

	FROM WHOM TRANSFERRED (K)	BOOK NO.	PAGE NO.	TO WHOM TRANSFERRED AND ADDRESS (L)	BOOK NO.	PAGE NO.	INSTRUMENT		TRANSFER		
							KIND (M)	DATE (N)	DATE (O)	FEE (P)	
1											1
2											2
3											3
4											4
5				<i>Seabert, Kathy &</i>			<i>w/d</i>	<i>6/28/97</i>	<i>7/15/97</i>		5
6											6
7											7
8											8
9											9
10											10
11											11
12				<i>Bruce W Hines + Robianne C Harris</i>			<i>W.D</i>	<i>4/19/00</i>	<i>5/4/00</i>		12
13											13
14											14
15											15
16											16
17											17
18											18
19				<i>Hobby Hill Health Care Inc</i>			<i>DC 10</i>	<i>4/7/97</i>	<i>4/9/97</i>		19
20											20
21											21
22											22
23											23