

Last Will and Testament

BE IT KNOWN that I, Clifford Horne, Jr. (Testator), a resident of Gary, County of Lake in the State of Indiana, being of sound and disposing mind and memory and over the age of eighteen (18) years, and not being actuated by any duress, menace, fraud, mistake or undue influence, do make, publish and declare this to be my Last Will and Testament, hereby revoking all my prior Wills and Codicils at any time made.

I. Marriage and Children

I am married to Celina Horne, and all references in this Will to my wife (husband or wife) are references to her (him or her). I have the following children:

Name: _____	Date of Birth: <u>2010</u>
Name: _____	Date of Birth: <u>10</u>
Name: _____	Date of Birth: <u>06</u>
Name: _____	Date of Birth: <u>060483</u>

II. Executor

I appoint Celina Horne of Gary, IN as Executor of this, my Last Will and Testament, and provide that if this Executor is unable or unwilling to serve, then I appoint Bridgett M. Hoya of 1708 W. Victoria Dr; Mt. Prospect, IL 60056 as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Executor shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

III. Guardian

In the event I shall die as the sole parent of minor children, then I appoint _____ as Guardian of said minor children. If this named Guardian is unable or unwilling to serve, then I appoint _____ as alternate Guardian.

IV. Bequests

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

Name: Celina Horne Address: 4440 W. 20th Avenue
Gary, IN 46404
 Relationship: wife Property: house + contents; Cars

Name: Bridgett M. Hoya Address: 1708 W. Victoria Dr; #3A
Mt. Prospect, IL 60056
 Relationship: Granddaughter Property: _____

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2010 OCT 18 PM 12:15
 MICHELLE ALJAMAN
 RECORDER

18-
CS/SJS

Name: _____ Address: _____

Relationship: _____ Property: _____

Name: _____ Address: _____

Relationship: _____ Property: _____

V. Simultaneous Death of Spouse

In the event that my wife (husband or wife) shall die simultaneously with me or there is no direct evidence to establish that my wife (husband or wife) and I died other than simultaneously, I direct that wife (I or my husband or wife) shall be deemed to have predeceased me (me or my husband or wife), notwithstanding any provision of law to the contrary, and that the provisions of my Will shall be construed on such presumption.

VI. Simultaneous Death of Beneficiary

If any beneficiary of this Will, including any beneficiary or any trust established by this Will, other than my wife (husband or wife), shall die within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.

VII. All Remaining Property; Residuary Clause

I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my wife (husband or wife), provided that my wife (husband or wife) survives me. I make no provision for my children, knowing that, as their parent, my wife (husband or wife) will continue to be mindful of their needs and requirements. If my wife (husband or wife) does not survive me, then I give, devise and bequeath all of the rest, residue and remainder of my estate, of whatever kind and character, and wherever located, to my children per share, but if any child predeceases me, then his or her share will pass, per share, to his or her lineal descendants, natural or adopted, if any, who survive me; but if there are none, then his or her share will lapse and pass equally as part of the shares of my other named children; but if none of my named children survives me or leaves a lineal descendant who survives me, then according to the order of intestate succession in the State of _____.

VIII. Additional Powers of the Executor

My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court: _____

Witness' Signature: _____

Address: _____

Witness' Signature: _____

Address: _____

Acknowledgment

State of Indiana)
County of LAKE)

We, _____, and _____

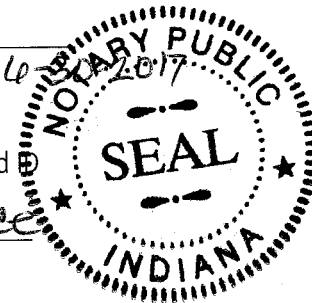
the Testator and the Witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the Testator signed the instrument as his or her Last Will and Testament and that each of the Witnesses, in the presence of the Testator and each other, signed the will as a witness.

Testator: Clifford Horne Jr. Witness: Paul Thomas Long
Witness: Renee O Long
Witness: Don Willy Long

On October 4, 2010, 20 10, before me, Carmelita V. Perry, appeared Clifford Horne Jr., 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

Signature of Notary Carmelita V. Perry
Commission Expires 10/2017



Affiant _____ Known Produced
Type of ID INDIANA DRIVERS LICENCE
(Seal)

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY: [Signature]

IX. Optional Provisions

I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not part of this Will.

_____ If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid promissory note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt.

_____ Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

_____ I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor.

_____ I direct that my remains be cremated and that the ashes be disposed of in the following manner: _____

_____ I desire to be buried in the _____ cemetery in _____ County, State of _____.

X. Severability and Survival

If any part of this Will is declared invalid, illegal or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any court so interpreting this Will and any provision in it construe in favor of survival.

Testator's Initials: C H

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.

IN WITNESS WHEREOF, I have hereunto set my hand this 4th day of October , 20 10 , to this my Last Will and Testament.

Testator's Signature: Clifford Hornig

XI. Witnessed

The Testator has signed this Will at the end and on each other separate page, and has declared or signified in our presence that it is his or her Last Will and Testament, and in the presence of the Testator and each other we have hereunto subscribed our names this 4th day of October , 20 10 .

Witness' Signature: Renae C. Long

Address: 2959 W. 11th Ave, Gary, IN 46404