

# **EXHIBIT 29**

**KRISLOV & ASSOCIATES, LTD.**

*Attorneys at Law*

CIVIC OPERA BUILDING, SUITE 1350  
20 NORTH WACKER DRIVE  
CHICAGO, ILLINOIS 60606

FAX (312) 606-0207  
TELEPHONE (312) 606-0500

February 23, 2016

By Registered/Certified Mail:

Counsel for Defendants  
(See Attached Service List)

Re: 770 ILCS 5/1 Attorneys Lien, as to both:  
1) Underwood et al v. City of Chicago et al, Circuit Court Case No. 13 CH 17450, Hon. Judge Cohen, and  
2) City of Chicago v. Korshak, et al, Circuit Court No. 01 CH 4962, (originally 87 CH 0134), Hon. Judge Cohen, currently on appeal (Ill. Appellate Court, 15-2183).

Dear Counsel:

This letter is notice pursuant to 770 ILCS 5/1 Attorney's lien for fees. I assert this Attorney's lien as Plaintiffs' counsel, in the above captioned cases and state our interest in these suits as fully described in the claims and causes of action in the complaint, Motions For Preliminary Injunction, interlocutory appeal, appeals, demands, arising from the reduction and elimination of retiree healthcare, as attorney for each of the named plaintiffs, class, and proposed class.

This letter shall serve as written notice of our firm's attorney's lien. This lien will attach to any verdict, judgment or order, and to any money or property that may be recovered in these matters.

We would appreciate your acknowledging receipt of this notice. A separate copy is being sent by registered/certified mail.

Very truly yours,



Clinton A. Krislov

## KRISLOV & ASSOCIATES, LTD.

### Counsel for Defendant-Service List

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*Counsel for The Firemen's Annuity and Benefit Fund of Chicago and The Municipal Employees' and Benefit Fund of Chicago*

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Counsel for The Laborers' & Retirement Board Employees' Annuity and Benefit Fund of Chicago

**BURKE BURNS & PINELLI, LTD.**

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MARY ANN MURRAY  
STEPHEN F. WELCOME  
ELLEN B. EPSTEIN  
DONALD F. HARMON

MARK S. JAMIL  
CHRISTOPHER J. HALES  
LARISA L. ELIZONDO  
MATTHEW M. SHOWEL  
MARTIN T. BURNS  
SARAH A. BOECKMAN

March 15, 2016

**Via Certified Mail**

Clinton Krislov  
Civic Opera Building, Suite 1350  
20 North Wacker Drive  
Chicago, IL 60606

**Re: 770 ILCS 5/1 Attorneys Lien, as to both: Underwood et al v. City of Chicago et al, Circuit Court Case No. 13 CH 17450; and City of Chicago v. Korshak et al, Circuit Court No. 01 CH 4962, (Ill. Appellate Court, 15-2183).**

Dear Mr. Krislov:

As you know, this Firm represents the Municipal Employees' Annuity and Benefit Fund of Chicago and the Firemen's Annuity and Benefit Fund of Chicago and their respective Retirement Boards (collectively referred to in this letter as the "Funds"). This letter is in response to your February 23, 2016 letter in which you assert an attorney's lien as Plaintiffs' counsel in the above captioned cases. Without waiving any possible defenses to such lien, I acknowledge receipt of your letter.

The Funds wholly reject your claim for (i) an attorney's lien for fees with respect to the above captioned litigations and (ii) the attachment of a lien to "any verdict, judgment or order, and to any money or property that may be recovered in these matters".

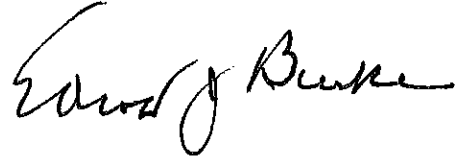
Absent a common fund, an attorney may obtain fees from a party other than his client only by virtue of a fee shifting statute. *Saltiel v. Olsen*, 85 Ill. 2d 484, 488-489, 426 N.E.2d 1204, 1206 (1981). Here, there is no common fund implicated in the aforementioned litigations. Further, the Attorneys Lien Act, as cited in your February 23, 2016 letter, is not a fee shifting statute as to the Funds and there is no such fee shifting language in the Illinois Pension Code. 40 ILCS 5/1 *et seq.* Additionally, both Articles 6 and 8 contain statutory provisions expressly exempting the assets of each Fund from the garnishment process by virtue of judgment or any process for the payment and satisfaction in whole or in part of any debt, damage, claim, demand or judgment.

**BURKE BURNS & PINELLI, LTD.**

Clinton Krislov  
March 15, 2016  
Page 2

Very truly yours,

**BURKE BURNS & PINELLI, LTD.**

A handwritten signature in black ink, appearing to read "Edward J. Burke". The signature is written in a cursive style with a large, sweeping initial "E".

Edward J. Burke

cc: Kenneth Kaczmarz  
Executive Director – FABF

James Mohler  
Executive Director - MEABF

**Michalene**

**From:** Solomon, Benna <Benna.Solomon@cityofchicago.org>  
**Sent:** Tuesday, February 23, 2016 5:27 PM  
**To:** Ken  
**Cc:** rprendergast@rjpltd.com; mlayden@rjpltd.com; jnaber@lanermuchin.com; Edward Burke (eburke@bbp-chicago.com); davidkugler@comcast.net; 'grady@taftlaw.com' (grady@taftlaw.com); cdonham@taftlaw.com; jgagliardo@lanermuchin.com; Clint; Michalene  
**Subject:** Re: Korshak, Underwood - atty lien

I acknowledge the City's receipt.

Benna Ruth Solomon  
Deputy Corporation Counsel  
30 N. LaSalle Street  
Suite 800  
Chicago, Illinois 60602  
312.744.7764  
[benna.solomon@cityofchicago.org](mailto:benna.solomon@cityofchicago.org)

> On Feb 23, 2016, at 2:44 PM, Ken <[Ken@krislovlaw.com](mailto:Ken@krislovlaw.com)> wr  
>  
> Counsel,  
>  
> I have attached our Attorney Lien notice in these cases, as a  
> A copy will be sent by Registered/Certified Mail.  
>  
> Ken Goldstein  
> Krislov & Associates, Ltd.  
> 312-606-0500  
>  
>  
> <[scanner@krislovlaw.com](mailto:scanner@krislovlaw.com) 20160223 153528.pdf>

7004 2890 0000 8663 4933

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PS Form 3800, June 2002	
See Reverse for Instructions	

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 Jennifer Naber  
 Joseph Gagliardo  
 LANER MUCHIN  
 515 N. State St., 28th Fl.  
 Chicago, IL 60610

2. Article Number  
 (Transfer from service label) 7004 2890 0000 8663 4940

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Wm Weaver*  Agent  
 Address

B. Received by (Printed Name) Wm Weaver C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to:  
 David Kugler  
 Police men's Annuity &  
 Benefit Fund  
 221 N. LaSalle St., #1626  
 Chicago, IL 60602

2. Article Number  
 (Transfer from service label) 7004 2890 0000 8663 4988

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *C. Santos*  Agent  
 Address

B. Received by (Printed Name) C. Santos C. Date of Delivery 2/26/16

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Graham Grady  
 Cary Donham  
 TAFT LAW  
 111 E. Wacker Dr., Ste. 2800  
 Chicago, IL 60601

2. Article Number  
 (Transfer from service label) 7004 2890 0000 8663 4971

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  
 Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Nikki M. Serrano</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p>
<p>1. Article Addressed to:</p> <p><i>Edward Burke  Mary Patricia Burns  Burke, Burns &amp; Pinelli Ltd.  70 W. Madison, #4300  Chicago, IL. 60602</i></p>	<p>B. Received by (Printed Name) <i>Nikki M. Serrano</i> C. Date of Delivery <i>3-9-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (transfer from service label)</p>	<p><i>7004 2890 0000 8663 4957</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>D. Stevenson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p>
<p>1. Article Addressed to:</p> <p><i>Richard Prendergast  Michael T. Layden  RICHARD J. PRENDERGAST LTD  111 W. Washington, #1100  Chicago, IL 60602</i></p>	<p>B. Received by (Printed Name) <i>D. Stevenson</i> C. Date of Delivery <i>3/5/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (transfer from service label)</p>	<p><i>7004 2890 0000 8663 4964</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	