RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

98197919

Morrison & Foerster LLP 425 Market Street San Francisco, California 94105-2482 Attention: Brian N. Poll, Esq.

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DEPT-01 RECORDING \$31.00
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45671 + RC +-98-197919

. COOK COUNTY RECORDER

DEPT-10 PENALTY

\$28.00

MEMORANDUM OF SUBLEASE

This Memorandum of Sublease is dated as of December 19, 1997, by and between Calkearn, LLC, a California limited liability company ("Sublandlord"), and Bank of America National Trust & Savings Association ("Subtenant"). Sublandlord hereby leases to Subtenant a portion of that certain real property described in Exhibit A attached hereto and incorporated herein by reference, consisting of the Building commonly known as the Continental Illinois Bank Building located in the City of Chicago, Illinois, commencing on December 19, 1997, and terminating on December 31, 2006, on the terms and commons set forth in that certain Lease between Sublandlord and Subtenant dated as of December 19, 1997 (the "Off Record Lease"). Sublandlord has also granted to Subtenant options to extend the term of the Lease for one (1) period of Seven (7) years, ending December 31, 2013, one (1) period of six (6) years, ending December 31, 2019, and two (2) successive periods of five (5) years each, ending on December 31, 2024, and December 31, 2029, respectively, on terms and conditions of the Off Record Lease.

IN WITNESS WHEREOF, the undersigned have executed this Memorandum of Lease so that third parties might have notice of the lease by Sublandlord and Subtenant herein.

Sublandlord:

Subtenant:

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CALKEARN, LLC, a California limited liability company

By: Het Loo REIT, Co., a Delaware corporation

By: Name: St

Title: PRe

Stever J. Dixon President

01/

By: My Atrust

Name: HEZGA HOUS;

Title: Savia Via Proposition

BANK OF AMERICA NATIONAL TRUSC

SAVINGS ASSOCIATION

By: 1 M EMM
Name: TOM ESPERANCE

Title: Vice Presider

BOX 333-CTI

98197919

REMEMBER .

Property of Cook County Clerk's Office

TOPIC VIE

EXHIBIT A

**DESCRIPTION OF PROPERTY** 

Corner of Joshan Frabelle
Street . Office

Coop County Clark's Office

EXHIBIT A

CHICAGO

#### PARCEL 1:

LOTE 15 THROUGH 22 AND 25 THROUGH 32 (E): THAT PART OF LOTE 22 AND 25 TAKEN FOR THE EXTENSION OF SOUTH LASALLE STREET) AND THE WEST 1/2 OF THE VACATED ALLEY LYING EAST AND ADJOINING LOTE 15 AND 32 IN PECK AND OTHERS SUBDIVISION OF BLOCK 116 IN SCHOOL SECTION ADDITION TO CHICAGO IN SECTION 16, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: 17-16-222.010

THAT PART C. THE SOUTH 1/2 OF WEST QUINCY STREET LYING NORTH OF AND ADJOINING THE NORTH LINE OF PARCEL 1 AFORESAID, AND LYING WEST OF THE EAST LINE OF THE SAID WEST 1/2 OF VAIAUND ALLEY EXTENDED NORTH AND EAST OF THE EAST LINE OF SOUTH LASALLE STREET EXTENDED NORTH.

#### PARCEL 3:

THAT PART OF THE NORTH 1/7 OF WEST JACKSON STREET LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF FARCEL 1 MORESAID, AND LYING WEST OF THE EAST LINE OF SAID WEST 1/2 OF VACATED ALLEY EXTENDED SOUTH AND EAST OF THE EAST LINE OF SOUTH LASALLE STREET EXTENDED SOUTH.

#### PARCEL 4:

THE EAST 1/2 OF SOUTH LASALLE STREET LYING WEST OF AND ADJOINING THE WEST LINES OF PARCELS 1, 2 AND 3.

#### PARCEL 5:

LOTS 8 THROUGH 14 AND THE EAST 1/2 OF THE VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 8 THROUGH 14 IN PECK AND OTHERS SUBFIVISION OF BLOCK 116 IN SCHOOL ADDITION TO CHICAGO IN SECTION 16, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 6: 17-14-222-606

THAT PART OF THE SOUTH 1/2 OF WEST QUINCY STREET LYING NORTH OF AND ADJOINING THE NORTH LINE OF PARCEL 5 AFORESAID, AND LYING WEST OF THE WEST LINE OF SOUTH CLARK STREET EXTENDED NORTH AND EAST OF THE WEST LINE OF SAID EAST 1/2 OF VACATED ALLEY EXTENDED NORTH

#### PARCEL 7:

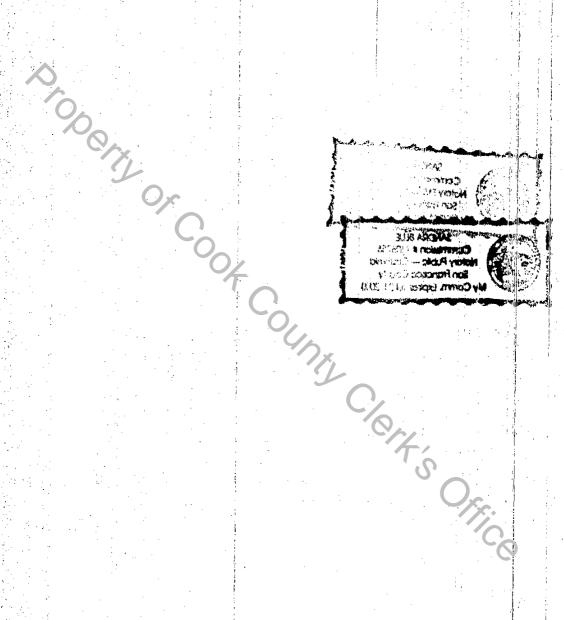
THAT PART OF THE NORTH 1/2 OF WEST JACKSON STREET LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF PARCEL 5 AFORESAID, AND LYING WEST OF THE WEST LINE OF SOUTH CLARK STREET EXTENDED SOUTH AND EAST OF THE WEST LINE OF SAID EAST 1/2 OF VACATED ALLEY EXTENDED SOUTH

#### PARCEL 8:

THE WEST 1/2 OF SOUTH CLARK STREET LYING EAST OF AND ADJOINING THE EAST LINES OF PARCELS 5, 6, AND 7.

Cooperation of Country Clark's Office

| State of <u>California</u> County of <u>Jan Francisce</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| County of Jan Francisce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |  |
| On 1-9-98 before me. 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nola Blue.                             |  |
| On 1-9-98 before me, Sa.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name, Title of Officer                 |  |
| personally appeared <u>Helga</u> J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Manus Kore,<br>Name(s) of Signer(s)    |  |
| personally known to me —OR—  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.  WITNESS my hand and official seal.  WITNESS my hand and official seal.  Signature of Notary  Signature of Notary |                                        |  |
| Орти                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DNAL                                   |  |
| Though the data below is not required by law, it may prove valuable to the persons relying on the document and could prevent fraudulent reatts chalent of this form.                                                                                                                                                                                                                                                                                                                                                                        |                                        |  |
| CAPACITY CLAIMED BY SIGNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DESCRIPTION OF ATTACHED DOCUMENT       |  |
| ☐ INDIVIDUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                                      |  |
| CORPORATE OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Memorandum of Suble ise                |  |
| Senior Vice Breiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title or Type of Dogi men              |  |
| Title(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Number of Pages                        |  |
| PARTNER(S) LIMITED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12 -19-97                              |  |
| GENERAL STORY IN ELECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of Document                       |  |
| ATTORNEY-IN-FACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |  |
| ☐ Trustee(s) ☐ Guardian/Conservator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Stepen J. Dixon                        |  |
| OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SIGNER(S) OTHER THAN NAMES ABOVE       |  |
| G Officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Diditality of their Thin Chines (1907) |  |
| **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |  |
| SIGNER IS REPRESENTING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |  |
| Name of Person(s) or Entity(ies)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |  |
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| State of Valefornese                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Son Francisco                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                       | Golas - Randolph, Notary Public,<br>Name, Title of Officer                                                                                                                                                                                                                                                                                                                                   |
| personally appeared 101n Es                                                                                                                                                                           | peranee                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                       | Name(s) of Signer(s)                                                                                                                                                                                                                                                                                                                                                                         |
| Depersonally known to me -OR- D                                                                                                                                                                       | proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) of the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. |
| J. GOLAS-RANDOLPH                                                                                                                                                                                     | WITNESS my hand and official seal.                                                                                                                                                                                                                                                                                                                                                           |
| COMM. 1029349  Natary Public — California SAN FRANCISCO COUNTY  My Comm. Expires JUN 9, 1998                                                                                                          | Lolo-Randolph<br>Signature of Notary                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                       | () Signature of Notary                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                       | by law, it may prove valuable to the persons                                                                                                                                                                                                                                                                                                                                                 |
| relying on the document and could pre  CAPACITY CLAIMED BY SIGNER  INDIVIDUAL                                                                                                                         | by law, it may prove valuable to the persons event fraudulent reatteenment of this form.                                                                                                                                                                                                                                                                                                     |
| relying on the document and could pre<br>CAPACITY CLAIMED BY SIGNER                                                                                                                                   | by law, it may prove valuable to the persons event fraudulent reatteenment of this form.                                                                                                                                                                                                                                                                                                     |
| relying on the document and could pre  CAPACITY CLAIMED BY SIGNER  INDIVIDUAL                                                                                                                         | by law, it may prove valuable to the persons event fraudulent reatteenment of this form.  DESCRIPTION OF ATTACHED DOCUMENT Title or Type of Document                                                                                                                                                                                                                                         |
| relying on the document and could pre  CAPACITY CLAIMED BY SIGNER  ☐ INDIVIDUAL  ☐ CORPORATE OFFICER                                                                                                  | by law, it may prove valuable to the persons event fraudulent reatteenment of this form.  DESCRIPTION OF ATTACHED DOCUMENT                                                                                                                                                                                                                                                                   |
| relying on the document and could pre  CAPACITY CLAIMED BY SIGNER  ☐ INDIVIDUAL ☐ CORPORATE OFFICER  Title(s) ☐ PARTNER(S) ☐ LIMITED ☐ GENERAL                                                        | by law, it may prove valuable to the persons event fraudulent reatteenment of this form.  DESCRIPTION OF ATTACHED DOCUMENT Title or Type of Document                                                                                                                                                                                                                                         |
| relying on the document and could pre  CAPACITY CLAIMED BY SIGNER  ☐ INDIVIDUAL ☐ CORPORATE OFFICER  Title(s) ☐ PARTNER(S) ☐ LIMITED ☐ GENERAL ☐ ATTORNEY-IN-FACT                                     | by law, it may prove valuable to the persons event fraudulent reatte convent of this form.  DESCRIPTION OF ATTACHED DOCUMENT Title or Type of Document Number of Pages                                                                                                                                                                                                                       |
| relying on the document and could pre  CAPACITY CLAIMED BY SIGNER  ☐ INDIVIDUAL ☐ CORPORATE OFFICER  Title(s) ☐ PARTNER(S) ☐ LIMITED ☐ GENERAL ☐ ATTORNEY-IN-FACT ☐ TRUSTEE(S)                        | by law, it may prove valuable to the persons event fraudulent reatte convent of this form.  DESCRIPTION OF ATTACHED DOCUMENT Title or Type of Document Number of Pages                                                                                                                                                                                                                       |
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| relying on the document and could pre  CAPACITY CLAIMED BY SIGNER  ☐ INDIVIDUAL ☐ CORPORATE OFFICER  Title(s) ☐ PARTNER(S) ☐ LIMITED ☐ GENERAL ☐ ATTORNEY-IN-FACT ☐ TRUSTEE(S)                        | by law, it may prove valuable to the persons event fraudulent reatte convent of this form.  DESCRIPTION OF ATTACHED DOCUMENT Title or Type of Document  Number of Pages  Date of Document                                                                                                                                                                                                    |

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| State of New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| County of New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Notary Public of Now York                                                                                                                                                                                                                                                                                                                                                                                                                |
| On 12/17/17 before me,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Oualified to South 8, 1998                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name, Title of Officer                                                                                                                                                                                                                                                                                                                                                                                                                   |
| personally appeared STEVEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name(s) of Signer(s)                                                                                                                                                                                                                                                                                                                                                                                                                     |
| et is at the both the contract of the contract | roved to me on the basis of satisfactory vidence to be the person(s) whose name(s) whose name(s) whose subscribed to the within instrument and eknowledged to me that he/she/they executed he same in his/her/their authorized capatity(ies), and that by his/her/their signature(s) on he instrument the person(s) or the entity upon he half of which the person(s) acted, executed he instrument.  WITNESS my hand and official seal. |
| Ol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Though the data below is not required by law, it may prove valuable to the persons relying on the document and could prevent fraudulent reattachment of this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| CORPORATE OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A D                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Series Vice Break                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title or Type of Documer.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Title(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number of Pages                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ PARTNER(S) ☐ LIMITED ☐ GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ ATTORNEY-IN-FACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of Document                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ☐ TRUSTEE(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ GUARDIAN/CONSERVATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SIGNER(S) OTHER THAN NAMES ABOVE                                                                                                                                                                                                                                                                                                                                                                                                         |
| D O (III)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SIGNER IS REPRESENTING:  Name of Person(s) or Entity(ies)  Thank of America                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·<br>·                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Property of County Clerk's Office