

THERESA MIZIALKO, hereinafter referred to as affiant, states under oath that the affiant resides at 6679 W. Hayes Avenue, Chicago, Illinois 60634; that the affiant was acquainted with ROBERT MIZIALKO, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located as hereinafter described:

(The Above Space For Recorder's Use Only)

LOT 25 IN BLOCK 52 OF HRUBY AND COMPANY'S RESUBDIVISION OF BLOCKS 52, 56, 57 AND 62, AS PLATTED AND SUBDIVIDED BY THE NORWOOD LAND AND BUILDING ASSOCIATION, AND BEING A SUBDIVISION OF PART OF SECTION 6, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND OF THE SOUTH 1/2 OF SECTION 31, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 10-31-407-001-0000

Address(es) of Real Estate: 6679 W. HAYES AVENUE, CHICAGO, IL 60634

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That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 6/29/00 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property, was \$278,000 and that the value of the above property individually was \$139,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, due from the decedent's estate, has been paid in full;

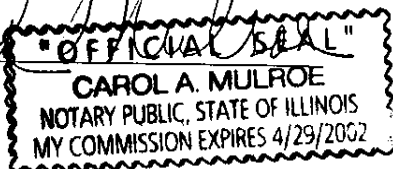
MAIL TO Theresa Mizialko
AFFIANT

SUBSCRIBED AND SWORN to before me
PREPARED BY:
this 22nd day of March, 2001.

THIS INSTRUMENT WAS

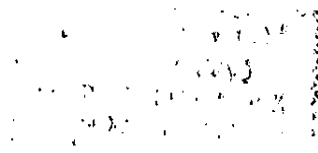
John G. Mulroe
Attorney at Law
6687 North Northwest
Chicago, Illinois 60631

Carol A. Mulroe
NOTARY PUBLIC



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AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for State Inheritance Tax for the estate of Decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am THERESA MIZIALKO, wife of ROBERT MIZIALKO. I reside at 6679 West Hayes Avenue, Chicago, Illinois 60634.

(2) I am personally acquainted with the affairs of the estate of ROBERT MIZIALKO, who died on 6/29/00

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax:

(elect one - initial choice)

(a) that no tax is due; or

(b) that if any tax is due, there are sufficient other assets to pay such tax; or

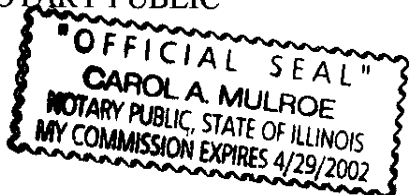
(c) that any tax due has been paid.

and I make this affidavit for the purpose of inducing the Registrar of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof, Affiant guarantees the truth of the statements herein contained.

Theresa Mizialko

SUBSCRIBED AND SWORN to before me
this 22nd day of March, 2001.

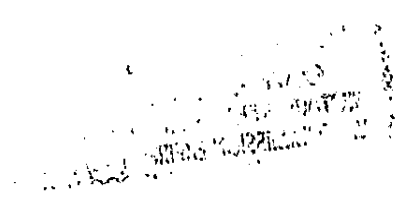
Carol A. Mulroe
NOTARY PUBLIC



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REGISTRATION NO. **16.10**
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
610500

DECEASED-NAME: **ROBERT** FIRST MIDDLE LAST: **J. MIZIALKO, SR.** SEX: **2 MALE** DATE OF DEATH (MONTH DAY YEAR): **3 JUNE 29, 2000**

COUNTRY OF DEATH: **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** AGE LAST BIRTHDAY (YRS) MNS DYS: **68** UNDER 1 YEAR: **50** UNDER 1 DAY: **5d** DATE OF BIRTH (MONTH DAY YEAR): **1, 1931**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, IL.** MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a Married** NAME OF SURVIVING SPOUSE (MADENNAME IF WIFE): **Theresa nee Caloia**

RESIDENCE (STREET AND NUMBER): **3a. 6679 W. Hayes** SOCIAL SECURITY NUMBER: **10 346-24-9580** USUAL OCCUPATION: **11 Mover** KIND OF BUSINESS OR INDUSTRY: **11b Furniture** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12 10 +**

FATHER-NAME: **13 John** MIDDLE: **Mizialko** LAST: **Mizialko** MOTHER-NAME: **14b Bernice nee Ball** RELATIONSHIP: **17b wife** MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP): **16679 W. Hayes Chicago, IL. 60631**

17a Theresa Mizialko
 18 PART I: Immediate Cause (Final disease or condition resulting in death): **Acute myelocytic Leukemia**
 CO-CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(c)**

19a AUTOPSY (YES NO): **No** 19b: **6 mos**
 20a: **June 23, 2000** 20b: **20b**
 21c: **4:15 P M** 21d: **226-30-2000**

22c: **Ira Anton Oliff, MD, 2900 N. Lakeshore Dr., Chicago, IL**
 23: **23**
 24a: **Acacia Park** 24c: **Chicago, Illinois** 24d: **July 3, 2000**

25a: **Colonial-Wojciechowski 6250 N. Milwaukee Ave., Chicago, IL. 60646**
 25b: **J.D. Wojciechowski**
 25c: **034-012366**
 26a: **JUL 03 2000**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
JUL 03 2000

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

Sheila Lyne RSM
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.