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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 Angelo A Lambros, Attorney
(name and capacity)

and reside at 860 D'Amico Chicago Heights, Ill.

(2) I am personally acquainted with the affairs of the Estate of Thomas Johnson, who died on Feb. 6 1986.

(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)

- 1) that no Tax is due; or _____
 2) that if any Tax due, there are sufficient other assets to pay such Tax; or _____
 3) that any Tax due has been paid. _____

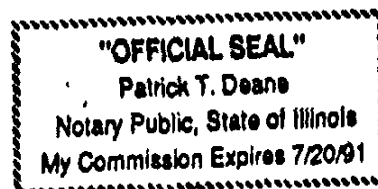
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Angelo A Lambros

Subscribed and sworn to before
me this 3rd day of June;
19 88.

Patrick T. Deane

Notary Public



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REGISTRATION DISTRICT NO 16-32	STATE FILE NUMBER
REGISTERED NUMBER 100	
MEDICAL CERTIFICATE OF DEATH	
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)	
1. THOMAS JOHNSON 2. MALE 3. FEBRUARY 9, 1986	
RACE—(WHITE, BLACK, AMERICAN ORIGIN OR DESCENT, HISPANIC, INDIAN, ETC.) (SPECIFY) AGE—(LAST) MONTHS, YEARS, DAYS DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH	
4. BLACK 5. 56 6. MARCH 31, 1929 7. COOK	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE ADDRESS) IF HOME OR INST. INDICATE DOA OR INPATIENT (SPECIFY)	
7. CHICAGO HEIGHTS 7a. ST JAMES HOSPITAL MEDICAL CENTER 7b. 1423 CHICAGO ROAD 7c. DOA	
STATE OF BIRTH (IF NOT U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. INDIANA 9. USA 10. MARRIED 11. ELLA MAE MYERS	
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. (ARMED FORCES? (SPECIFY YES OR NO)) WAR OR DATES OF SERVICE	
12. 310-22-0505 12a. CRANE OPERATOR 12b. GABY IRON CO. 12c. NO 13d. NA	
RESIDENCE—STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. (INSIDE CITY YES/NO) COUNTY STATE	
14. 264 EDDY STREET 14a. CHICAGO HEIGHTS 14b. YES 14c. COOK 14d. ILLINOIS	
FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. THOMAS E JOHNSON, SR. 16. MINTA JACKSON	
INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D. CITY OR TOWN, STATE, ZIP)	
17. ANDREA PRESSLEY DEESE 17a. MEDICAL RECORD 17b. 1423 CHICAGO ROAD CHICAGO HEIGHTS, ILLINOIS 60411	
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I IMMEDIATE CAUSE	
18a. (a) Tracheobronchial Hemorrhage 30 min	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST	
(b) Small Cell Carcinoma Left Lung 3 mos	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	
20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 19c. AUTOPSY (YES/NO) 19d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)	
19a. 19b. 19c. 19d.	
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)	
20. 20a. 20b.	
21. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)	
21a. 21b. 21c. 21d.	
22. SIGNATURE OF CERTIFIER NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER	
22a. John T. Smallwood 22b. 21, 2186	
22c. 2605 Linden Hwy. Olympia Fields, IL 60461 22d. 36-57317	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23a. 23b.	
24. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORIUM NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)	
24a. BURIAL 24b. WASHINGTON MEMORY GARDENS 24c. HOMEWOOD IL 24d. FEB 14 1986	
25. FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP	
25a. HAMMOND AND PROWELL 305 EAST 16TH ST CHICAGO HEIGHTS IL 60411	
25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25d. 25e. 2472	
26. LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. John M. Costabile (M.C.) 26b. Feb 13, 1986	

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: MAR 20 1986 SIGNED: John M. Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

Affidavit by Surviving Joint Tenant

L. R. 14628-24905-19397 Doc. No. 3342777 Certificate No. 1373517

State of Illinois } ss.
County of Cook }

Ella Mae Johnson being first
duly sworn, upon oath deposes and says:

That she resides at 254 Eddy in the City of Chicago Heights
and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. 1373517 situated in said Cook County, Illinois,
described as follows:

Lot 9 in Block 1 in Boulevard Highlands, being a Subdivision in the
Southwest 1/4 of Section 2, Township 36 North, Range 13, East of the
Third Principal Meridian, according to Plat thereof registered as
Document #1076541, in Cook County, Illinois.

2802-307-036
264 Eddy Heights

Affiant states that Thomas E. Johnson one of the said owners in joint
tenancy, died intestate, in the city (Village) of Chgo. Hts. in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

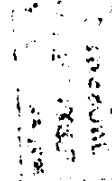
Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 1373517 (except who
has been married but once since acquiring said real estate and then to).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

Subscribed and sworn to before me
this 2 day of June 1981

Angelo A Ciambone
NOTARY PUBLIC

Ella Mae Johnson



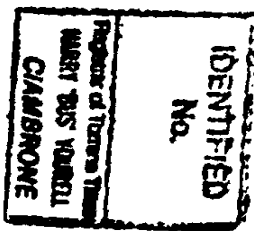
THIS INSTRUMENT WAS PREPARED BY
A. A. CIAMBONE
1515 HALSTED
CHGO Hghts, IL 60411

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Property of Cook County Clerk's Office

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A. Ciambrone
1515 Hubbard St
Chicago, Ill