the Trustee's account or report.

ARTICLE III THE TRUST ESTATE

Any person may add other property to the trust estate, if accepted when received by the Trustee. Community property or separate property transferred to the trust remains as, respectively, community property or separate property. We declare all property, whether or not transferred to this trust, which we hold in joint tenancy is our community property and so held for convenience only.

ARTICLE IV REVOCATION OR AMENDMENT OF TRUST

During our joint lifetimes, we may revoke this trust by a writing (other than a will) delivered to the Trustee (a) with respect to community property, signed by either of us and delivered also to the other spouse, or (b) with respect to separate property, signed by the one of us to whom such separate property belongs. During our joint lifetimes, we may amend any of the trust terms by a writing signed by both of us and delivered to the Trustee. No such amendment shall be valid unless the Trustee accepts such, except for an amendment removing the Trustee.

Any validly appointed and acting attorney-in-fact for a settlor of this trust shall succeed to such settlor's rights of revocation or amendment to the fullest extent allowable by law.

ARTICLE V POWERS OF THE TRUSTEE

The Trustee, including either of us acting alone, shall have the following powers, beyond those conferred by law:

A. Investment: The Trustee may buy, sell, or deal in stocks, bonds, shares of investment trusts, mortgages, deeds of trust, notes, real estate, options, precious metals, partnership interests, or any other property. Such transactions include "short" sales and speculative option transactions, for example, uncovered puts and calls, option spreads, option straddles, and option combinations. The Trustee may invest the trust estate in any way that the law may otherwise allow.

B. Title and Insurance: The Trustee may hold property in the Trustee's name as Trustee, in the Trustee's own name, in the name of a nominee, or in unregistered form in such condition that ownership may pass. The Trustee may carry such hazard insurance as the Trustee deems advisable to protect the trust estate and the Trustee personally.

C. Sale, Exchange, Repair, and Other Powers: The Trustee may manage, grant options on, sell (for cash or on deferred payments), convey, exchange, partition, divide, improve, and repair trust property. The Trustee may lease trust property for terms within or beyond the term of the trust. The Trustee may purchase property at its fair market value, as determined in the Trustee's discretion, from any probate estate of either of us. The Trustee shall exercise the Trustee's powers at the expense of the trust.

D. Loan: The Trustee may lend money to any person, including any probate estate of either of us. However, any such loan shall be adequately secured and shall bear a reasonable interest rate.

E. Dealing with Trust: The Trustee may lend or advance the Trustee's own funds to the trust, with interest at current rates, and may secure such a loan by a deed of trust or other encumbrance of trust assets. The Trustee may purchase trust assets or may sell property to the trust at fair market value as an independent appraisal determines.

F. Borrowing: The Trustee may borrow money, guarantee any debt of ours, maintain and operate margin accounts with brokers, and encumber trust property by mortgage, deed of trust, pledge, or otherwise for the debts of the trust or of us.

G. Litigation: The Trustee may commence or defend litigation as the Trustee may deem advisable. The Trustee may compromise or otherwise adjust any claim against or in favor of the trust. Such powers shall continue after distribution of trust assets. However, the Trustee need not deal with any such claims, unless the distributees adequately indemnify the Trustee for any loss concerning such matters.

H. Physical Division Not Required: The Trustee may partition or distribute the trust estate, on any division or distribution of the trust estate, in undivided interests or in kind, or partly in money and partly in kind, at valuations determined by the Trustee. The Trustee may sell such property as the Trustee may deem necessary to make the division or distribution. In making any division or distribution, the Trustee need not make a pro rata division, or distribute the same assets to beneficiaries similarly situated. Instead, the Trustee may make a nonpro rata division between trusts or shares and nonpro rata distributions to such beneficiaries, if the respective assets allocated to separate trusts or shares, or distributed to such beneficiaries, have equivalent fair market values and the Trustee keeps separate accounts for different undivided interests. This subparagraph shall not apply to any trust established to qualify for the marital deduction for estate tax purposes.

I. Agents: The Trustee may employ any investment manager, custodian, attorney, accountant, corporate fiduciary, or any other agent to perform any act of trust administration (discretionary or otherwise). Compensation for these agents shall be paid out of either income or principal as the Trustee, in the Trustee's discretion, shall determine, and shall not decrease the compensation to which the Trustee is entitled.

ARTICLE VI MISCELLANEOUS PROVISIONS

A. Perpetuities Savings Clause: A trust cannot exceed the time limit under the law. Therefore, notwithstanding any other trust provision, this trust shall terminate no later than 21 years *after* the death of the *last* survivor of the vested and contingent trust beneficiaries and their issue alive on the date of death of the first of us to die. The Trustee shall distribute the terminated trust estate by right of representation to the persons who are entitled, in the Trustee's discretion, to receive trust payments.

B. Spendthrift Clause: The interests of all beneficiaries, excluding us, in this trust, shall be free from claims of creditors or others, and may not be transferred or encumbered. If the creditor of any beneficiary, other than us, shall attempt to claim a trust distribution, then, despite any other trust provision, until the release of the writ of attachment or other process, such distribution shall be disposed of as follows:

1. The Trustee shall pay to such beneficiary such sums the Trustee determines the beneficiary needs for support and education.

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2. Any part of the distribution the Trustee determines exceeds the amount needed for such proper support and education shall, in the Trustee's discretion, either be added to principal or be paid to the other beneficiaries in proportion to their respective interests in the trust estate; or, if there are no other beneficiaries, such excess may be paid to the successive trust beneficiaries.

C. Governing Law: This trust shall be governed by the laws of the State of California (except the California law of conflicts of law). This paragraph shall apply despite any change of residence of the Trustee or any beneficiary, or the appointment or substitution of a Trustee residing or doing business in another state. If any provision of this trust is unenforceable, the remaining provisions shall nevertheless be carried into effect.

D. Definitions:

1. The term "Benefit" shall mean the Trustee shall pay to such beneficiary(ies) from time to time so much of such trust estate as the Trustee deems necessary for the proper support, health care, maintenance and education of such beneficiary(ies). If there is more than one trust beneficiary, the Trustee need not distribute equal amounts to the beneficiaries.

2. The terms "child," "children," and "issue" include only descendants conceived or born during a valid marriage, adopted (while a minor), or born out of wedlock if an ancestor acknowledged and contributed to the support of the descendant.

3. "The trust" includes any trust created under this instrument. "Pay to" includes application of benefits for a beneficiary. "Education" shall only include such schooling the Trustee determines the beneficiary is pursuing to his or her advantage.

E. No Contest Clause: If any person shall contest, directly or indirectly, this trust, any trust created under this instrument, the will of either of us, or any instrument, contract, agreement, beneficiary designation, or other document, other than this instrument containing the no contest clause, by which property or benefits pass or would pass after our deaths (in each case, to the extent permissible by law, whether or not in existence on the date hereof), or any of their respective provisions, or shall, directly or indirectly, initiate any legal or equitable proceeding which seeks to set aside, invalidate, challenge or materially alter any of the provisions hereunder or thereunder, any right of such person to take any interest under this trust or any trust created hereunder shall be determined as if such person died before the execution of this trust without surviving issue. The Trustee may defend against any contest or other attack of any nature on this trust or any of its provisions. Costs of any such defense, in the Trustee's absolute discretion, are to be charged first against the interest of the beneficiary who brings the action or challenge.

Without limitation, this no contest clause is expressly intended to apply to the following actions: (a) the filing of a creditor's claim or prosecution of an action based upon it; and (b) a pleading to challenge a transfer of property on the grounds that it was not the transferor's property at the time of transfer.

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An action or proceeding to determine the character, title, or ownership of property shall be deemed a contest if it seeks to alter an explicit characterization of property identified in this trust, any trust created hereunder, the will of either of us, a deed or other written instrument of title executed in conjunction with or in favor of this trust, or other legally effective writing executed by either of us in favor of this trust. Nothing herein shall prohibit or punish any duly qualified and acting Trustee hereunder from bringing an action or proceeding to determine the character, title or ownership of property where the Trustee feels appropriate.

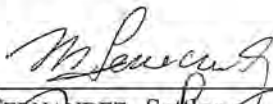
Unless specifically provided otherwise in any codicil or amendment, this no contest clause is intended to apply to any codicil to the will of either of us or amendment to this trust (or any trust created hereunder).

Notwithstanding anything else in this instrument, if a court of competent jurisdiction shall finally determine any provision of this no contest clause to be unenforceable, such provision shall be reformed in accordance with its manifest intent to the minimal extent necessary to render this no contest clause as fully enforceable as the law permits. If such reformation is not possible, such provision shall be deemed severed and the remaining provisions of this no contest clause shall remain fully in effect.

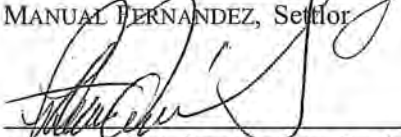
F. *Waiver of Potential Conflict:* We understand that because we are husband and wife, a *potential* conflict of interest exists as to which of us owns which assets and how those assets are to be distributed. We also understand that our attorney cannot keep any communication by one of us to the attorney confidential from the other of us. We also understand that each of us has the right to seek separate advice from an independent attorney. We choose not to do so and affirm we fully agree as to the status of our property and how it will be distributed, and have asked MORTENSEN LAW, TAX, TRUST & PROBATE ATTORNEYS, P.C., to assist both of us in our estate planning.

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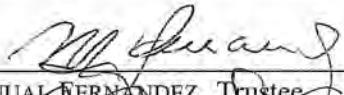
EXECUTED at Newhall, California, on September 12, 2018.



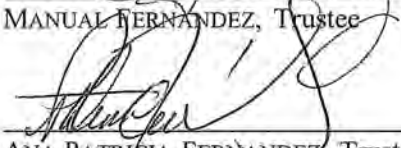
MANUAL FERNANDEZ, Settlor



ANA PATRICIA FERNANDEZ, Settlor



MANUAL FERNANDEZ, Trustee



ANA PATRICIA FERNANDEZ, Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)

On September 12, 2018, before me, NIKKI SPENCER, a Notary Public, personally appeared MANUAL FERNANDEZ and ANA PATRICIA FERNANDEZ, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public



(Official Notarial Seal)

EXHIBIT A
DISTRIBUTION OF TRUST

ARTICLE I
DISTRIBUTION DURING OUR JOINT LIFETIMES

A. Distributions: During our joint lifetimes, the Trustee shall pay to us, or either of us, such amounts of the community estate, as either Settlor may direct or, in the absence of direction, as the Trustee deems advisable, for our Benefit according to our accustomed manner of living. If the community estate fails to adequately provide for one of us, the Trustee shall obtain such funds from the separate property of that one of us.

B. Incapacity: If either of us becomes incapacitated (the "incapacitated spouse"), the Trustee shall pay to us amounts first from the community estate, and then equally from the separate estates if necessary, required for our Benefit according to our accustomed manner of living. Such distributions shall continue until the incapacitated spouse, either in the Trustee's discretion or as certified by two licensed physicians, can again manage his or her own affairs, or until the earlier death of either of us. The non-incapacitated one of us may also withdraw from time to time from his or her separate property and half of the community property.

ARTICLE II
CONTINUATION UPON DEATH OF FIRST OF US

A. Continuation of the Trust: The first of us to die shall be called the "deceased spouse," and the living one of us shall be called the "surviving spouse." The Trustee, in the Trustee's discretion, may pay out of the trust estate the deceased spouse's debts and last illness and funeral expenses. The Trustee shall continue to administer the trust estate according to the terms of Article I of this Exhibit for the Benefit of the surviving spouse.

B. Amendment and Revocation of the Trust: After the death of the deceased spouse, the surviving spouse shall have the power to amend, revoke or terminate this trust. Revocation or amendment shall be made in a written instrument (other than a document purporting to be a will) signed by the surviving spouse and delivered to the Trustee before the death of the surviving spouse. On revocation, all trust assets shall be delivered to the surviving spouse. On the death of the surviving spouse, this trust may not be amended, revoked or terminated.

C. Disclaimed Property: If the surviving spouse disclaims any property of the deceased spouse, such disclaimed property shall be retained by the Trustee as a separate, irrevocable, trust (the "Disclaimer Trust"). The Trustee shall distribute to the surviving spouse so much of the Disclaimer Trust as the Trustee deems necessary for the Benefit of the surviving spouse according to the surviving spouse's accustomed standard of living. Upon the death of the surviving spouse, the remaining balance of the Disclaimer Trust shall be distributed according to the provisions for disposition of the residue of the trust property not in the Disclaimer Trust upon the death of the surviving spouse, as those provisions existed at the death of the deceased spouse.

ARTICLE III DISTRIBUTION UPON DEATH OF SURVIVING SPOUSE

A. Payment of Surviving Spouse's Debts: On the death of the surviving spouse, the Trustee may pay out of the trust estate the surviving spouse's debts and last illness and funeral expenses.

B. Distribution of Residue: The Trustee shall distribute the residual trust estate equally among our children, MARCOS A. FERNANDEZ, ANNA S. FERNANDEZ and DIEGO M. FERNANDEZ. If a child fails to survive until the date of distribution to him or her, his or her share shall go to his or her issue by right of representation (meaning most likely to his or her children). If a child fails to survive until the date of distribution to him or her and leaves no surviving issue, his or her share shall go to (or through by right of representation) our other child(ren). We have no deceased children who left surviving issue.


C. No Outright Distribution to Young or Incapacitated Beneficiary: Notwithstanding, if any beneficiary is incapacitated (as reasonably determined by the Trustee) or under age 30, the trust shall continue as to that beneficiary's share. The Trustee shall pay amounts for the Benefit of such beneficiary. Such trust estate shall be distributed to such beneficiary upon his or her attaining age 30 or regaining capacity. If any beneficiary passes away before final distribution, his or her trust estate shall be distributed in the following order of priority: (1) as he or she may have appointed in writing, (2) to his or her then living issue by right of representation, or (3) under the terms of this trust as if he or she had failed to survive us and as if the deceased spouse had just passed away.

D. Contingent Beneficiaries: If before full distribution of the trust estate both of us are deceased and the trust fails to otherwise dispose of the trust estate, the Trustee shall distribute one-half of the community property and the separate property of the Husband to the heirs of the Husband and the other half of the community property and the separate property of the Wife to the heirs of the Wife.

**REVOCATION OF TRUST,
REVIVAL OF PRIOR TRUST
AND ASSIGNMENT OF ASSETS**

I, MANUEL FERNANDEZ, Settlor and Trustee of the FERNANDEZ TRUST DATED JUNE 21, 2018 (the "June Trust"), pursuant to my power to revoke under Article IV of the June Trust, hereby revoke the June Trust, and I assign all such assets from that revoked Trust to the revived and restated FERNANDEZ TRUST DATED MARCH 16, 2018 (the "March Trust") which I and my wife have restated on this date. The March Trust, as restated today, is and shall be revived and in full force and effect.

Dated: September 12, 2018


MANUEL FERNANDEZ, Settlor and Trustee


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)
)

On September 12, 2018, before me, NIKKI SPENCER, a Notary Public, personally appeared MANUEL FERNANDEZ, who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public



(Official Notarial Seal)

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LAST WILL AND TESTAMENT
OF
MANUAL FERNANDEZ

I, MANUAL FERNANDEZ, an adult residing in Los Angeles County, California, declare that this is my Will, and I revoke any former Wills and Codicils made by me.

ARTICLE ONE
HEIRS

I am married to ANA PATRICIA FERNANDEZ and any references in this Will to "my spouse" are to her. I have three children, MARCOS A. FERNANDEZ, ANNA S. FERNANDEZ and DIEGO M. FERNANDEZ, and have no deceased children who left surviving issue.

ARTICLE TWO
APPOINTMENT OF FIDUCIARIES

A. Executor: I nominate my spouse as Executor of my Will. If my spouse fails to qualify or ceases to act, I nominate MARCOS A. FERNANDEZ as successor Executor. If MARCOS A. FERNANDEZ fails to qualify or ceases to act, I nominate DIEGO M. FERNANDEZ as successor Executor. Any successor Executor shall have the same powers as are given to my Executor.

B. No Bond: No fiduciary named above shall be required to give bond or other security to qualify to serve.



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ARTICLE THREE
DISPOSITION OF ESTATE

I give my assets that are outside of my living trust to the trustee of such trust, the FERNANDEZ TRUST DATED MARCH 16, 2018 (the "Trust"), according to the terms of the Trust and any subsequent amendment to it. These assets outside of the Trust shall be added to and distributed as a part of the Trust property, and not as a separate or testamentary trust. I have otherwise intentionally failed to provide in this Will for my heirs.

If such disposition fails for any reason, or if the Trust fails or is revoked, I incorporate by reference in this Will the terms of the Trust, as executed on this date, without giving effect to any subsequent amendment, and I give my estate to the trustee named in the Trust, to be held and distributed as the Trust provides.

Notwithstanding, if my spouse survives me, I give my spouse any community property interest I may have in any IRA or other retirement plan account of my spouse. I consent to any beneficiary form concerning such account which my spouse may execute, even after my death. If my spouse fails to survive me or disclaims any part of this gift, such gift shall pass to the trustee of any Disclaimer Trust formed under the Trust.

ARTICLE FOUR
ESTATE ADMINISTRATION

Unless this Will specifically provides otherwise, the Executor, in addition to those powers conferred by law, shall have the power to (1) sell, lease, encumber, or exchange any real or personal property of my estate, with or without notice, but subject to such confirmation as the law may require, (2) retain during the administration of my estate any of the estate property, without liability for any decrease in value, (3) operate any business or property, the profits and losses, if any, to inure or be chargeable to my estate and not to my Executor, (4) administer my



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estate, in my Executor's discretion, under the provisions of the Independent Administration of Estates Act, and (5) file joint income tax returns with my spouse for the year in which I pass away, even though my spouse, and not my estate is benefited by such.

EXECUTED on September 12, 2018, at Newhall, California.


MANUAL FERNANDEZ

On the date written below, we, the undersigned, each being present at the same time, witnessed the signing of this instrument by MANUAL FERNANDEZ. We understand this instrument, which consists of four (4) pages, including the page signed by us as witnesses, is the Will of MANUAL FERNANDEZ, and we now subscribe our names as witnesses to such Will. Each of us is more than eighteen (18) years of age and a competent witness.

MANUAL FERNANDEZ appeared to us to be of sound mind and memory and, to the best of our knowledge, was not acting under, nor was the execution of this Will procured by, duress, menace, fraud, misrepresentation or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.


M. F.

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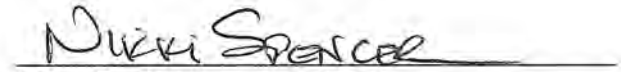
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EXECUTED on September 12, 2018, at Newhall, California.



DANIEL R. MORTENSEN
22807 Lyons Avenue
Newhall, California 91321-2819



NIKKI SPENCER
22807 Lyons Avenue
Newhall, California 91321-2819



M. F.

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EXHIBIT T
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LAST WILL AND TESTAMENT
OF
ANA PATRICIA FERNANDEZ

I, ANA PATRICIA FERNANDEZ, an adult residing in Los Angeles County, California, declare that this is my Will, and I revoke any former Wills and Codicils made by me.

ARTICLE ONE
HEIRS

I am married to MANUAL FERNANDEZ and any references in this Will to “my spouse” are to him. I have three children, MARCOS A. FERNANDEZ, ANNA S. FERNANDEZ and DIEGO M. FERNANDEZ, and have no deceased children who left surviving issue.

ARTICLE TWO
APPOINTMENT OF FIDUCIARIES

A. Executor: I nominate my spouse as executor of my Will. If my spouse fails to qualify or ceases to act, I nominate MARCOS A. FERNANDEZ as successor Executor. If MARCOS A. FERNANDEZ fails to qualify or ceases to act, I nominate DIEGO M. FERNANDEZ as successor Executor. Any successor Executor shall have the same powers as are given to my Executor.

B. No Bond: No fiduciary named above shall be required to give bond or other security to qualify to serve.


A. P. F.

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ARTICLE THREE
DISPOSITION OF ESTATE

I give my assets that are outside of my living trust to the trustee of such trust, the FERNANDEZ TRUST DATED MARCH 16, 2018 (the "Trust"), according to the terms of the Trust and any subsequent amendment to it. These assets outside of the Trust shall be added to and distributed as a part of the Trust property, and not as a separate or testamentary trust. I have otherwise intentionally failed to provide in this Will for my heirs.

If such disposition fails for any reason, or if the Trust fails or is revoked, I incorporate by reference in this Will the terms of the Trust, as executed on this date, without giving effect to any subsequent amendment, and I give my estate to the trustee named in the Trust, to be held and distributed as the Trust provides.

Notwithstanding, if my spouse survives me, I give my spouse any community property interest I may have in any IRA or other retirement plan account of my spouse. I consent to any beneficiary form concerning such account which my spouse may execute, even after my death. If my spouse fails to survive me or disclaims any part of this gift, such gift shall pass to the trustee of any Disclaimer Trust formed under the Trust.

ARTICLE FOUR
ESTATE ADMINISTRATION

Unless this Will specifically provides otherwise, the Executor, in addition to those powers conferred by law, shall have the power to (1) sell, lease, encumber, or exchange any real or personal property of my estate, with or without notice, but subject to such confirmation as the law may require, (2) retain during the administration of my estate any of the estate property, without liability for any decrease in value, (3) operate any business or property, the profits and losses, if any, to inure or be chargeable to my estate and not to my Executor, (4) administer my


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estate, in my Executor's discretion, under the provisions of the Independent Administration of Estates Act, and (5) file joint income tax returns with my spouse for the year in which I pass away, even though my spouse, and not my estate is benefited by such.

EXECUTED on September 12, 2018, at Newhall, California.



ANA PATRICIA FERNANDEZ

On the date written below, we, the undersigned, each being present at the same time, witnessed the signing of this instrument by ANA PATRICIA FERNANDEZ. We understand this instrument, which consists of four (4) pages, including the page signed by us as witnesses, is the Will of ANA PATRICIA FERNANDEZ, and we now subscribe our names as witnesses to such Will. Each of us is more than eighteen (18) years of age and a competent witness.

ANA PATRICIA FERNANDEZ appeared to us to be of sound mind and memory and, to the best of our knowledge, was not acting under, nor was the execution of this Will procured by, duress, menace, fraud, misrepresentation or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.



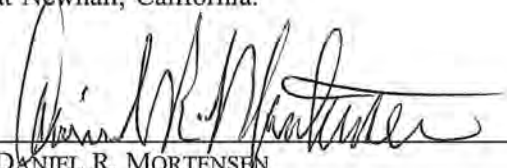
A. P. F.

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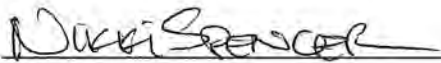
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EXHIBIT T
000692

EXECUTED on September 12, 2018, at Newhall, California.



DANIEL R. MORTENSEN
22807 Lyons Avenue
Newhall, California 91321-2819



NIKKI SPENCER
22807 Lyons Avenue
Newhall, California 91321-2819



A. P. F.

Recording Requested by
and When Recorded, Mail to:

MORTENSEN LAW, TAX,
TRUST & PROBATE ATTORNEYS, P.C.
22807 LYONS AVENUE
NEWHALL, CALIFORNIA 91321-2819

UNIFORM STATUTORY FORM
POWER OF ATTORNEY
(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465, INCLUSIVE). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER A SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, MANUAL FERNANDEZ, 34710 Caprock Road, Agua Dulce, CA 91390, appoint ANA PATRICIA FERNANDEZ as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- _____ (A) Real property transactions.
- _____ (B) Tangible personal property transactions.
- _____ (C) Stock and bond transactions.
- _____ (D) Commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.

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- ☐ (F) Business operating transactions.
☐ (G) Insurance and annuity transactions.
☐ (H) Estate, trust, and other beneficiary transactions.
☐ (I) Claims and litigation.
☐ (J) Personal and family maintenance.
☐ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
☒ (L) Retirement plan transactions.
☒ (M) Tax matters.
☒ (N) **ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).**

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT:

1. *Term:* I direct that this Power of Attorney shall become effective immediately and remain in effect despite my subsequent incapacity.

2. *Powers Authorized:* I intend that my agent have all the powers listed above ("A-M"). Therefore, if I have failed to initial "N" above, it was only an oversight, and it shall be deemed as if I had placed my initials next to "N." In addition to the powers listed above, my agent may do any of the following on my behalf:

A. To act for me in all tax matters for tax years 1985-2065 before the Internal Revenue Service and any other taxing authority; to make a qualified disclaimer on my behalf under Sections 2518 and 2046 of the Internal Revenue Code, or other successor provisions of such Code.

B. To use or terminate any credit cards or charge accounts on my behalf.

C. To revoke my living trust and give any of my assets to the beneficiaries of that trust, if I have no trust to the beneficiaries of my will, or if I have no will, to my heirs, including my agent, in proportion as if I have passed away; in particular, to make such gifts to qualify me for public medical assistance, such as Medi-Cal or Medicaid.

D. To transfer any of my assets to the trustee of any revocable trust of which I am a settlor and a beneficiary; to create revocable or irrevocable trusts for my benefit or the benefit of the legatees of my will or my heirs, including my agent, and to transfer any of my assets to the trustee of such trust; to amend or revoke any trust and to instruct the trustee of any trust of which I am, or may be, a settlor or beneficiary.

E. Generally to do anything I could do and in the opinion of my agent ought to be done, as fully and effectively as I could do it myself. This includes the power to sue any bank or third party that fails or refuses to honor this power of attorney. The enumeration of specific items above does not limit, and is not to be interpreted as limiting, the general powers granted to my agent, except where powers are expressly restricted.

3. *Release of Information:* Any third party from whom my agent may request information or documents regarding my personal affairs may release and deliver all such information or documents to my agent. I hereby waive any privilege that may apply to release of such information or documents.

4. *Successors; Signature; Ratification:* If ANA PATRICIA FERNANDEZ cannot or fails to act, I appoint MARCOS A. FERNANDEZ or DIEGO M. FERNANDEZ, in that order, to replace her. My agent's signature under the authority granted in this power of attorney may be accepted by any third party or organization with the same force as if I were personally present and acting on my own behalf. I hereby ratify all that my agent shall do, or cause to be done, under this power of attorney. My estate, heirs, successors, and assigns shall be bound by my agent's acts under this power of attorney.

5. *Nomination of Conservator of the Estate:* I direct that no conservator of the estate be appointed for me, unless the court determines this durable power cannot adequately provide for the care of my affairs. However, if a conservator of my estate is to be appointed, I nominate my agent. Upon such appointment, this power of attorney shall terminate and my agent shall deliver my assets under my agent's control as directed by the conservator of my estate.

6. *Revocation:* The powers herein granted may be revoked by me or by the conservator of my estate at any time by a notice in writing delivered to my agent.

7. *Proof by Successor:* A successor to the original agent shall prove his or her incumbency by attaching one of the following to this Power of Attorney: (a) the resignation or declination to serve of all predecessor agents, (b) a writing signed by two licensed physicians who have examined the same that states that the same cannot serve, (c) a certified court order as to the incapacity to serve of the same, or (d) a certified death certificate of the same. Third parties who deal with a successor agent shall be entitled to rely on this original power of attorney with any such document attached.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE
MORE THAN ONE AGENT DESIGNATED.

I have designated more than one agent. The agents are to act separately in the order indicated unless I have specifically directed otherwise.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed September 12, 2018.


MANUAL FERNANDEZ
Social Security Number XXX-XX-6786
State of California
County of Los Angeles

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

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

On September 12, 2018, before me, NIKKI SPENCER, a Notary Public, personally appeared MANUAL FERNANDEZ, who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Notary Public.



(Official Notarial Seal)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Recording Requested by
and When Recorded, Mail to:

MORTENSEN LAW, TAX,
TRUST & PROBATE ATTORNEYS, P.C.
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I, ANA PATRICIA FERNANDEZ, 34710 Caprock Road, Agua Dulce, CA 91390, appoint MANUAL FERNANDEZ as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

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TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- ☐ (A) Real property transactions.
- ☐ (B) Tangible personal property transactions.
- ☐ (C) Stock and bond transactions.
- ☐ (D) Commodity and option transactions.
- ☐ (E) Banking and other financial institution transactions.

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- ☐ (F) Business operating transactions.
☐ (G) Insurance and annuity transactions.
☐ (H) Estate, trust, and other beneficiary transactions.
☐ (I) Claims and litigation.
☐ (J) Personal and family maintenance.
☐ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
☒ (L) Retirement plan transactions.
☒ (M) Tax matters.
☒ (N) **ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).**

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT:

1. *Term:* I direct that this Power of Attorney shall become effective immediately as to MANUAL FERNANDEZ, but as to his successors only upon my incapacity as evidenced by a writing signed by two licensed physicians who have examined me and state that I am incapacitated.

2. *Powers Authorized:* I intend that my agent have all the powers listed above ("A-M"). Therefore, if I have failed to initial "N" above, it was only an oversight, and it shall be deemed as if I had placed my initials next to "N." In addition to the powers listed above, my agent may do any of the following on my behalf:

A. To act for me in all tax matters for tax years 1985-2065 before the Internal Revenue Service and any other taxing authority; to make a qualified disclaimer on my behalf under Sections 2518 and 2046 of the Internal Revenue Code, or other successor provisions of such Code.

B. To use or terminate any credit cards or charge accounts on my behalf.

C. To revoke my living trust and give any of my assets to the beneficiaries of that trust, if I have no trust to the beneficiaries of my will, or if I have no will, to my heirs, including my agent, in proportion as if I have passed away; in particular, to make such gifts to qualify me for public medical assistance, such as Medi-Cal or Medicaid.

D. To transfer any of my assets to the trustee of any revocable trust of which I am a settlor and a beneficiary; to create revocable or irrevocable trusts for my benefit or the benefit of the legatees of my will or my heirs, including my agent, and to transfer any of my assets to the trustee of such trust; to amend or revoke any trust and to instruct the trustee of any trust of which I am, or may be, a settlor or beneficiary.

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E. Generally to do anything I could do and in the opinion of my agent ought to be done, as fully and effectively as I could do it myself. This includes the power to sue any bank or third party that fails or refuses to honor this power of attorney. The enumeration of specific items above does not limit, and is not to be interpreted as limiting, the general powers granted to my agent, except where powers are expressly restricted.

3. *Release of Information:* Any third party from whom my agent may request information or documents regarding my personal affairs may release and deliver all such information or documents to my agent. I hereby waive any privilege that may apply to release of such information or documents.

4. *Successors; Signature; Ratification:* If MANUAL FERNANDEZ cannot or fails to act, I appoint MARCOS A. FERNANDEZ or DIEGO M. FERNANDEZ, in that order, to replace him. My agent's signature under the authority granted in this power of attorney may be accepted by any third party or organization with the same force as if I were personally present and acting on my own behalf. I hereby ratify all that my agent shall do, or cause to be done, under this power of attorney. My estate, heirs, successors, and assigns shall be bound by my agent's acts under this power of attorney.

5. *Nomination of Conservator of the Estate:* I direct that no conservator of the estate be appointed for me, unless the court determines this durable power cannot adequately provide for the care of my affairs. However, if a conservator of my estate is to be appointed, I nominate my agent. Upon such appointment, this power of attorney shall terminate and my agent shall deliver my assets under my agent's control as directed by the conservator of my estate.

6. *Revocation:* The powers herein granted may be revoked by me or by the conservator of my estate at any time by a notice in writing delivered to my agent.

7. *Proof by Successor:* A successor to the original agent shall prove his or her incumbency by attaching one of the following to this Power of Attorney: (a) the resignation or declination to serve of all predecessor agents, (b) a writing signed by two licensed physicians who have examined the same that states that the same cannot serve, (c) a certified court order as to the incapacity to serve of the same, or (d) a certified death certificate of the same. Third parties who deal with a successor agent shall be entitled to rely on this original power of attorney with any such document attached.

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This power of attorney will continue to be effective even though I become incapacitated.


STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE
MORE THAN ONE AGENT DESIGNATED.

I have designated more than one agent. The agents are to act separately in the order indicated unless I have specifically directed otherwise.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed September 12, 2018.



ANA PATRICIA FERNANDEZ
Social Security Number XXX-XX-8261
State of California
County of Los Angeles

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

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

On September 12, 2018, before me, NIKKI SPENCER, a Notary Public, personally appeared ANA PATRICIA FERNANDEZ, who 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.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public



(Official Notarial Seal)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Advance Health Care Directive

OF MANUEL FERNANDEZ

(California Probate Code Section 4701)

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.) Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

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EXHIBIT T
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Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

See Part 5 of the form **if you are a patient in a skilled nursing facility** because there is Special Witness Requirement. A Patient Advocate or Ombudsman must witness the form *if you are a patient in a skilled nursing facility* (a health care facility that provides skilled nursing care and supportive care to patients).

After completing this form, Part 6 allows you to sign and date the form in the section provided. The form must be signed by two qualified witnesses or acknowledged before a notary public. A notary is not required if the form is signed by two witnesses. The witnesses must sign the form on the same date it is signed by the person making the Advance Directive.

Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take on the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART 1
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Ana Patricia Fernandez

Telephone numbers:

(Home)

(Work)

(Cell)

FIRST ALTERNATE AGENT: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Marcos A. Fernandez

Telephone numbers:

(Home)

(Work)

(Cell)

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EXHIBIT T
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SECOND ALTERNATE AGENT: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Diego M. Fernandez

Telephone numbers:

(Home)

(Work)

(Cell)

(1.2) AGENT'S AUTHORITY. My agent is authorized to 1) make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, 2) to choose a particular physician or health care facility, and 3) to receive or consent to the release of medical information and records, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following line. **If I initial this line, my agent's authority to make health care decisions for me takes effect immediately.**

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POST-DEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated. (initial here)

Part 2
INSTRUCTIONS FOR HEALTH CARE - LIFE SUPPORT

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

☐ (a) Choice Not To Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

OR

☒ (b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

(2.3) OTHER WISHES: If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here:

(Add additional sheets if needed.)

PART 3
DONATION OF ORGANS AT DEATH
(Optional)

(3.1) Upon my death (mark applicable box):

- ☐ (a) I give any needed organs, tissues, or parts, OR
- ☐ (b) I give the following organs, tissues, or parts only: _____ OR
- ☒ (c) I do not wish to donate organs, tissues or parts.

My gift of organs, tissues, or parts, is for the following purposes (strike any of the following you do not want):

- (1) Transplant
- (2) Therapy
- (3) Research
- (4) Education

PART 4
PRIMARY PHYSICIAN
(Optional)

(4.1) I designate the following physician as my primary physician:

Name of physician: _____

Address: _____

Telephone: _____

PART 5
SPECIAL WITNESS REQUIREMENT IF IN A SKILLED NURSING FACILITY

(5.1) The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OF OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by section 4675 of the Probate Code.

Print Name: _____ Signature: _____

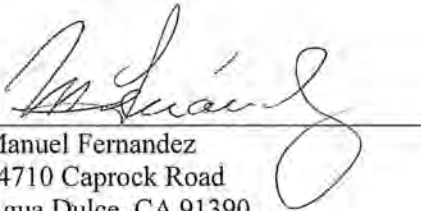
Address: _____ Date: _____

PART 6
SIGN & DATE

(6.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(6.2) SIGNATURE: Sign and date the form here:

Date: September 12, 2018


Manuel Fernandez
34710 Caprock Road
Agua Dulce, CA 91390

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California)
)
County of Los Angeles)

On September 12, 2018, before me, NIKKI SPENCER, a notary public, personally appeared MANUEL FERNANDEZ who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Nikki Spencer (Seal)

Advance Health Care Directive

OF ANA PATRICIA FERNANDEZ

(California Probate Code Section 4701)

Explanation

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- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

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EXHIBIT T
000708

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

See Part 5 of the form **if you are a patient in a skilled nursing facility** because there is Special Witness Requirement. A Patient Advocate or Ombudsman must witness the form *if you are a patient in a skilled nursing facility* (a health care facility that provides skilled nursing care and supportive care to patients).

After completing this form, Part 6 allows you to sign and date the form in the section provided. The form must be signed by two qualified witnesses or acknowledged before a notary public. A notary is not required if the form is signed by two witnesses. The witnesses must sign the form on the same date it is signed by the person making the Advance Directive.

Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take on the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART 1
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Manuel Fernandez

Telephone numbers:

(Home)

(Work)

(Cell)

FIRST ALTERNATE AGENT: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Diego M. Fernandez

Telephone numbers:

(Home)

(Work)

(Cell)

SECOND ALTERNATE AGENT: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Diego M. Fernandez

Telephone numbers:

(Home)

(Work)

(Cell)

(1.2) AGENT'S AUTHORITY. My agent is authorized to 1) make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, 2) to choose a particular physician or health care facility, and 3) to receive or consent to the release of medical information and records, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following line. **If I initial this line, my agent's authority to make health care decisions for me takes effect immediately.**

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POST-DEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated. (initial here)

Part 2
INSTRUCTIONS FOR HEALTH CARE - LIFE SUPPORT

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

☒ (a) Choice Not To Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

OR

☐ (b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

(2.3) OTHER WISHES: If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here:

(Add additional sheets if needed.)

PART 3
DONATION OF ORGANS AT DEATH
(Optional)

(3.1) Upon my death (mark applicable box):

- ☒ (a) I give any needed organs, tissues, or parts, OR
- ☐ (b) I give the following organs, tissues, or parts only: _____ OR
- ☐ (c) I do not wish to donate organs, tissues or parts.

My gift of organs, tissues, or parts, is for the following purposes (strike any of the following you do not want):

- (1) Transplant
- (2) Therapy
- (3) Research
- (4) Education

PART 4
PRIMARY PHYSICIAN
(Optional)

(4.1) I designate the following physician as my primary physician:

Name of physician: _____

Address: _____

Telephone: _____

PART 5
SPECIAL WITNESS REQUIREMENT IF IN A SKILLED NURSING FACILITY

(5.1) The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OF OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by section 4675 of the Probate Code.

Print Name: _____ Signature: _____

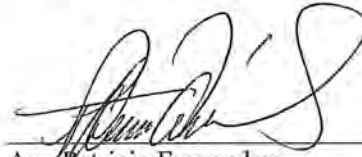
Address: _____ Date: _____

PART 6
SIGN & DATE

(6.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(6.2) SIGNATURE: Sign and date the form here:

Date: September 12, 2018



Ana Patricia Fernandez
34710 Caprock Road
Agua Dulce, CA 91390

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California)
)
County of Los Angeles)
)

On September 12, 2018, before me, NIKKI SPENCER, a notary public, personally appeared ANA PATRICIA FERNANDEZ who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Nikki Spencer

(Seal)

HIPAA RELEASE AUTHORITY

I intend for my agent to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164. This release authority is effective immediately.

Accordingly, I hereby authorize any doctor, physician, medical specialist, psychiatrist, chiropractor, health-care professional, dentist, optometrist, health plan, hospital, hospice, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, pathologist, or other provider of medical or mental health care, as well as any insurance company and the Medical Information Bureau Inc. or other health-care clearinghouse that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent who is named in the attached Advance Health Care Directive and who is currently serving as such, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. Additionally, my agent shall have the ability to ask questions and discuss my protected medical information with the person or entity who has possession of the protected medical information even if I am fully competent to ask questions and discuss this matter at the time. It is my intention to give a full authorization to any protected medical information to my agent.

Such information may also be released to any person designated as a primary or successor agent or attorney-in-fact in a durable power of attorney which I have executed, whether or not such person is presently serving as such, and to any person presently serving as trustee or named as a successor trustee in any revocable or irrevocable trust created by me as trustor.

In determining whether I am incapacitated, all individually identifiable health information and medical records shall be released to the person who is nominated as my agent in the attached Advance Health Care Directive, including any written opinion relating to my incapacity that the person nominated as my agent may have requested.

This release authority applies to any information governed by HIPAA and applies even if that person has not yet begun serving as my agent.

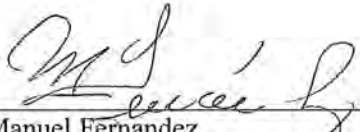
This authority given to my agent shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information.

The individually identifiable health information and other medical records given, disclosed, or released to my agent in the attached Health Care Power of Attorney may be subject to redisclosure by my agent and may no longer be protected by HIPAA.

The authority given to my agent in the attached Health Care Power of Attorney has no expiration date and shall expire only in the event that I revoke the Advance Health Care Directive in writing and deliver it to my health-care provider.

There are no exceptions to my right to revoke the Health Care Power of Attorney.

Date: September 12, 2018.


Manuel Fernandez

SIGNATURE OF FIRST WITNESS

Signature: 
Print Name: Daniel R. Mortensen
Address: 22807 Lyons Avenue
Newhall, CA 91321
Date: September 12, 2018

SIGNATURE OF SECOND WITNESS

Signature: 
Print Name: Nikki Spencer
Address: 22807 Lyons Avenue
Newhall, CA 91321
Date: September 12, 2018

HIPAA RELEASE AUTHORITY

I intend for my agent to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164. This release authority is effective immediately.

Accordingly, I hereby authorize any doctor, physician, medical specialist, psychiatrist, chiropractor, health-care professional, dentist, optometrist, health plan, hospital, hospice, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, pathologist, or other provider of medical or mental health care, as well as any insurance company and the Medical Information Bureau Inc. or other health-care clearinghouse that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent who is named in the attached Advance Health Care Directive and who is currently serving as such, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. Additionally, my agent shall have the ability to ask questions and discuss my protected medical information with the person or entity who has possession of the protected medical information even if I am fully competent to ask questions and discuss this matter at the time. It is my intention to give a full authorization to any protected medical information to my agent.

Such information may also be released to any person designated as a primary or successor agent or attorney-in-fact in a durable power of attorney which I have executed, whether or not such person is presently serving as such, and to any person presently serving as trustee or named as a successor trustee in any revocable or irrevocable trust created by me as trustor.

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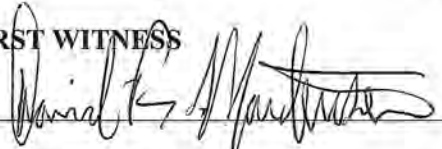
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There are no exceptions to my right to revoke the Health Care Power of Attorney.

Date: September 12, 2018.


Ana Patricia Fernandez

SIGNATURE OF FIRST WITNESS

Signature: 

Print Name: Daniel R. Mortensen

Address: 22807 Lyons Avenue
Newhall, CA 91321

Date: September 12, 2018

SIGNATURE OF SECOND WITNESS

Signature: 

Print Name: Nikki Spencer

Address: 22807 Lyons Avenue
Newhall, CA 91321

Date: September 12, 2018

ASSIGNMENT OF MEMBERSHIP INTEREST
IN
RANCHO AGUA DULCE, LLC

The undersigned, MANUEL FERNANDEZ (the "Assignor"), in all capacities in which he may act (individually or Trustee, as the case may be) as a Member of the above-named Nevada LLC, has created a living trust to hold title to all of his assets, and desires that his entire current and future membership interest in this LLC be transferred to said living trust.

Therefore, for no consideration, Assignor surrenders any previously issued Membership Certificate(s) and requests that a new membership certificate in RANCHO AGUA DULCE, LLC be issued representing his entire percentage interest in this LLC, and that such Membership Certificate be titled as follows:

**MANUEL FERNANDEZ AND ANA PATRICIA FERNANDEZ,
Trustees of the FERNANDEZ TRUST DATED MARCH 16, 2018.**

With reference to individual shareholder Manuel Fernandez.

Dated: September 12, 2018



MANUEL FERNANDEZ, Assignor

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

STATE OF CALIFORNIA)
)(SS.
COUNTY OF LOS ANGELES)

On September 12, 2018, before me, NIKKI SPENCER, a Notary Public, personally appeared MANUEL FERNANDEZ, who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal,


Notary Public



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EXHIBIT T
000718

**GENERAL GRANT AND ASSIGNMENT
TO THE FERNANDEZ TRUST DATED MARCH 16, 2018**

I, MANUEL FERNANDEZ, the undersigned Settlor and Trustee of the FERNANDEZ TRUST DATED MARCH 16, 2018 (the "Trust"), do hereby assign, sell and transfer without consideration to the Trust all of my right, title and interest in and to all of my real and personal property, wherever situated, now owned and hereafter acquired, including, but not limited to the following:

All forms of interest in real property, personal property, all furniture, furnishings, fixtures, appliances, antiques, works of art, coins and coin collections, china, silverware, crystal, books, jewelry, wearing apparel, tools, mobile homes, boats, vehicles and all policies of fire, burglary, property damage and other insurance on or in connection with this property, time-shares, membership shares, securities, stocks, bonds, stock and membership certificates, mutual funds, promissory notes, any receivables, any certificates of deposit, bank and brokerage accounts.

Such property shall be transferred and shall be owned by:

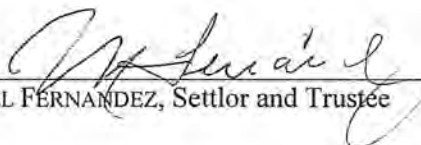
THE TRUSTEE ACTING ON BEHALF OF THE FERNANDEZ TRUST DATED MARCH 16, 2018, and shall not be owned by the Settlor individually.

The Settlor declares that, except to the extent of interest reserved to him under the terms and provisions of the Trust, the Settlor has no personal interest in any of the above referenced real and personal property, it being intended that this declaration constitutes an affirmation of the trust ownership which shall be binding on his heirs, administrators, executors and assigns.

The foregoing declaration of intent of trust ownership and transfer shall apply even though "record" ownership or title may, presently or in the future, be registered in the Settlor's individual name or in the name of a nominee, but without reference to a fiduciary capacity, in which event such record ownership shall hereafter be deemed held by the Trust.

This declaration may be terminated by the Settlor only by a written acknowledged instrument signed by the Settlor and delivered to the Trustee.

Executed on September 12, 2018, in the County of Los Angeles, State of California.


MANUEL FERNANDEZ, Settlor and Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)

On September 12, 2018, before me, NIKKI SPENCER, a Notary Public, personally appeared MANUEL FERNANDEZ, who 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 he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

NIKKI SPENCER
Notary Public



(Seal)

**GENERAL GRANT AND ASSIGNMENT
TO THE FERNANDEZ TRUST DATED MARCH 16, 2018**

I, ANA PATRICIA FERNANDEZ, the undersigned Settlor and Trustee of the FERNANDEZ TRUST DATED MARCH 16, 2018 (the "Trust"), do hereby assign, sell and transfer without consideration to the Trust all of my right, title and interest in and to all of my real and personal property, wherever situated, now owned and hereafter acquired, including, but not limited to the following:

All forms of interest in real property, personal property, all furniture, furnishings, fixtures, appliances, antiques, works of art, coins and coin collections, china, silverware, crystal, books, jewelry, wearing apparel, tools, mobile homes, boats, vehicles and all policies of fire, burglary, property damage and other insurance on or in connection with this property, time-shares, membership shares, securities, stocks, bonds, stock and membership certificates, mutual funds, promissory notes, any receivables, any certificates of deposit, bank and brokerage accounts.

Such property shall be transferred and shall be owned by:

THE TRUSTEE ACTING ON BEHALF OF THE FERNANDEZ TRUST DATED MARCH 16, 2018, and shall not be owned by the Settlor individually.

The Settlor declares that, except to the extent of interest reserved to her under the terms and provisions of the Trust, the Settlor has no personal interest in any of the above referenced real and personal property, it being intended that this declaration constitutes an affirmation of the trust ownership which shall be binding on her heirs, administrators, executors and assigns.

The foregoing declaration of intent of trust ownership and transfer shall apply even though "record" ownership or title may, presently or in the future, be registered in the Settlor's individual name or in the name of a nominee, but without reference to a fiduciary capacity, in which event such record ownership shall hereafter be deemed held by the Trust.

This declaration may be terminated by the Settlor only by a written acknowledged instrument signed by the Settlor and delivered to the Trustee.

Executed on September 12, 2018, in the County of Los Angeles, State of California.



ANA PATRICIA FERNANDEZ, Settlor and Trustee

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

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I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

NIKKI SPENCER
Notary Public



(Seal)