

B 2100A (Form 2100A) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Ohio

In re Fair Finance Company ,Case No. 10-50494**TRANSFER OF CLAIM OTHER THAN FOR SECURITY**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Dilks & Knopik, LLC

Name of Transferee

Name and Address where notices to transferee
Should be sent:35308 SE Center Street
Snoqualmie WA 98065Phone: 425-836-5728

Last Four Digits of Acct #: _____

Balch, Frances L Trustee

Name of Transferor

Court Claim # (if known): 1643

Amount of Claim: _____

Date Claim Filed: _____

Phone: 330-313-0403

Last Four Digits of Acct #: _____

Name and Address where transferee payments
should be sent (if different from above):

Phone: _____

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Brian J Dilks - President
Transferee/Transferee's AgentDate: 5/31/2023

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.



1050494230531000000000003



NOTICE OF ASSIGNMENT

For good and valuable consideration, the undersigned, Balch Family Revocable Living Trust ("Assignor"), hereby, assigns, conveys and transfers over and unto Dilks & Knopik, LLC ("Assignee"), any and all of right, title and interest in and to the below referenced funds/claim(s).

The Assigned funds/claim(s):

Debtor: Fair Finance Company
Court: United States Bankruptcy Court - Northern District of Ohio
Case Number: 10-50494
Chapter: 7
Claim: 1643
Original Creditor: Balch, Frances L Trustee

FUNDS/CLAIM(S) ARE BEING ASSIGNED "AS-IS, WHERE-IS" WITH NO WARRANTIES OR REPRESENTATIONS WHATSOEVER, EXCEPT AS EXPRESSLY PROVIDED IN THE ASSIGNMENT AGREEMENT, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, the parties hereto have caused this notice of assignment to be executed as of the Friday, May 19, 2023.

Balch Family Revocable Living Trust

<i>Margaret J Easterling, TTEE</i>	Verified by pdfFiller 05/20/2023
Margaret Easterling - Trustee	

A handwritten signature in blue ink, enclosed within a hand-drawn oval.

SUMMARY OF ESTATE PLAN

In these documents, different terms are used to define capacities, with varying powers, in which you or designated family members may act. Some of the terms used are:

GRANTOR(S): The Creator(s) or Maker(s) of the Trust

TRUSTEE(S): The Administrator(s) or Manager(s) of the Trust

BENEFICIARIES: The people who benefit from the trust:
1) Usually, you will be the beneficiary during your lifetime
2) Upon your death, the beneficiaries are those named in your Trust (usually children or siblings)

EXECUTOR: The person named as administrator of your estate in your pour over will; only necessary if assets are omitted from transfer to the Trust.

TRUST NAME: BALCH FAMILY REVOCABLE TRUST u/a dtd JAN 14 1997

ORIGINAL GRANTORS: ROBERT B. BALCH AND FRANCES L. BALCH

ORIGINAL TRUSTEES: ROBERT B. BALCH AND FRANCES L. BALCH

SUCCESSOR TRUSTEE UPON DEATH OR INCAPACITY: JEANNE E. WEISGARBER

BENEFICIARIES OF THE LIVING TRUST:

During the life of the Grantors: ROBERT B. BALCH AND FRANCES L. BALCH

After the death of the Grantors: CHILDREN AND GRANDCHILDREN

DURABLE POWERS OF ATTORNEY:

Attorney-in-Fact: SURVIVING SPOUSE

Successor Attorney-in-Fact: JEANNE E. WEISGARBER

NOMINATION OF GUARDIAN:

First appointee: SURVIVING SPOUSE

Alternate: JEANNE E. WEISGARBER

Exhibit B

DO NOT WRITE IN
MARGINS
RESERVED FOR ODH
DATA CODING

Reg. Dist. No. 76
Primary Reg. Dist. No. 7600
Registrar's No. 287

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

a. _____
b. _____
c. _____
d. _____
e. _____

DECEDENT

IF DEATH OCCURRED
IN INSTITUTION, HAVE
RESIDENCE BEFORE
ADMISSION

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

SEE INSTRUCTIONS
ON REVERSE SIDE

HEA 2717
5152.06 Rev. 2/97

1. Decedent's Name (First, Middle, Last) ROBERT BRIGHT		2. Sex MALE		3. Date of Death (Month, Day, Year) MARCH 12, 2003	
4. Social Security Number [REDACTED]		5a. Age-Last Birthday (Years) 79		5b. Under One Year Months: _____ Days: _____	
6. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7a. Place of Death (Check Only One) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		7b. Date of Birth (Month, Day, Year) [REDACTED]	
8. Facility Name (If Not Institution, Give Street and Number) Doctors' Hospital		9c. City, Village, Twp., or Location of Death Perry Twp.		9d. County of Death Stark	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Frances L. Lockhart		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired) Lic. Clinical Psychologist	
12b. Kind of Business/Industry State Hospital		13a. Residence-State Ohio		13b. County Stark	
13c. City, Town, Twp., or Location Navarre		13d. Street and Number 924 Bonsel Avenue NE		13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13f. ZIP Code 44662		14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) White	
16. Decedent's Education (Specify Only Highest Grade Completed) 12		17. Father's Name (First, Middle, Last) John V. Balch		18. Mother's Name (First, Middle, Maiden Surname) Mabel C. Bright	
19a. Informant's Name (Type/Print) Frances L. Balch		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 924 Bonsel Avenue NE., Navarre, Ohio 44662			
20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) East Union Lawn Cemetery		20c. Location City or Town, State Navarre, Ohio	
21a. Date of Disposition March 15, 2003		21b. Name of Embalmer (First, Middle, Last) Christopher J. Brada		21c. License Number 8580A	
22a. Signature of Funeral Director or Other Person <i>Edward J. Hare</i>		22b. License Number (of Licensee) 6148		23. Name and Address of Facility (Include City, State and ZIP code) ATKINSON-FEUCHT-SHAIDNAGLE 26 - 2nd Street NE Massillon, Ohio 44646	
24. Registrar's Signature <i>Wm. J. Sparks</i>		25. Date Filed (Month, Day, Year) March 19, 2003		26a. Dist. No. 7602	
26b. Signature of Person Issuing Permit <i>St. Ann's</i>		27. Date Permit Issued March 13, 2003		28a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated. <input type="checkbox"/> Coroner Do the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.	
28b. Time of Death 5:02 P.M.		28c. Date Pronounced Dead (Month, Day, Year) March 12, 2003		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29a. Signature and Title of Certifier <i>Tom D. Sherr</i>		29b. License Number 34-00-5533		29c. Date Signed (Month, Day, Year) 3/14/03	
30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.					
Immediate Cause (Final disease or condition resulting in death)					
Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
31a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not be Determined		33a. Date of Injury (Month, Day, Year)		33b. Time of Injury M	
33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33d. Describe How Injury Occurred		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)	
33f. Location (Street and Number or Rural Route Number, City or Town, State)		33g. Location (Street and Number or Rural Route Number, City or Town, State)			

Instr: 201512070048861
P. 3 of 4 F. 544.00 12/07/2015
Rick Campbell 2:19PM SCTR
Stark County Recorder T20150046841

HEREBY CERTIFY THIS
DOCUMENT IS AN EXACT
COPY OF THE RECORD ON FILE WITH
THE OHIO DEPARTMENT OF HEALTH.

NO 19150301

Kathleen X. ...

Exhibit C

Reg. Dist. No. 76
Primary Reg. Dist. No. 7602

Ohio Department of Health
VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 2014062646

Registrar's No. 7602-2014060262

Type or print in permanent blue or black ink

1. Decedent's Legal Name (include AKA's if any) (First, Middle, LAST, suffix) FRANCES L BALCH				2. Sex Female		3. Date of Death (Mo/Day/Year) July 18, 2014							
4. Social Security Number 9830		5a. Age (Years) 91		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year) 1922		7. Birthplace (City and State or Foreign Country) PARAGON, INDIANA			
8a. Residence State OHIO				8b. County STARK				8c. City or Town NAVARRE					
8d. Street and Number 924 Bonsel Ave. NE				8e. Apt. No.				8f. Zipcode 44662		8g. Inside City Limits? Yes			
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Widowed (and not remarried)				11. Surviving Spouse's Name (if wife, give name prior to first marriage)							
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin No				14. Decedent's Race White					
15. Father's Name CLAUDE LOCKHART						16. Mother's Name (prior to first marriage) LEAFY GROUNDS							
17a. Informant's Name JULIE ELLIS						17b. Relationship to Decedent Daughter		17c. Mailing Address (Street and Number, City, State, Zip Code) 924 Bonsel Ave. NE NAVARRE, OHIO 44662					
18a. Place of Death Hospital - Inpatient						18b. County of Death STARK							
19. Facility Name (if not institution, give street & number) AFFINITY MEDICAL CENTER - MASSILLON CAMPUS						19b. City or Town, State and Zip Code MASSILLON, OH 44646							
19c. Signature of Funeral Service Licensee or Other Agent <i>Edward J. Hare</i>						20. License Number (of licensee) 006148		21. Name and Complete Address of Funeral Facility ATKINSON-FEUCHT-HARE 23 WOOSTER ST E NAVARRE, OH 44662					
22a. Method of Disposition Burial						22b. Date of Disposition July 21, 2014		22c. Location (City/Town and State) NAVARRE, OH					
22d. Place of Disposition (Name of Cemetery, Crematory, or other place) East Union Lawn						23. Date of Disposition August 4, 2014							
24. Registrar's Signature <i>Vicki Theis</i>						24a. District No. 7602		24b. Date Burial Permit Issued 7-21-14					
25a. Name of Person Issuing Burial Permit THEIS, VICKI						25b. Date of Disposition July 21, 2014		25c. Was case referred to coroner? No					
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner On the basis of investigation and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						26b. Time of Death 1449		26c. Date Pronounced Dead (Mo/Day/Year) 7/18/2014		26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier <i>Charles Chih-Ming</i>						26f. License number 35.061824		26g. Date Signed 7/31/14					
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death CHEN, CHARLES CHIH-MING, 3515 Massillon Road UNIONTOWN, OH 44685													
28. Part 1. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, etc. (copy one cause on each line. Type or print in permanent blue or black ink.) Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death)													
29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
30. Did You Use Certificate to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably				31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined					
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)													
33f. Describe How Injury Occurred: 33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:													

Address Proof
Of Record

COPY OF THIS CERTIFICATE
SHALL BE FILED WITH
THE BUREAU OF VITAL STATISTICS

AV-414041811

With Ohio
VITAL STATISTICS
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

Exhibit D

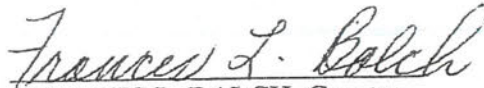
**ARTICLE XI
TRUSTEES AND SUCCESSORS**

3. The entire last sentence of **Article XI., Subsection A. Co-Trustors as Trustees and Successors**, contained on page 13 of the trust agreement and which reads: "Upon the death or incapacity of both ROBERT B. BALCH and FRANCES L. BALCH, the successor Trustee shall be JEANNE E. WEISGARBER" *is hereby revoked in its entirety*. In place of this revocation, the following is inserted:

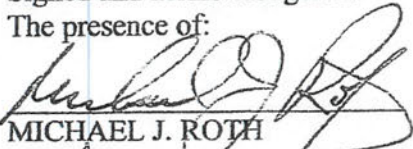
"Upon the death or incapacity of both ROBERT B. BALCH and FRANCES L. BALCH, the successor Trustee shall be **MARGARET EASTERLING**, 3117 7th St., S.W., Canton, Ohio 44710."

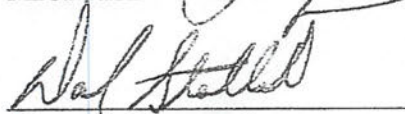
TRUST AGREEMENT RATIFIED: Except as modified in this document, the January 14, 1997, trust agreement is ratified.

IN WITNESS WHEREOF, the Grantor and Trustee to this **AMENDMENT to the BALCH FAMILY REVOCABLE LIVING TRUST** have signed in the presence of the undersigned witnesses at Navarre, Ohio, on this 14TH day of MAY, 20 03.


FRANCES L. BALCH, Grantor

Signed and acknowledged in
The presence of:


MICHAEL J. ROTH

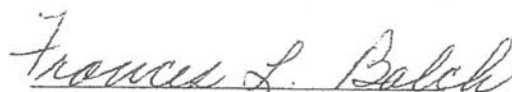

DANIEL STALLARD

State of Ohio)
) ss
Stark County)

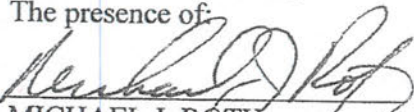
SWORN TO BEFORE ME and subscribed in my presence this 14TH day of
MAY, 2003.

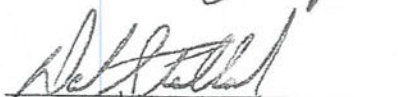

NOTARY PUBLIC

MICHAEL J. ROTH
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Exp. Date


FRANCES L. BALCH, Trustee


Signed and acknowledged in
The presence of:


MICHAEL J. ROTH


DANIEL STALLARD

State of Ohio)
) ss
Stark County)

SWORN TO BEFORE ME and subscribed in my presence this 14TH day of
MAY, 2003.


NOTARY PUBLIC

MICHAEL J. ROTH
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Exp. Date

Exhibit E

2

Instr: 201512070048860
P: 1 of 2 F: \$28.00 12/07/2015
Rick Campbell 2:19PM TR
Stark County Recorder T20150046841

MEMORANDUM OF TRUST
[O.R.C Section 5301.255]

This Memorandum of the BALCH FAMILY REVOCABLE TRUST U/A JANUARY 14, 1997, is made on November 16, 2015, by MARGARET J. EASTERLING, as Grantor and as Trustee of the BALCH FAMILY REVOCABLE TRUST U/A JANUARY 14, 1997.

Having been first duly sworn, the Grantor and Trustee state the following:

1. The name and address of the Grantor is: **MARGARET J. EASTERLING**, 2996 Givens Drive, Norton, OH 44203.
2. Said trust instrument was executed on January 14, 1997.
3. The name and address of the Trustee is: **MARGARET J. EASTERLING**, 2996 Givens Drive, Norton, OH 44203.
4. Article VII- Trustee's Powers of said trust instrument provides, in part, the following powers of the Trustee:

B. Power to Manage Trust Property. To manage , control, sell, convey, exchange, partition, divide, subdivide, improve and repair; to grant options and to sell upon deferred payments; to lease for terms within or extending beyond the duration of the trust, for any purpose, including exploration for and removal of oil, gas and other minerals; to enter into oil, gas and mineral leases, assignments, farmouts, farmins and joint ventures; to purchase and sell gas, oil and mineral royalties, to create restrictions, easements, and other servitudes; to compromise, arbitrate, or otherwise adjust claims in favor of or against the trust; to institute, compromise and defend actions and proceedings; to construct, alter or demolish any buildings; and to carry such insurance as the Trustee may deem advisable.

5. The name of the person who transferred the real property to the trust is **ROBERT B. BALCH and FRANCES L. BALCH**, by or through instrument


Exhibit E



Instr: 201512070048860 12/07/2015
P: 2 of 2 F: \$28.00
Rick Campbell 2:19PM TR
Stark County Recorder T20150046841

recorded in Official Records Imaging Number 97003164, Stark County, Ohio,
Recorders Office.

IN WITNESS WHEREOF, the undersigned has hereby set her hand at North Canton,
Ohio, on November 16, 2015.

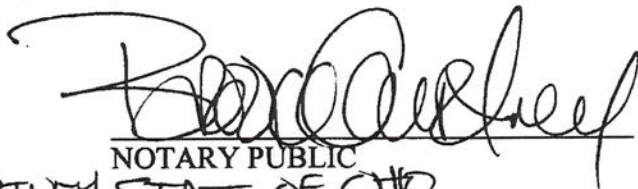

MARGARET J. EASTERLING
Grantor and Trustee of the BALCH FAMILY
REVOCABLE TRUST U/A JANUARY 14, 1997

STATE of OHIO)
) SS:
COUNTY of STARK)

Before me, a Notary Public in and for said County and State, personally appeared the
above-named **MARGARET J. EASTERLING**, as Grantor and as Trustee of the BALCH
FAMILY REVOCABLE TRUST U/A JANUARY 14, 1997 who acknowledged that she did
sign the foregoing instrument and that the same is her free and voluntary act and deed,
individually, and in the capacities set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, at North
Canton, Ohio, on this 16 day of November, 2015.




NOTARY PUBLIC
STATE OF OHIO

 BROOKE R. COURTNEY
Comm. Exp. 11/2/2020

This instrument prepared by:
Robert W. Eckinger, Attorney at Law
ECKINGER LAW OFFICES, LTD.
1611 North Main Street
North Canton, Ohio 44720
Phone: (330) 493-4877
Web: www.eckingerlaw.com

Exhibit E

4

ALAN HAROLD
Stark County Auditor
FEE 1

DEC 07 2015



Instr: 201512070048861 12/07/2015
P: 1 of 4 F: \$44.00
Rick Campbell 2:19PM SCTR
Stark County Recorder T20150046841

TRANSFERRED .50
~~TRANSFER NOT NECESSARY~~
DEPUTY Chen
IN COMPLIANCE WITH ORC §15.202

AFFIDAVIT OF SUCCESSOR TRUSTEE

[O.R.C. Section 5302.171]

I, **Margaret J. Easterling**, after being duly cautioned and sworn state:

1. I am the Successor Trustee of the BALCH FAMILY REVOCABLE TRUST U/A JANUARY 14, 1997.
2. That the subject property, fully described below, was previously transferred into the BALCH FAMILY REVOCABLE TRUST U/A JANUARY 14, 1997, pursuant to the deed recorded as Instrument No. 97003164, Stark County, Ohio Records, by Robert B. Balch and Frances L. Balch;

Known as and being Lot No. 708 in ~~DeBock Subdivision No. 1~~, Navarre Village, Stark County, Ohio, as shown in Plat Record Volume 68, Page 102 of the Plat Records of Stark County, Ohio.

Subject to the conditions and restrictions of record including those recorded in Vol. 3346 Page 261 and an easement recorded 8/15/95.

Permanent Parcel No. 1201182

3. The Grantor and Co-Trustee, who preceded me, **Robert B. Balch**, passed away on March 12, 2003. The Grantor and Co-Trustee, who preceded me, **Frances L. Balch**, passed away on July 18, 2014. A copy of each of the death certificates is attached.
4. The name and address of all trustees are as follows:

Margaret J. Easterling, 2996 Givens Drive, Norton, Ohio 44203

14104

1201182-TUS AH 12-7-15 CW

Exhibit G

Instr: 201512070046861
P: 2 of 4 F: \$44.00 12/07/2015
Rick Campbell 2:19PM SCTR
Stark County Recorder T20150046841

Further, affiant sayeth naught.

BALCH FAMILY REVOCABLE TRUST
U/A JANUARY 14, 1997

Margaret J. Easterling
Margaret J. Easterling, Successor
Trustee

STATE OF OHIO)
(SS:
COUNTY OF STARK)

Sworn to and subscribed in my presence at North Canton, Ohio, on this 16
day of November, 2015.



Brooke R. Conventry
NOTARY PUBLIC
STATE OF OHIO
Comm. Exp. 11/2/2020

This instrument was prepared by:
ECKINGER LAW OFFICES, LTD.
Robert W. Eckinger, Attorney at Law
1611 North Main Street
North Canton, Ohio 44720
Phone: (330) 493-4877
Web: www.eckingerlaw.com

Exhibit G