

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 072887

2000 OCT -6 AM 8:51

MORRIS W. CARTER  
RECORDER

STATE OF INDIANA

SS:

COUNTY OF LAKE

### AFFIDAVIT

JACQUELINE MARY BRADFORD (Affiant), being first sworn on oath, deposes and says as follows:

1. Affiant is the adult daughter of JEROME T. BRADFORD (Decedent), who died testate a resident of Gary, Lake County, Indiana on July 31, 2000.
2. It appears that the Decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: twenty-five thousand dollars (\$25,000.00), the costs and expenses of administration, and reasonable funeral expenses.
3. The Decedent owned as of the date of his death the following described real estate located in Lake County, Indiana:

Lots 5, 6, 7 and 8 in Block 14, in Lakeshore Addition to East Chicago, in the City of Gary, Lake County, Indiana.

Commonly known as: 1067 Vermillion St. Gary, IN 46403

Tax Key Number: 45-256-5

4. JACQUELINE MARY BRADFORD is entitled to all right, title and interest, in and to the above described real estate, pursuant to the Last Will and Testament of the Decedent which is attached hereto.
5. All federal and state Estate Taxes assessed, if any, all state Inheritance Taxes assessed, if any, and all claims brought, if any, against the Decedent have been adjudicated and paid in full.

FURTHER, AFFIANT SAYETH NOT.

Dated this 29<sup>th</sup> day of September, 2000.

*Jacqueline Mary Bradford*  
JACQUELINE MARY BRADFORD

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 29<sup>th</sup> day of September, 2000.

Resident of Lake County  
My Commission Expires 12/23/2000  
INDIANA

*John M. Sedia*  
JOHN M. SEDIA, Notary Public

FILED

OCT 4 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

This Instrument Prepared By:

JOHN M. SEDIA, Attorney at Law, #237-45  
Highland Office Center  
2646 Highway Ave. Suite 106  
Highland, IN 46322  
219/838-1952 FAX: 219/838-1987

00375

1228  
2100  
TH

NOTION ESTATE: The Social Security # is requested by this state agency in order to its statutory responsibility. Disclosure is required and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

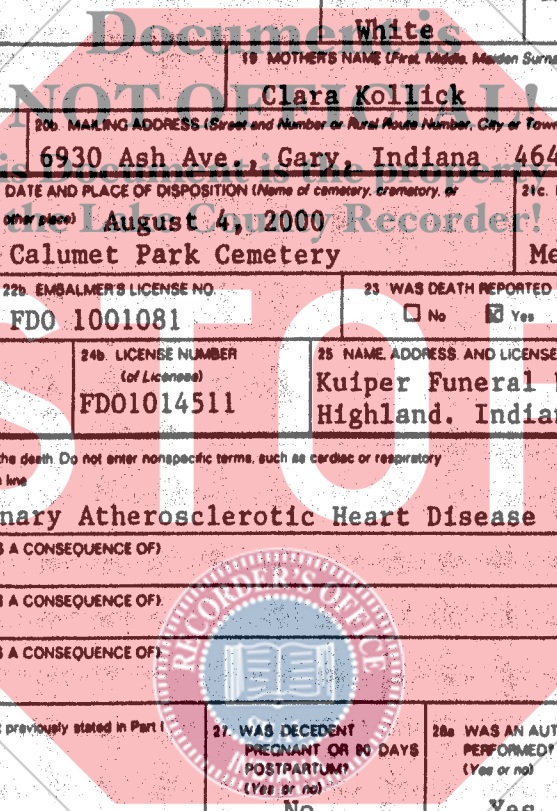
## CERTIFICATE OF DEATH

State No. ....

No. 1798-20

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1 DECEASED—NAME (First, Middle, Last) <b>Jerome Thomas Bradford</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>1:14 A</b>	3b DATE OF DEATH (Month, Day, Year) <b>July 31, 2000</b>
4 SOCIAL SECURITY NUMBER <b>312-18-2323</b>	5a AGE—Last Birthday (Years) <b>76</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo., Day, Yr) <b>Nov. 30, 1923</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a WAS DECEASENT A U.S. VETERAN? <b>Yes</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>		8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) <b>St. Margaret Mercy Healthcare (South)</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Dyer</b>		9d COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS (Specify) <b>Widower</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Sales Engineer</b>		12b KIND OF BUSINESS/INDUSTRY <b>Truck Sales</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>1067 Vermillion Street</b>	
13e ZIP CODE <b>46403</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) <b>Milton Minus</b>		
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Clara Kollick</b>		20a INFORMANT'S NAME (Type/Print) <b>Jacqueline Bradford</b>		
20b MAKING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6930 Ash Ave., Gary, Indiana 46403</b>		20c Relationship <b>Daughter</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 4, 2000 Calumet Park Cemetery</b>		21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a EMBALMER'S NAME <b>Ronald A. Reed</b>		22b EMBALMER'S LICENSE NO. <b>FDO 1001081</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>C. A. Kuiper</i>		24b LICENSE NUMBER (of Licensee) <b>FDO1014511</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH83007500</b>
26 PART I. THIS PART IS FOR THE PHYSICIAN OR COMPLETION OF THE CAUSE OF DEATH. Do not enter nonspecific terms, such as cardiac or respiratory. COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE STATE DEPT. OF HEALTH.				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE OF DEATH (Disease or condition resulting in death) <b>Severe Coronary Atherosclerotic Heart Disease</b>				<b>Unknown</b>
DUE TO (OR AS A CONSEQUENCE OF)				
Conditions, if any, which give rise to the immediate cause, stating the underlying cause last <b>AUG 23 2000</b>				
DUE TO (OR AS A CONSEQUENCE OF)				
PART II. Other causes of death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <b>Deputy</b>				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>		29c. MEDICAL LICENSE NO. <b>N/A</b>		29d. DATE SIGNED (Month, Day, Year) <b>August 22, 2000</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>			32 DATE FILED (Month, Day, Year) <b>OCT 4 2000</b>	
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>00376</b>		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>July 31, 2000</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		



# Last Will and Testament

of

## JEROME T. BRADFORD

**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

John M. Sedia

Attorney at Law #237-45

Highland Office Center

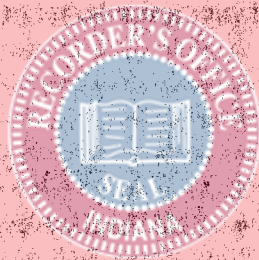
2646 Highway Ave.

Suite 106

Highland, IN 46322

219/838-1952 FAX: 219/838-1987

# STOP



**LAST WILL AND TESTAMENT  
OF  
JEROME T. BRADFORD**

I, JEROME T. BRADFORD presently a resident of Gary, Lake County, Indiana, do make, publish and declare this to be my Last Will and Testament, revoking all former Wills and Codicils ever made by me before.

**ARTICLE I  
Appointment of Fiduciaries**

I appoint JACQUELINE MARY BRADFORD as Personal Representative of this Will, to so serve without bond. If she is unwilling or unable to so serve, I then appoint JOHN ARTHUR SMITH as Personal Representative, also to so serve without bond. I appoint JOHN ARTHUR SMITH as Trustee of the Trust created in this Will, also to so serve without bond.

**ARTICLE II  
Payment of Final Expenses**

I direct my Personal Representative to pay out of my estate all of my just debts, expenses of my last illness, burial and costs of the administration of my estate as soon after my demise as may be found convenient.

**ARTICLE III  
Payment of Taxes**

I direct my Personal Representative to pay out of my estate all estate, inheritance, transfer, succession or other taxes or governmental charges that shall become payable upon or by reason of my death with respect to property passing under my Will, by operation of law, or otherwise, including any interest and penalties, without apportionment. I waive on behalf of my estate any right to recover from my beneficiaries any part of such taxes so paid.

**ARTICLE IV  
Bequest of Residuary Estate**

I give all the rest, residue and remainder of my estate, both real and personal, tangible and intangible, wherever situated or located to JACQUELINE MARY BRADFORD, to be hers, absolutely and forever:

However, should JACQUELINE MARY BRADFORD predecease me, I then direct any interest that I may have in the real estate located at 6930 Ash Avenue, Gary, Indiana, and my dog, Hogan, be given to DOMINIC CREWS, to be his absolutely and forever; and that the rest, residue and remainder of my estate, both real and personal, tangible and

PAGE ONE OF FOUR PAGES OF THE LAST WILL OF:

*Jerome Bradford*

intangible, wherever situated or located, be converted into cash and given to the Trustee named in Article I above in Trust as Trustee to be administered under the provisions of the following Trust:

1. The Trustee shall retain and administer the Trust for the benefit of JEROME MICHAEL BRADFORD and VICTORIA P. BRADFORD, hereinafter referred to as the Beneficiaries.

2. The Trustee shall administer the funds remaining in trust until the death of the survivor of the Beneficiaries. At that time, the Trust shall terminate and be given to DOMINIC C. CREWS.

3. During the administration of this trust, I direct the Trustee to make any payments of income or principal that, in the sole discretion of the Trustee, the Trustee deems necessary for the support, sickness, education and medical expenses to or on behalf of either of the Beneficiaries. The primary purpose of this trust will be for the benefit of the Beneficiaries.

4. The Trustee's decision shall be final as to the showing of need, amount of payment, whether paid to any Beneficiary directly or paid to another for the benefit of any Beneficiary. In distributing money to or for the benefit of the Beneficiaries, the Trustee shall not be required to make equal distributions or expenditures to or for all of the Beneficiaries but may distribute or expend the money available to or for the benefit of one or more or all of the Beneficiaries, equally or unequally, without any duty or responsibility at a later date to equalize unequal payments.

I am making no provision in this Will for my son, WILLIAM PETER BRADFORD, for the reason that I feel that I have adequately provided for him during my lifetime.

#### ARTICLE V

##### General Powers and Duties of Personal Representative and Trustee

Without distinguishing between the powers of the Personal Representative and Trustee, I grant unto each of them all of the powers enumerated in the provisions of the Indiana Trust Code, presently found at I.C. 30-4 and as may be amended from time to time, which I incorporate by reference into this Will. All of these powers shall be exercised without Court order.

In addition to the powers granted above, I give the right to any Trustee to resign at any time.

Upon the resignation of any Trustee, if no successor Trustee is named in this Will, then any Court of competent jurisdiction may, upon the application of any interested party, appoint a qualified corporate successor, and such successor shall have all the rights, powers and duties as if originally appointed in this Will.

#### ARTICLE VI

##### Non-Assignability of Beneficiaries' Interest

The interest of any beneficiary in principal or income of any Trust created in this Will shall not be subject to assignment, alienation, pledge, attachment or the claims of any creditors of any such beneficiary.

PAGE TWO OF FOUR PAGES OF THE LAST WILL OF:

*Jerome Bradford*

**ARTICLE VII**  
**Accounting by Personal Representative and Trustee**

The Personal Representative shall make an accounting to an appropriate Court as required by law. The Trustee shall render an account, once each year, to each adult beneficiary under no under disability and to the guardian of each minor or incompetent beneficiary then entitled to receive income from the Trust created in this Will.

The Trust created in this Will shall be administered without the necessity of docketing the same in any Court and the Trustee shall not be required to account to any Court or governmental authority which may otherwise have jurisdiction over the Trust. The Trustee may, however, resort to the Courts for authority or instructions respecting the Trust as the Trustee shall deem necessary or expedient.

**ARTICLE VIII**  
**Simultaneous Death**

If my daughter, JACQUELINE MARY BRADFORD, and I shall die simultaneously or under such circumstances as to render it difficult or impossible to determine who predeceased the other, I declare that JACQUELINE MARY BRADFORD shall be deemed to have survived me, and this Will and all of its provisions shall be construed upon that assumption and basis.

**ARTICLE IX**  
**Definitions**

The masculine gender shall be deemed to include the feminine and the neuter and the singular the plural and vice versa.

**ARTICLE X**  
**Situs of Will**

This Will has been drawn and executed under the laws of the State of Indiana and all questions pertaining to its validity, construction and administration shall be determined by the laws of that State.

IN WITNESS WHEREOF, I have subscribed my name to this my Last Will and Testament this 14<sup>th</sup> day of March, 2000.

  
\_\_\_\_\_  
JEROME T. BRADFORD

We, the undersigned, certify that the foregoing Last Will and Testament was, on the date set forth above, signed, sealed, published and declared by JEROME T. BRADFORD, the Declarant, in the presence of us, who, in the presence and request of the Declarant and in the presence of each other, have subscribed our names as witnesses of the execution thereof this 14<sup>th</sup> day of March, 2000. We further certify that at the time of the execution of this Will, we believe the Declarant to be of sound and disposing mind and memory.

PAGE THREE OF FOUR PAGES OF THE LAST WILL OF:



John M. Sedua  
WITNESS

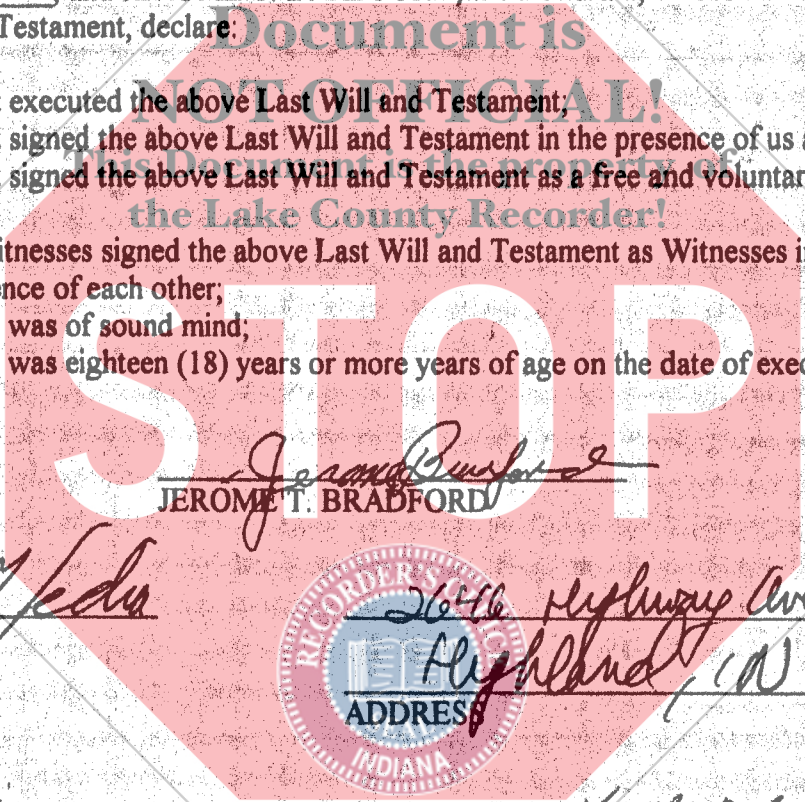
2646 Highway Ave  
Highland, IN  
ADDRESS

Pat Sedua  
WITNESS

2320 Hart Rd apt 9  
Highland, IN  
ADDRESS

UNDER THE PENALTIES FOR PERJURY, WE, JOHN M. SEDUA,  
PAT SEDUA, and JEROME T. BRADFORD, the Declarant, whose names are signed to the  
foregoing Last Will and Testament, declare:

1. The Declarant executed the above Last Will and Testament;
2. The Declarant signed the above Last Will and Testament in the presence of us as witnesses;
3. The Declarant signed the above Last Will and Testament as a free and voluntary act for the purposes expressed in it;
4. Each of the witnesses signed the above Last Will and Testament as Witnesses in the Declarant's presence and in the presence of each other;
5. The Declarant was of sound mind;
6. The Declarant was eighteen (18) years or more years of age on the date of execution.



Jerome Bradford  
JEROME T. BRADFORD

John M. Sedua  
WITNESS

2646 Highway Ave  
Highland, IN  
ADDRESS

Pat Sedua

2320 Hart Rd apt 9  
Highland, IN  
ADDRESS

PAGE FOUR OF FOUR PAGES OF THE LAST WILL OF Jerome Bradford