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LOS ANGELES COUNTY WATERWORKS
DISTRICT NO. 40

EXEMPT FROM FILING FEES
UNDER GOVERNMENT CODE
SECTION 6103

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COUNTY OF LOS ANGELES
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COUNTY WATERWORKS DISTRICT NO. 40

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

**ANTELOPE VALLEY
GROUNDWATER CASES**

Included Actions:

Los Angeles County Waterworks District
No. 40 v. Diamond Farming Co., Superior
Court of California, County of Los
Angeles, Case No. BC 325201;

Los Angeles County Waterworks District
No. 40 v. Diamond Farming Co., Superior
Court of California, County of Kern, Case
No. S-1500-CV-254-348;

Wm. Bolthouse Farms, Inc. v. City of
Lancaster, Diamond Farming Co. v. City of
Lancaster, Diamond Farming Co. v.
Palmdale Water Dist., Superior Court of
California, County of Riverside, Case Nos.
RIC 353 840, RIC 344 436, RIC 344 668

Judicial Council Coordination No. 4408

CLASS ACTION

Santa Clara Case No. 1-05-CV-049053
Assigned to The Honorable Jack Komar

**DECLARATION OF Mabel Selguk IN
LIEU OF DEPOSITION TESTIMONY FOR
PHASE 4 TRIAL**

DECLARATION

I, MABEL SELAK, declare:

1. I am _____ for _____, a party to this action. In lieu of deposition testimony for the Phase 4 trial, I am providing this declaration. This declaration applies only to the categories I have filled in. The items left blank or crossed out do not apply to me. I have personal knowledge of each fact herein and would testify competently thereto under oath.

Property Ownership and Parcel Size

2. MABEL SELAK owns property that overlies the Antelope Valley Area of Adjudication as decided by this Court. The land is in LOS ANGELES County and is identified by the following APN/APNs:

3219 012 007 10 000 OR 8314 W. AVE G
LANCASTER, CA 93536

[If additional room is needed, please identify the APN/APNs in Exhibit A.] A true and correct copy of Exhibit A is attached hereto and incorporated herein.

3. MABEL SELAK claims groundwater rights only as to the properties listed in Paragraph 2 and Exhibit A.

4. For each APN/APNs identified above, the total acreage by parcel is as follows:

80 ACRES

[If additional room is needed, please identify the APN/APNs and parcel size in Exhibit B.] A true and correct copy of Exhibit B is attached hereto and incorporated herein.

5. For each APN/APNs identified above MABEL SELAK owned the property during the following timer period:

1937 to PRESENT

6. The following are all individuals/entities appearing on the title for the above identified APN/APNS from Jan 1, 2000 to the present:

MABEL SELAK

7. For each individual/entity identified in paragraph 6 that individual/entity appeared on the title during the following time :

1937 TO PRESENT

Leases

8. _____ (declarant or party affiliated with declarant) leases property that _____ own and that overlies the Antelope Valley Area of Adjudication as decided by this court and identified by the following APNS:

9. The total acreage by parcel is:

10. The property is currently leased to:

11. The property was leased on the following dates:

12. The lease provides that _____ may claim groundwater rights from the use of water on the leased property. Attached to this declaration is a true and correct copy of the lease.

[If additional room is needed, please list APN/APNs, acreage by APN, Lessee by APN and dates for each Lessee by APN for each parcel in Exhibit C.] A true and correct copy of Exhibit C is attached hereto and incorporated herein.

13. LOCAL FARMERS leases property from MABEL SELAK which overlies the Antelope Valley Area of Adjudication as decided by this court and is identified by the following APNS:

SAME AS ABOVE

14. The total acreage by parcel is:

80

15. The Lease provides that _____ may claim groundwater rights from use of water on leased property. Attached to this declaration is a true and correct copy of the lease.

[If additional room is needed, please attach APN/APNs, Name of the Lessor and acreage by APN for each parcel list in Exhibit D to this declaration.] A true and correct copy of Exhibit D is attached hereto and incorporated herein.

16. _____ claims groundwater rights only as to the leasehold interests listed in Paragraph 15 and Exhibit D.

17. _____ claims groundwater rights only as to the properties listed in Paragraph 2 and Exhibit A and as to the leasehold interests listed in Paragraph 8 and Exhibit C.

18. To the best of my knowledge, only MABEL SELAK claims groundwater rights as to the leased parcel(s) identified in paragraph 15 and Exhibit D.

Water Meter Records

19. _____ measures the groundwater production on the above referenced properties by water meters. Exhibit E contains the records for these water meters for the following years:

_____.

A true and correct copy of Exhibit E is attached hereto and incorporated herein.

20. Exhibit F sets forth the total yearly production amounts by metered water well on the above referenced properties for the years 2000-2004, 2011, and 2012. A true and correct copy of Exhibit F is attached hereto and incorporated herein.

State Water Project Purchases

21. _____ purchases State Water Project water from a State Water Contractor for use by _____ on the properties referenced above. Exhibit G contains true and correct copies of the invoices for delivery of State Water Project Water to the properties referenced above.

22. Exhibit H sets forth the total yearly State Water Project water deliveries to the properties referenced above for the years 2000-2004, 2011, and 2012. A true and correct copy of Exhibit H is attached hereto and incorporated herein.

Pump Tests/ Electric Records

23. In order to calculate groundwater pumped and used on the properties referenced above, _____ relied on pump tests and electric records. Exhibit I contains true and correct copies of the pump test records and electrical records for wells on the properties referenced above. The electric records attached to this declaration as Exhibit I do not include electric use on the properties referenced above for anything other than pumping groundwater.

24. Exhibit J sets forth the amount of total yearly groundwater that _____ estimates was pumped and used on the properties referenced above for the years 2000-2004, 2011, and 2012 based on the attached pump test records and electrical records for the wells on the properties referenced above. A true and correct copy of Exhibit J is attached hereto and incorporated herein.

25. Pump tests were performed on the following dates:

_____.

26. _____ is not producing pump test records for the following dates _____ because:

_____.

27. I am not aware of any other pump tests having been performed on the properties referenced above.

Pump Tests/Diesel Records

28. In order to calculate groundwater pumped and used on the properties referenced above, _____ relied on pump tests and diesel fuel records. Exhibit K contains true and correct copies of the records pertaining to pump tests and diesel fuel purchases for the properties referenced above. The diesel fuel records attached to this declaration as Exhibit K do not include diesel fuel used on the properties referenced above for anything other than pumping

groundwater.

29. Exhibit L sets forth the amounts of total yearly groundwater pumped and used on the properties referenced above for the years 2000-2004, 2011, and 2012. A true and correct copy of Exhibit L is attached hereto and incorporated herein.

30. Pump tests were performed on the following dates:

_____.

31. _____ is not producing pump test records for the following dates _____ because:

_____.

32. I am not aware of any other pump tests having been performed on the properties referenced above.

Crop Duties and Irrigated Acres

33. In order to calculate water use on the properties referenced above, _____ relies on the amount of acres in irrigation on the properties referenced above multiplied by the crop duty identified in the Summary Expert Report, Appendix D-3: Table 4, a true and correct copy of which is attached to this declaration as Exhibit M.

34. The total amount of irrigated acres and type of crops on the properties referenced above by APN for the years 2000-2004, 2011 and 2012 are described in Exhibit N. A true and correct copy of Exhibit N is attached hereto and incorporated herein.

Other Sources of Water

35. On the properties referenced above, _____ received water from sources other than groundwater pumped within the Basin or State Water Project Water. Exhibit O sets forth the source of the water and the amounts received for the years 2000-2004, 2011, and 2012.

Use of Water *(Complete for each APN. If water for used for multiple purposes, identify the amount of water for each use.)*

36. OWNER used 612 acre feet of water on APN# ABOVE in 2000. SAME AS

The water was used for the following:

ALFALFA — TAX RECORDS ATTACHED.

[State the crop type and number of acres of that crop. If not used for irrigation, describe the use.
In lieu of answering this question, a crop map may be attached that shows the date, crop type,
irrigated acreage and parcels.]

37. OWNER used 612 acre feet of water on APN# SAME AS ABOVE in 2001. The
water was used for the following:

ALFALFA - TAX RECORDS ATTACHED.

[State the crop type and number of acres of that crop. If not used for irrigation, describe the use.
In lieu of answering this question, a crop map may be attached that shows the date, crop type,
irrigated acreage and parcels.]

38. OWNER used 612 acre feet of water on APN# SAME AS ABOVE in 2002. The
water was used for the following:

ALFALFA - TAX RECORDS ATTACHED.

39. OWNER used 364 acre feet of water on APN# SAME AS ABOVE in 2003. The
water was used for the following:

CARROTS - TAX RECORDS ATTACHED.

[State the crop type and number of acres of that crop. If not used for irrigation, describe the use.
In lieu of answering this question, a crop map may be attached that shows the date, crop type,
irrigated acreage and parcels.]

40. OWNER used 418 acre feet of water on APN# SAME AS ABOVE in 2004. The
water was used for the following:

ONIONS - TAX RECORDS ATTACHED.

[State the crop type and number of acres of that crop. If not used for irrigation, describe the use.
In lieu of answering this question, a crop map may be attached that shows the date, crop type,
irrigated acreage and parcels.]

41. _____ used _____ acre feet of water on APN# _____ in 2011. The
water was used for the following:

_____.

[State the crop type and number of acres of that crop. If not used for irrigation, describe the use.

1 In lieu of answering this question, a crop map may be attached that shows the date, crop type,
2 irrigated acreage and parcels.]

3 42. _____ used _____ acre feet of water on APN# _____ in 2012. The
4 water was used for the following:

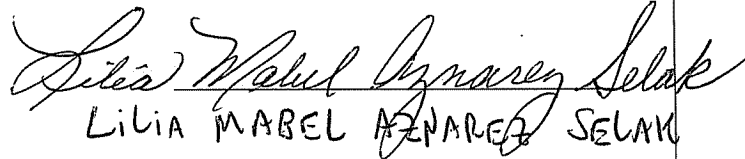
5 _____.

6 [State the crop type and number of acres of that crop. If not used for irrigation, describe the use.

7 In lieu of answering this question, a crop map may be attached that shows the date, crop type,
8 irrigated acreage and parcels.]

9 43. Other than what is declared hereinabove, _____ did not produce or use water
10 within the Antelope Valley Area of Adjudication for 2000-2004, 2011, and 2012.

11
12 I declare under penalty of perjury under the laws of the State of California that the
13 foregoing is true and correct. Executed this ____ day of January 2013, at _____,
14 California.

15
16 
17 LILIA MABEL AZNAREZ SELAK
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2010

ANNUAL PROPERTY TAX BILL

2010

CITIES, COUNTY, SCHOOLS AND ALL OTHER TAXING AGENCIES IN LOS ANGELES COUNTY
SECURED PROPERTY TAX FOR FISCAL YEAR JULY 1, 2010 TO JUNE 30, 2011
MARK J. SALADINO, TREASURER AND TAX COLLECTOR

FOR ASSISTANCE CALL 1 (213) 974-2111 OR 1 (888) 807-2111, ON THE WEB AT www.lacountypropertytax.com

ASSESSOR'S ID. NO.

CK

DETAIL OF TAXES DUE FOR 3219 012 007 10 000 98

PROPERTY IDENTIFICATION
ASSESSOR'S ID. NO.: 3219 012 007 10 000
OWNER OF RECORD AS OF JANUARY 1, 2010
SAME AS BELOW
MAILING ADDRESS

SELAK, LILIA TR
BARBARA AZNAREZ DECED TRUST AND
SELAK, MABEL TR M SELAK TRUST
1975 PLACID DR UNIT 6
VAIL CO 81657-4373

ELECTRONIC FUND TRANSFER (EFT) NUMBER

ID#: 19 3219 012 007 8 YEAR: 10 SEQUENCE: 000 8
PIN: 792462

For American Express, Mastercard and Visa payments call 1 (888) 473-0835
and have available the EFT number listed above. Service fees will be charged.
SPECIAL INFORMATION

AGENCY	AGENCY TAX LEVY	AGENCY PHONE NO.	RATE	AMOUNT
GENERAL TAX LEVY	1.000000		\$	1,534.31
ALL AGENCIES				
VOTED INDEBTEDNESS				
SPECIAL WATER	.070490		\$	108.15
COMMUNITY COLLEGE	.025386			38.95
HIGH SCHOOLS	.029017			44.52
ELEM SCHOOLS	.055705			85.47
DIRECT ASSESSMENTS				
SOLID WASTE FEE	(626) 458--3565		\$	10.53
COUNTY LIBRARY	(562) 940--6954			27.84
COUNTY PARK DIST	(213) 738--2983			116.76
TRAUMA/EMERG SRV	(866) 587--2862			88.61
LA CO FIRE DEPT	(323) 881--6151			75.74

PROPERTY LOCATION AND/OR PROPERTY DESCRIPTION

8314 W AVENUE G LANCASTER
(EX OF STS) LOT 2 IN NE 1/4 OF
SEC 5 T 7N R 13W

ASSESSOR'S REGIONAL OFFICE

REGION #A1 INDEX: TRA: 09610
LANCASTER OFFICE
251 E AVE K-6
LANCASTER CA 93535
(661) 940-6700

ACCT. NO.: PRINT NO.: 288083 BILL ID.:

TOTAL TAXES DUE

FIRST INSTALLMENT TAXES DUE NOV. 1, 2010 \$2,130.88
SECOND INSTALLMENT TAXES DUE FEB. 1, 2011 \$1,065.44
VALUATION INFORMATION

ROLL YEAR	10-11	CURRENT ASSESSED VALUE	TAXABLE VALUE
LAND		83,553	83,553
IMPROVEMENTS		69,878	69,878

TOTAL 153,431
LESS EXEMPTION:
NET TAXABLE VALUE 153,431

ANY RETURNED PAYMENT MAY BE SUBJECT TO A FEE UP TO \$50.00.
KEEP THIS UPPER PORTION FOR YOUR RECORDS. YOUR CANCELLED CHECK IS YOUR RECEIPT.

Department of the Treasury-Internal Revenue Service

Form **1041** U.S. Income Tax Return for Estates and Trusts**2000**

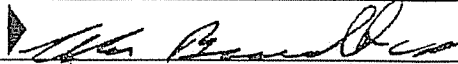
OMB No. 1545-0092

For calendar year 2000 or fiscal year beginning _____, and ending _____

A Type of entity: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input checked="" type="checkbox"/> Complex trust <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund		Name of estate or trust (If a grantor type trust, see page 10 of the instructions.) BARBARA N AZNAREZ TRUST		C Employer identification number 84-6666	
		Name and title of fiduciary Mabel Selak Trustee		D Date entity created 7/01/00	
		Number, street, and room or suite no. (If a P.O. box, see page 10 of the instructions.) 1975 PLACID DRIVE #6		E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 10 of the instructions): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2)	
B Number of Schedules K-1 attached (see instructions) 1		City or town, state, and ZIP code VAIL CO 81657-4330			
F Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary's address		G Pooled mortgage account (see page 11 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date: _____			

I n c o m e	1	Interest income	1	12,172
	2	Ordinary dividends	2	1,092
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	-600
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	522
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount See Stmt 1	8	192
	9	Total income. Combine lines 1 through 8	9	13,378
D e d u c t i o n s	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	35
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	6,088
	16	Total. Add lines 10 through 15b	16	6,123
	17	Adjusted total inc. or (loss). Subtract line 16 from line 9. Enter here & on Sch. B, ln. 1	17	7,255
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	7,855
	19	Estate tax deduction (including certain generation-skipping taxes) (att. computation)	19	
	20	Exemption	20	100
21	Total deductions. Add lines 18 through 20	21	7,955	
T a x a n d P a y m e n t s	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 15 of the instructions	22	-700
	23	Total tax (from Schedule G, line 7)	23	0
	24	Payments: a 2000 estimated tax payments and amount applied from 1999 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
	f	Other payments: Form 2439 ; g Form 4136 ; Total	24h	
	25	Total payments. Add lines 24c through 24e, and 24h	25	
	26	Estimated tax penalty (see page 16 of the instructions)	26	
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27		
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28		
29	Amount of line 28 to be: a Credited to 2001 estimated tax ; b Refunded	29		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than fiduciary) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____		EIN of fiduciary if a financial inst. (see page 6 of the instr.) _____	
Paid Preparer's Use Only	Preparer's signature  Date 3/20/01	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 84-6666
	Firm's name (or yours if self-employed), Fox, Brandt & Company, PC		EIN 84-6666
	address, and ZIP code 1740 High Street Denver, CO 80218		Phone no. 303-321-8242

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,

S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2000Attachment
Sequence No. **13**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

BARBARA N AZNAREZ TRUST~~0000000000~~**Part I Income or Loss From Rental Real Estate and Royalties** Note: Report income & expenses from your business of renting personal property on Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4835 on page 2, line 39.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-1.)	Yes	No
A	Rental House and Farm				X
B					
C					

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3	3,000		3 3,000
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-2)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal & other professional fees	10			
11 Management fees	11	240		
12 Mortgage interest paid to banks, etc. (see page E-2)	12			12
13 Other interest	13			
14 Repairs	14	298		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17	185		
18 Other (list) ▶	18			
19 Add lines 5 through 18	19	723		19 723
20 Depreciation expense or depletion (see page E-3)	20	1,234		20 1,234
21 Total expenses. Add lines 19 and 20	21	1,957		
Vacation home adjustment				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-3 to find out if you must file Form 6198	22	1,043 X 50.00 522		
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23	522		
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 522
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2	26			26 522

SCHEDULE E

(Form 1040)

Supplemental Income and Loss(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2001Attachment
Sequence No. **13**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

BARBARA N AZNAREZ TRUST~~01-05-01-09~~**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4835 on page 2, line 39.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-1.)	Yes	No
A	RENTAL HOUSE AND FARM				X
B					
C					

Income:		Properties			Totals (Add columns A, B, and C.)	
		A	B	C		
3	Rents received	3	13,500		3	13,500
4	Royalties received	4			4	
Expenses:						
5	Advertising	5				
6	Auto and travel (see page E-2)	6				
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9	721			
10	Legal and other professional fees	10				
11	Management fees	11	480			
12	Mortgage interest paid to banks, etc. (see page E-2)	12			12	
13	Other interest	13				
14	Repairs	14	1,077			
15	Supplies	15				
16	Taxes	16	1,554			
17	Utilities	17	350			
18	Other (list) ▶ SEE STATEMENT 1	18	476			
19	Add lines 5 through 18	19	4,658		19	4,658
20	Depreciation expense or depletion (see page E-3)	20	2,692		20	2,692
21	Total expenses. Add lines 19 and 20	21	7,350			
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-3 to find out if you must file Form 6198	22	6,150 X 50.00 3,075			
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23	X	X		
24	Income. Add positive amounts shown on line 22. Do not include any losses	24			24	3,075
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2	26			26	3,075

Form 1041 U.S. Income Tax Return for Estates and Trusts

2001

For calendar year 2001 or fiscal year beginning , and ending

OMB No. 1545-0092

A Type of entity: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input checked="" type="checkbox"/> Complex trust <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund		Name of estate or trust (If a grantor type trust, see page 10 of the instructions.) BARBARA N AZNAREZ TRUST		C Employer identification number 00-0000000	
		Name and title of fiduciary MABEL SELAK TRUSTEE		D Date entity created 7/01/00	
		Number, street, and room or suite no. (If a P.O. box, see page 10 of the instructions.) 1975 PLACID DRIVE #6		E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 11 of the instructions): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2)	
B Number of Schedules K-1 attached (see instructions) 1		City or town, state, and ZIP code VAIL CO 81657-4330			
F Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Change in fiduciary's name		<input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary's address		G Pooled mortgage account (see page 12 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date:	

Income	1	Interest income	1	15,374
	2	Ordinary dividends	2	1,992
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	-223
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	3,075
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount	8	
	9	Total income. Combine lines 1 through 8	9	20,218
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	700
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	15b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Total. Add lines 10 through 15b	16	700
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1	17	19,518
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	19,741
	19	Estate tax deduction (including certain generation-skipping taxes) (alt. computation)	19	
	20	Exemption	20	100
21	Total deductions. Add lines 18 through 20	21	19,841	
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 17 of the instructions	22	-323
	23	Total tax (from Schedule G, line 7)	23	0
	24	Payments: a 2001 estimated tax payments and amount applied from 2000 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
	f	Other payments: Form 2439 ; g Form 4136 ; Total	24h	
	25	Total payments. Add lines 24c through 24e, and 24h	25	
	26	Estimated tax penalty (see page 17 of the instructions)	26	
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27		
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28		
29	Amount of line 28 to be: a Credited to 2002 estimated tax ; b Refunded	29		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all info. of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see page 7)?
☒ Yes ☐ No

Signature of fiduciary or officer representing fiduciary

Date

EIN of fid, if a financial inst.

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

FOX, BRANDT & COMPANY, PC
 1740 HIGH STREET
 DENVER, CO 80218

Phone no.

303-321-8242

Form **1041** U.S. Income Tax Return for Estates and Trusts

2002 | OMB No. 1545-0092

A Type of entity (see instr.): <input type="checkbox"/> Decedent's estate <input checked="" type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund	For calendar year 2002 or fiscal year beginning _____, and ending _____	
	Name of estate or trust (If a grantor type trust, see page 11 of the instructions.) BARBARA N AZNAREZ TRUST	
	Name and title of fiduciary MABEL SELAK TRUSTEE	
	Number, street, and room or suite no. (If a P.O. box, see page 11 of the instructions.) 1975 PLACID DRIVE #6	
B Number of Schedules K-1 attached (see instructions) 1		C Employer identification number 84-4548209
City or town, state, and ZIP code VAIL CO 81657-4330		D Date entity created 7/01/00
F Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return		E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 12 of the instructions): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2)
G Pooled mortgage account (see page 13 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date: _____		

I n c o m e	1	Interest income	1	9,754
	2	Ordinary dividends	2	2,359
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	-3,000
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	3,467
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount	8	
	9	Total income. Combine lines 1 through 8	9	12,580
D e d u c t i o n s	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	510
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	15b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Total. Add lines 10 through 15b	16	510
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1	17	12,070
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	15,070
	19	Estate tax deduction (including certain generation-skipping taxes) (att. computation)	19	
	20	Exemption	20	100
21	Total deductions. Add lines 18 through 20	21	15,170	
T a x a n d P a y m e n t s	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 17 of the instructions	22	-3,100
	23	Total tax (from Schedule G, line 7)	23	0
	24	Payments: a 2002 estimated tax payments and amount applied from 2001 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check Other payments: f Form 2439 g Form 4136 ; Total	24e	
	25	Total payments. Add lines 24c through 24e, and 24h	24h	
	26	Estimated tax penalty (see page 18 of the instructions)	25	
	27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	26	
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	27		
29	Amount of line 28 to be: a Credited to 2003 estimated tax b Refunded	28		
29		29		

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all info. of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary

Date

EIN of fid. if a financial inst.

May the IRS discuss this return with the preparer shown below (see instr.?)
☒ Yes ☐ NoPaid
Preparer's
Use OnlyPreparer's
signatureDate
3/10/03Check if
self-employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP codeFOX, BRANDT & COMPANY, PC
1740 HIGH STREET
DENVER, CO 80218EIN
Phone
no.84-4548209
303-321-8242

SCHEDULE E
(Form 1040)**Supplemental Income and Loss**(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2002Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

BARBARA N AZNAREZ TRUST~~BARBARA N AZNAREZ~~**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 39.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.)	Yes	No
A	RENTAL HOUSE AND FARM				
B					
C					

Income:		Properties			Totals
		A	B	C	(Add columns A, B, and C.)
3	Rents received	3	13,500		3 13,500
4	Royalties received	4			4
Expenses:					
5	Advertising	5			
6	Auto and travel (see page E-4)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9	825		
10	Legal and other professional fees	10			
11	Management fees	11	480		
12	Mortgage interest paid to banks, etc. (see page E-4)	12			12
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16	1,665		
17	Utilities	17	428		
18	Other (list) ▶ SEE STATEMENT 1	18	477		
19	Add lines 5 through 18	19	3,875		19 3,875
20	Depreciation expense or depletion (see page E-4)	20	2,692		20 2,692
21	Total expenses. Add lines 19 and 20 Vacation home adjustment	21	6,567		
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	6,933 X 50.00 3,467		
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23			
24	Income. Add positive amounts shown on line 22. Do not include any losses	24			24 3,467
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2	26			26 3,467

Form **1041 U.S. Income Tax Return** Estates and Trusts**2003** OMB No. 1545-0092

A Type of entity (see instr.):		For calendar year 2003 or fiscal year beginning _____, and ending _____	
<input type="checkbox"/> Decedent's estate		Name of estate or trust (If a grantor type trust, see page 12 of the instructions.)	
<input type="checkbox"/> Simple trust		BARBARA N AZNAREZ TRUST	
<input checked="" type="checkbox"/> Complex trust		Name and title of fiduciary	
<input type="checkbox"/> Qualified disability trust		Mabel Selak	
<input type="checkbox"/> ESBT (S portion only)		Trustee	
<input type="checkbox"/> Grantor type trust		Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.)	
<input type="checkbox"/> Bankruptcy estate-Ch. 7		1975 PLACID DRIVE #6	
<input type="checkbox"/> Bankruptcy estate-Ch. 11		City or town, state, and ZIP code	
<input type="checkbox"/> Pooled income fund		VAIL CO 81657-4330	
B Number of Schedules K-1 attached (see instructions) 1		F Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	
		<input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Change in fiduciary's address	
G Pooled mortgage account (see page 13 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date: _____			

I n c o m e	1	Interest income	1	7,778
	2a	Total ordinary dividends	2a	2,489
	b	Qualified dividends allocable to: (1) Beneficiaries 857 (2) Estate/trust		
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	-3,000
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	2,544
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount	8	
	9	Total income. Combine lines 1, 2a, and 3 through 8	9	9,811
D e d u c t i o n s	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	200
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Total. Add lines 10 through 15b	16	200
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1	17	9,611
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	12,611
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19	
20	Exemption	20	100	
	21	Total deductions. Add lines 18 through 20	21	12,711
T a x a n d P a y m e n t s	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 18 of the instructions	22	-3,100
	23	Total tax (from Schedule G, line 7)	23	0
	24	Payments: a 2003 estimated tax payments and amount applied from 2002 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
	f	Other payments: Form 2439 ; g Form 4136 ; Total	24h	
	25	Total payments. Add lines 24c through 24e, and 24h	25	
	26	Estimated tax penalty (see page 19 of the instructions)	26	
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27		
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28		
29	Amount of line 28 to be: a Credited to 2004 estimated tax b Refunded	29		

Sign Here	Under penalties of perjury, I declare that I have examined this return, incl. accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all info. of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____			
Paid Preparer's Use Only	Preparer's signature _____	Date 3/28/04	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 81-0826749
	Firm's name (or yours if self-employed), FOX, BRANDT & COMPANY, PC	EIN 81-0826749		Phone no. 303-321-8242
	address, and ZIP code 1740 HIGH STREET DENVER, CO 80218			

SCHEDULE E
(Form 1040)**Supplemental Income and Loss**(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2003Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

BARBARA N AZNAREZ TRUST~~XXXXXXXXXX~~**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property,
use Schedule C or C-EZ (see page E-2). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.)	Yes	No
A	Rental House and Farm				X
B					
C					

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3 13,500			3 13,500
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9 906			
10 Legal and other professional fees	10			
11 Management fees	11 480			
12 Mortgage interest paid to banks, etc. (see page E-4)	12			12
13 Other interest	13			
14 Repairs	14 1,707			
15 Supplies	15			
16 Taxes	16 1,734			
17 Utilities	17 415			
18 Other (list) ▶ See Statement 1	18 478			
19 Add lines 5 through 18	19 5,720			19 5,720
20 Depreciation expense or depletion (see page E-4)	20 2,692			20 2,692
21 Total expenses. Add lines 19 and 20	21 8,412			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-4 to find out if you must file Form 6198	22 5,088 X 50.00 2,544			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-4 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23 0			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 2,544
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2	26			26 2,544

Form 1041 U.S. Income Tax Return for Estates and Trusts

2004

OMB No. 1545-0092

A Type of entity (see instr.):		For calendar year 2004 or fiscal year beginning _____, and ending _____	
<input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input checked="" type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund		Name of estate or trust (If a grantor type trust, see page 12 of the instructions.) BARBARA N AZNAREZ TRUST Name and title of fiduciary MABEL SELAK TRUSTEE Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.) 1975 PLACID DRIVE #6 City or town, state, and ZIP code VAIL CO 81657-4330	
B Number of Schedules K-1 attached (see instructions) 1		C Employer identification number 84-6348109 D Date entity created 7/01/00 E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the instr.): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2)	
F Check applicable boxes:		Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary <input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Change in fiduciary's address <input type="checkbox"/>	

G Pooled mortgage account (see page 14 of the instructions):		Bought	Sold	Date:
I n c o m e	1 Interest income	1	8,279	
	2a Total ordinary dividends	2a	2,726	
	b Qualified dividends allocable to: (1) Beneficiaries 1,080 (2) Estate or trust 1			
	3 Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3		
	4 Capital gain or (loss) (attach Schedule D (Form 1041))	4	-3,000	
	5 Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	2,766	
	6 Farm income or (loss) (attach Schedule F (Form 1040))	6		
	7 Ordinary gain or (loss) (attach Form 4797)	7		
	8 Other income. List type and amount	8		
9 Total income. Combine lines 1, 2a, and 3 through 8	9	10,771		
D e d u c t i o n s	10 Interest. Check if Form 4952 is attached <input type="checkbox"/>	10		
	11 Taxes	11		
	12 Fiduciary fees	12		
	13 Charitable deduction (from Schedule A, line 7)	13		
	14 Attorney, accountant, and return preparer fees	14	300	
	15a Other deductions not subject to the 2% floor (attach schedule)	15a		
	b Allowable miscellaneous itemized deductions subject to the 2% floor	15b		
	16 Total. Add lines 10 through 15b	16	300	
	17 Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1	17	10,471	
	18 Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	13,461	
	19 Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19		
20 Exemption	20	100		
21 Total deductions. Add lines 18 through 20	21	13,561		
T a x a n d P a y m e n t s	22 Taxable income. Subtract line 21 from line 17. If a loss, see page 19 of the instructions	22	-3,090	
	23 Total tax (from Schedule G, line 7)	23	0	
	24 Payments: a 2004 estimated tax payments and amount applied from 2003 return	24a		
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c Subtract line 24b from line 24a	24c		
	d Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d		
	e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e		
	Other payments: f Form 2439 ; g Form 4136 ; Total	24h		
	25 Total payments. Add lines 24c through 24e, and 24h	25		
26 Estimated tax penalty (see page 20 of the instructions)	26			
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29 Amount of line 28 to be: a Credited to 2005 estimated tax b Refunded	29			

Sign Here	Under penalties of perjury, I declare that I have examined this return, incl. accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all info. of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instr.)?	
	Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer's Use Only	Preparer's signature _____	Date 3/08/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 123-32-4694
	Firm's name (or yours if self-employed), address, and ZIP code FOX, BRANDT & COMPANY, PC 1740 HIGH STREET DENVER, CO 80218	EIN 84-0820749	Phone no. 303-321-8242	

Form 1041 (2004)

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,

S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2004Attachment
Sequence No. **13**

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

BARBARA N AZNAREZ TRUST**84-6348109****Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use

Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.)	Yes	No
A	RENTAL HOUSE AND FARM				X
B					
C					

Income:		Properties			Totals (Add columns A, B, and C.)	
		A	B	C		
3	Rents received	3	13,425		3	13,425
4	Royalties received	4			4	
Expenses:						
5	Advertising	5				
6	Auto and travel (see page E-4)	6				
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9	1,005			
10	Legal and other professional fees	10				
11	Management fees	11	480			
12	Mortgage interest paid to banks, etc. (see page E-4)	12			12	
13	Other interest	13				
14	Repairs	14	1,010			
15	Supplies	15				
16	Taxes	16	1,824			
17	Utilities	17	397			
18	Other (list) ▶ SEE STATEMENT 1	18	486			
19	Add lines 5 through 18	19	5,202		19	5,202
20	Depreciation expense or depletion (see page E-4)	20	2,692		20	2,692
21	Total expenses. Add lines 19 and 20	21	7,894			
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-4 to find out if you must file Form 6198	22	5,531 X 50.00 2,766			
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-4 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23	0	X		
24	Income. Add positive amounts shown on line 22. Do not include any losses	24				2,766
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25				
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2	26				2,766