

2000 01 19 99

LAST WILL AND TESTAMENT

- of -

ROSE VAUGHN

I, _____, of Cedar Lake, in the County of Lake and State of Indiana, do hereby revoke any and all wills and testamentary dispositions heretofore made by me and hereby make, publish and declare this as and for my Last Will and Testament.

FIRST: I nominate and appoint MAXINE and EVERETTE VAUGHN Sr, of Rensselaer, IN as the executor of this my Last Will and Testament. I direct that no bond or other security shall be required of my said executor for the faithful performance of his or her duties in any jurisdiction in which he or she may be called upon to act.

SECOND: I direct that all of my just debts and funeral expenses be paid as soon after my death as shall be practicable. I direct my executor to pay from my residuary estate all administration expenses and death taxes imposed on my estate.

THIRD: I give, devise, and bequeath my property as follows:

I give all the rest of my property, whether Real or Personal, of whatever nature and wherever located to EVERETT and MAXINE VAUGHN Sr. and hereby appoint them Executors.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21 day of Feb. _____ (L.S.)

The foregoing instrument, consisting of 1 pages, was, on the 21 day of Feb signed, sealed, and published and declared by _____, the testator therein named, as and for his/her Last Will and Testament in the presence of us and each of us, and we, at his/her request and his/her presence and in the presence of each other, have signed our names as witnesses thereto.

_____ residing at _____

Nancy Jenett residing at 950 Cypress Pointe Dr #171

Crown Point, IN 46307

Shirley A. Hedrick residing at 14413 Elkheart

Crown Point, IN

Everette C. Vaughn, Sr. 505 N. Weston St. Rensselaer, In. 47978

12.00
Jan
CS

(For Notary Purposes)

State of Indiana)

County of Lake) SS:

On Feb. 21, 2000 before me, Shirley A. Hedrick Notary
(Date) (Name and Title of Officer Taking Acknowledgement)

_____, personally appeared _____

Rose Vaughn
(Name(s) of Person(s) Signing Instrument)

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.

Shirley A. Hedrick
Signature
Shirley A. Hedrick

My Com Exp. 01-02-2008

