(FORM 5 SHR)

BOX 333-CTI

Elmwood Park, Illinois 60635

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T\$0012 TRAN 4488 06/06/95 10:05:00 \$9854 \$ JM #-95-366072 COOK COUNTY RECORDER DEPT-10 PENALTY

DEPT-01 RECORDING

\$25. nn

\$22,00

UNION FOR CANAL ACCORDED

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on

the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business-or acquire and hold title to real estate under the laws of the State of Illinois. Signature: Dated Subscribed and sworn to before me by the "OFFICIAL SEAL" Janet Johnson West Notary Public, State of Hilnols My Commission Expires Feb. 9, 1997 The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold sitle to real estate in Illinois, or other entity recognized as a person and authorized to do business or acourre and hold title to real estate under the laws of the State of Illinois. , 19 <u>95</u> Signature: icantec Subscribed and sworn to before me by the "OFFICIAL SEAL" Janet Johnson West Notary Public, State of Illinois My Commission Expires Feb. 9, 1997 ary Public

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

[Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.]

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CHANGE OF INFORMATION FORM

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