

PHILIPPE CAZEAU
JACQUES DE LA BÉRAUDIÈRE

T.V.A. N° d'identification
FR : 03 402 315 063

BLACK GRANTOR TRUSTS *VAD*
FBO/Benjamin *11/30/92*
FBO/Joshua
FBO/Alexander
FBO/Victoria
John Hannan, Trustee
c/o Apollo Management
Two Manhattanville Road
PURCHASE, NY 10577

Paris, le 7 mars 2001

FACTURE N° 200103273

ALEXANDER CALDER (1898-1976)

"Portrait de Fernand Léger"

Sculpture en fil de fer / Iron wire sculpture.
1930.
H: 40 cm / H: 16 in.

PRIX : 925 000,00 USD

NY USE TAX \$88,740.48 pdl 6/25/02

*wired by B. Cohen
end of March
2001*

GALERIE CAZEAU - BÉRAUDIÈRE

16, avenue Matignon 75008 Paris France - Tél. : 33 1 45 63 09 00 - Fax : 33 1 45 63 09 90
RC S B Paris 402 315 063 Siret 402 315 063 00014 APE 525 Z

EFTA_R1_01947138

EFTA02672888

PHILIPPE CAZEAU
JACQUES DE LA BÉRAUDIÈRE

PROVENANCE:

Fernand Léger / Nadia Léger.

Georges Bauquier.

En prêt au Musée Fernand Léger, jusqu'à la mort de Georges Bauquier.

Madame Georges Bauquier.

Collection particulière, Monaco / Private collection, Monaco.

BIBLIOGRAPHIE:

Alexander Calder, (magazine) Udgivet af Louisiana-Humblebaek. June 1969. Illustrated page 9.

Calder's Universe, Jean Lipman, Viking Press & The Whitney Museum of American Art.(1976-1977). Reproduced page 243.

Calder Intimate, by Daniel Marchesseau. Solange Thierry Éditeur, La Bibliothèque des Arts, Paris. Reproduced in pages 138 & 139.

Alexander Calder (mobiles) & Fernand Léger (peintures), Louis Carré & Cie. 1988. 13 octobre-26 novembre 1988. Reproduit page 24.

Alexander Calder, Musée d'Art Moderne de la Ville de Paris, 10 juillet - 6 octobre 1996. Illustré page 171.

Fernand Léger, Peindre la Vie Moderne. Par Arnauld Pierre, Gallimard/CentreGeorges-Pompidou, 1997. Reproduit page 103.

Banque de l'Union Maritime et Financière

56, rue de Provence 75009 Paris, France

N° de compte : 22 11 00 17 913 0

Code guichet : 0001

Clé RIB : 78

Code Banque : 43 989

Code Swift : UMARFRPP

Correspondants à NEW YORK : Chase Manhattan Bank . Account N^b : 544 715 995

4 New York Plaza, Floor 15th, New York, NY 10004. Tél : 212 - 270 6000

GALERIE CAZEAU - BÉRAUDIÈRE

16, avenue Matignon 75008 Paris France - Tél. : 33 1 45 63 09 00 - Fax : 33 1 45 63 09 90
RC S B Paris 402 315 063 Siret 402 315 063 00014 APE 525 Z

Via Fax

Black Gantree Trust

DTD 11/30/92

To: Barry Cohen
Bear Stearns

From: John J. Hannan
Apollo Management

Re: Wire Transfer

Date: March 27, 2001

John J. Hannan

Would you please wire transfer \$685,000.00 (\$171,250 for each of the Black children) as shown below. This amount represents the purchase of a Calder painting and a Giacometti Table. The cash should be available from the sale of Cendant stock last week.

The Chase Manhattan Bank, N.A.

ABA# 021 000 021

4 New York Plaza, 15th fl.

Account #: 544 715 995

ABA #: 021-000-021

A/C Title: Banque de l'Union Maritime et Financiere

For further credit to: Galerie Cazeau-Beraudiere

A/C #: 22 11 00 17 913 0

If you need any further information, please let me know.

Jacques de la Beraudiere

Calder	925,000
Giacometti Table	<u>240,000</u>
	1,165,000
Credit for Derain	<u>-480,000</u>
Total	685,000

Chase Manhattan Bank
4 New York Plaza, 15th Floor
New York, NY 10004
ABA #: 021-000-021
A/C Title: Banque de l'Union Maritime et Financiere
A/C #: 544 715 995
For Further Credit to: Galerie Cazeau-Beraudiere
A/C #: 22 11 00 17 913 0

THOMAS TURRIN & CO., CPA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

111 BROADWAY
NEW YORK, N.Y. 10006

Calder
Portrait of
F. Leger

Tel. (212) 240-0440
Fax (212) 964-9620

INSTRUCTIONS FOR FILING ATTACHED RETURN

Date: June 20, 2002

NAME OF CLIENT: Grantor UAD 1992 Trust

FORM TITLE: NY State Dept. of Taxation and Finance
Purchaser's Report of Sales and Use Tax
Form ST-130

DUE DATE: AS SOON AS POSSIBLE

PAYMENT DUE: **\$ 22,185.12** $\times 4 = \$88,740.48$

pd. 6/25/02
cks # 1471
1472
1473

1474

MAKE CHECK PAYABLE TO: New York State Sales Tax

MAIL TO: NYS Tax Department
Sales Tax Desk Audit
Casual Sales Unit
Building 9, 3rd Flr.
W A Harriman Campus
Albany, NY 12227-0125

RECEIVED

OTHER INSTRUCTIONS:

(1) Please sign where indicated.
(2) Mail with the attached envelope

(3) Indicate Alexander Calder: "Portrait de Fernand Leger" (For personal
record only)

PHILIPPE CAZEAU
JACQUES DE LA BÉRAUDIÈRE

T.V.A. N° d'identification
FR : 03 402 315 063

BLACK GRANTOR TRUSTS
FBO/Benjamin
FBO/Joshua
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Paris, le 7 mars 2001

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RC S B Paris 402 315 063 Siret 402 315 063 00014 APE 525 Z

EFTA_R1_01947143

EFTA02672893



Purchaser's Report of Sales and Use Tax

Do not use this form if you are required to register as a vendor with the New York State Tax Department or are reporting the purchase of a motor vehicle, snowmobile, vessel, or all-terrain vehicle that must be registered or titled by the Department of Motor Vehicles.

Type or print clearly		For office use only	
Full name (last and first) D. BLACK, B. COHEN & J. HANNAN TRUSTEES FBO JOSHUA BLACK(11/30/92)		Social security number	
Home address (number and street or rural route) c/o J. HANNAN, TTEE, 1301 AVE., OF THE AMERICAS		Federal identification number (if any) 13-7002819	
City, village, or post office NEW YORK NY 10019	State	ZIP code	Tax jurisdiction code
Business name and address, if different from above		Taxable sales	
		Sales and use tax	

Part I — Summary of purchases — If you are reporting the purchase of more than one item or service, attach a list showing the information requested on lines 1 through 12 for each item or service.

- 1 Item purchased or service rendered furniture furs jewelry utility gas other and electricity *(identify)* 1/4 interest art work
- 2 Date brought into New York State Mar. 7, 2001 (see instructions) Alexander Calder: "Portrait de F. Léger"
- 3 Method of delivery purchaser pick up US Postal Service UPS seller's vehicle other *(identify)* Private carrier
- 4 Location where item was delivered . . . City New York County New York State NY
- 5 Location where item is used City New York County New York State NY
- 6 Seller's name and address Philippe Cazeau, Paris, France City _____ State _____

Part II — Summary of taxes due

7 Amount subject to sales or compensating use tax (see instructions)	7	231,250	
8 Tax rate applicable where item was delivered	8	8.25	%
9 Tax rate applicable where item is used	9		%
10 Tax due (multiply line 7 by line 8 or 9; see instructions)	10	19,078.13	
11 Amount of sales tax paid (if any) to: City _____ County _____ State _____	11		
12 Total New York State sales or use taxes due (subtract line 11 from line 10)	12	19,078.13	
13 Penalty and interest — if you are filing late, see instructions	13	3,106.99	
14 Total amount due (add lines 12 and 13) Attach check or money order payable to: <u>New York State Sales Tax</u>	14	22,185.12	

I hereby certify that to the best of my knowledge and belief, this is a true, correct, and complete return.

Willfully filing a false return is a crime under the Tax Law.

Purchaser's signature CENT SCARF Date _____

Preparer's signature (if other than purchaser) _____ Preparer's social security number 153-38-2770 Date _____

Preparer's address 111 Broadway, 8th Flr. Employer identification number
New York, NY 10006 13-3959372

Mail this return and payment to:

For office use only

NYS TAX DEPARTMENT
SALES TAX DESK AUDIT
CASUAL SALES UNIT
BUILDING 9 3RD FLOOR
W A HARRIMAN CAMPUS
ALBANY NY 12227-0125

Purchaser's Report of Sales and Use Tax

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Be or print clearly

Full name (last and first)	Social security number	For office use only
D. BLACK, B. COHEN & J. HANNAN TRUSTEES FBO ALEXANDER BLACK(11/30/92)		Location code _____
Home address (number and street or rural route)	Federal identification number (if any)	Tax jurisdiction code _____
c/o J. HANNAN, TTEE, 1301 AVE. OF THE AMERICAS	13-7002820	Taxable sales _____
City, village, or post office	State	ZIP code
NEW YORK NY 10019		
Business name and address, if different from above		Sales and use tax _____

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Purchaser's signature

CLIENT COPY

Date

Preparer's signature (if other than purchaser)

Preparer's social security number

Date

Preparer's address 111 Broadway, 8th Flr.
New York, NY 10006

Employer identification number

13-3959372

Mail this return and payment to:

For office use only

NYS TAX DEPARTMENT
SALES TAX DESK AUDIT
ASUAL SALES UNIT
BUILDING 9 3RD FLOOR
W A HARRIMAN CAMPUS
ALBANY NY 12227-0125

THOMAS TURRIN & CO., CPA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

111 BROADWAY
NEW YORK, N.Y. 10006

Tel. (212) 240-0440
Fax (212) 964-9620

INSTRUCTIONS FOR FILING ATTACHED RETURN

Date: June 20, 2002

NAME OF CLIENT: Grantor UAD 1992 Trust

FORM TITLE: NY State Dept. of Taxation and Finance
Purchaser's Report of Sales and Use Tax
Form ST-130

DUE DATE: AS SOON AS POSSIBLE

PAYMENT DUE: \$ 22,185.12

MAKE CHECK PAYABLE TO: New York State Sales Tax

MAIL TO: NYS Tax Department
Sales Tax Desk Audit
Casual Sales Unit
Building 9, 3rd Flr.
W A Harriman Campus
Albany, NY 12227-0125

CLIENT COPY

OTHER INSTRUCTIONS:

- (1) Please sign where indicated.
- (2) Mail with the attached envelope
- (3) Indicate Alexander Calder: "Portrait de Fernand Leger"

**Purchaser's Report of Sales and Use Tax**

Do not use this form if you are required to register as a vendor with the New York State Tax Department or are reporting the purchase of a motor vehicle, snowmobile, vessel, or all-terrain vehicle that must be registered or titled by the Department of Motor Vehicles.

Be or print clearly		For office use only	
Full name (last and first)		Social security number	
D. BLACK, B. COHEN & J. HANNAN TRUSTEES FBO BENJAMIN BLACK(11/30/92)		Location code _____	
Home address (number and street or rural route)		Federal identification number (if any)	
c/o J. HANNAN, TTEE, 1301 AVE., OF THE AMERICAS		13-7002818	
City, village, or post office	State	ZIP code	Tax jurisdiction code _____
NEW YORK NY 10019		Taxable sales _____	
Business name and address, if different from above			
Sales and use tax _____			

Part I — Summary of purchases — If you are reporting the purchase of more than one item or service, attach a list showing the information requested on lines 1 through 12 for each item or service.

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Purchaser's signature CLIENT COPY _____ Date _____

Preparer's signature (if other than purchaser) _____ Preparer's social security number 153-38-2770 _____ Date _____

Preparer's address 111 Broadway, 8th Flr. _____ Employer identification number 13-3959372 _____
New York, NY 10006

Mail this return and payment to:

For office use only

NYS TAX DEPARTMENT
SALES TAX DESK AUDIT
CASUAL SALES UNIT
BUILDING 9 3RD FLOOR
W A HARRIMAN CAMPUS
ALBANY NY 12227-0125

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Print clearly		For office use only	
Full name (last and first) D. BLACK, B. COHEN & J. HANNAN TRUSTEES FBO VICTORIA BLACK(11/30/92)		Social security number	
Home address (number and street or rural route) c/o J. HANNAN, TTEE, 1301 AVE., OF THE AMERICAS		Federal identification number (if any) 13-7002821	
City, village, or post office NEW YORK NY 10019	State	ZIP code	Tax jurisdiction code
Business name and address, if different from above		Taxable sales	
		Sales and use tax	

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Purchaser's signature _____ Date _____

Preparer's signature (if other than purchaser) _____ Preparer's social security number _____ Date _____
153-38-2770

Preparer's address **111 Broadway, 8th Flr.** Employer identification number
New York, NY 10006 **13-3959372**

Mail this return and payment to:

For office use only

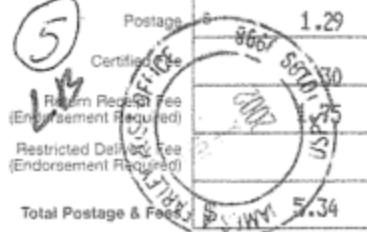
**NYS TAX DEPARTMENT
SALES TAX DESK AUDIT
CASUAL SALES UNIT
BUILDING 9 3RD FLOOR
W A HARRIMAN CAMPUS
ALBANY NY 12227-0125**

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0010 3984 0758

ALBANY, NY 12227



UNIT ID: 0028

Postmark
Here

Clerk: Y76J00

07/01/02

Sent To **NYS TAX DEPT, SALES TAX DESK**
 Street, Apt. No., or PO Box No.
BLDG 9, 3RD FL, HARRIMAN CAMPUS
 City, State, ZIP Code
ALBANY, NY 12227

PS Form 3800, May 2000

See Reverse for Instructions

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:

**NYS TAX DEPT
 SALES TAX DESK AUDIT
 CASUAL SALES UNIT
 BLDG 9, 3RD FL
 HARRIMAN CAMPUS
 ALBANY, NY 12227**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
---------------------------------------	---------------------

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

ALBANY, NY 12227 Yes No

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.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number (Copy from service label)

7000 1670 0010 3984 0758

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

EFTA_R1_01947149

EFTA02672899

THOMAS TURRIN & CO., CPA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

111 BROADWAY
NEW YORK, N.Y. 10006

Calder
Portrait of
F. Leger

Tel. (212) 240-0440
Fax (212) 964-9620

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Form ST-130

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MAIL TO: NYS Tax Department
Sales Tax Desk Audit
Casual Sales Unit
Building 9, 3rd Flr.
W A Harriman Campus
Albany, NY 12227-0125

CLIENT 2021

OTHER INSTRUCTIONS:

- (1) Please sign where indicated. *(John Hannan as Trustee)*
- (2) Mail with the attached envelope
- (3) Indicate Alexander Calder: "Portrait de Fernand Leger" *(For personal record only)*

**Purchaser's Report of Sales and Use Tax**

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For print clearly		For office use only	
Name (last and first)		Social security number	
D. BLACK, B. COHEN & J. HANNAN TRUSTEES FBO ALEXANDER BLACK(11/30/92)		Location code _____	
Home address (number and street or rural route)		Federal identification number (if any)	
c/o J. HANNAN, TTEE, 1301 AVE. OF THE AMERICAS		13-7002820	
City, village, or post office		State	ZIP code
NEW YORK NY 10019		Tax jurisdiction code _____	
Business name and address, if different from above		Taxable sales _____	
		Sales and use tax _____	

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Purchaser's signature

CLIENT COPY

Date

Preparer's signature (if other than purchaser)

Preparer's social security number

Date

153-38-2770

Preparer's address 111 Broadway, 8th Flr.
New York, NY 10006

Employer identification number

13-3959372

Mail this return and payment to:

For office use only

NYS TAX DEPARTMENT
SALES TAX DESK AUDIT
CASUAL SALES UNIT
BUILDING 9 3RD FLOOR
W A HARRIMAN CAMPUS
ALBANY NY 12227-0125



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D. BLACK, B. COHEN & J. HANNAN TRUSTEES FBO VICTORIA BLACK(11/30/92)		Location code _____	
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Date

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Preparer's social security number

Date

Preparer's address 111 Broadway, 8th Flr.

New York, NY 10006

Employer identification number

13-3959372

Mail this return and payment to:

For office use only

NYS TAX DEPARTMENT
SALES TAX DESK AUDIT
CASUAL SALES UNIT
BUILDING 9 3RD FLOOR
W A HARRIMAN CAMPUS
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