## **FILED**

MAR 0 1 2024

JEANNIE GOFF COUNTY CLERK, IEFFERSON COUNTY, MO SI

BILL NO.: 24-0215

ORDINANCE NO.: 24- 0137

INTRODUCED BY: COUNCIL MEMBER (s) \_\_\_\_\_\_

1	AN ORDINANCE AUTHORIZING THE JEFFERSON COUNTY,
2	MISSOURI, COUNTY EXECUTIVE TO CONTINUE THE LEASE FOR REAL
3	PROPERTY LOCATED AT 753, 757 AND 755 MAPLE STREET, HILLSBORO,
4	MISSOURI; AND AUTHORIZATION FOR THE COUNTY EXECUTIVE TO
5	EXECUTE ANY NECESSARY AGREEMENTS OR CONTRACTS TO
6	EFFECTUATE THE LEASE.
7	WHEREAS, Jefferson County, Missouri, (hereafter, the "County") recommends
8	the lease of real property located at 753, 757 and 755 Maple Street, Hillsboro, Missouri
9	from Bradford Properties, LLC; and
10	WHEREAS, Ordinance 19-0181 approved the County Clerk's Office's rental of
11	space at those locations to consolidate all the documents into one place; and
12	WHEREAS, Ordinance 19-0215 was enacted to amend the lease agreement to
13	include remodeling to leased area to meet the necessary requirements for storing the
14	documents; and
15	WHEREAS, Ordinances 21-0306 and 22-0132 renewed the leases of real property
16	at 753,757, and 755 Maple Street Hillsboro, Missouri from Bradford Properties, LLC for
17	two years ending February 28, 2023; and

1	WHEREAS, Ordinance 23-0124 renewed the leases of real property at 753,757,
2	and 755 Maple Street Hillsboro, Missouri from Bradford Properties, LLC for one year
3	ending February 28, 2024; and
4	WHEREAS, Jefferson County currently leases the real property at 753,757, and
5	755 Maple Street Hillsboro, Missouri from Bradford Properties, LLC and would like to
6	continue to lease the premises to store voting equipment as well as voting documents and
7	records for its Election Authority for an additional year pursuant to the same terms and
8	conditions as the lease approved by Ordinance 21-0306; and
9	WHEREAS, Jefferson County, Missouri, (hereafter, the "County") via the County
10	Clerk ("Clerk") acting as the Election Authority is required to maintain certain legal files
11	and election equipment for ad advanced period of time if not indefinitely; and
12	WHEREAS, the storage of these documents and equipment through the years,
13	which cannot be destroyed and which presents an inability to convert them to another
14	format, requires an inordinate amount of physical space which the County and /or the Clerk
15	currently rents from Bradford Properties; and
16	LEASE LOCATION
17	753, 757, and 755 Maple Street, Hillsboro, MO 63050
18	LESSOR
19	Bradford Properties, LLC
20	ORDINANCE NUMBER
21	19-0181, 19-0215, 21-0306, 22-0132, and 23-0124

Page 2 of 6

WHEREAS, based on the recommendation of the County Executive, Director of
 Administration, County Clerk/Election Authority and County Counselor, the Jefferson
 County, Missouri, Council finds it is in the best interest of the County to extend the lease
 of the aforementioned property as set forth herein, all subject to budgetary limitations.; and
 WHEREAS, an agreement to extend the leases for an additional year at the same
 terms and conditions is attached hereto as Exhibit A.

# 7 BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL, 8 AS FOLLOWS:

<u>Section 1</u>. The County authorizes County Executive and the County
 Clerk/Election Authority to continue the lease by executing Exhibit A and to take all
 necessary and appropriate actions and execute all necessary documents to carry out the
 intent of this Ordinance.

13 <u>Section 2</u>. Rent shall be paid from the funds of the Clerk/Election Authority
14 and as set forth as follows:

15

#### **LEASE LOCATIONS**

16 757 MAPLE STREET, HILLSBORO, MO 63050, 753 MAPLE STREET,
17 HILLSBORO, MO 63050, AND 755 MAPLE STREET, HILLSBORO, MO 63050
18 each unit with approximately Thirteen Hundred (1,300) square feet, is to be used for the
19 purpose of storage, for a term of one year, from March 1, 2024 to February 28, 2025;
20 Jefferson County, Missouri (County Clerk/Election Authority) agrees to pay NINE
21 THOUSAND DOLLARS (\$9,000.00) per unit, payable at the rate of SEVEN HUNDRED
22 FIFITY (\$750.00) per month as rent and to pay the same on the fifth (5th) day of each

month, in advance, at the office of: BRADFORD PROPERTIES, LLC, P.O. Box 377,
 Hillsboro, MO 63050.

3 <u>Section 3</u>. A copy of this Ordinance and a fully executed lease shall be 4 maintained by the Department of the County Clerk consistent with the rules and procedures 5 for the maintenance and retention of records as promulgated by the Secretary of State.

6 <u>Section 4</u>. This Ordinance shall be in full force and effect from and after its 7 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity 8 shall not affect the remainder of this Ordinance.

## [THIS SPACE INTENTIONALLY LEFT BLANK]

## THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:

Council Member District 1, Brian Haskins Council Member District 2, Gene F. Barbagallo Council Member District 3, Lori Arons Council Member District 4, Charles Groeteke Council Member District 5, Scott Seek Council Member District 6, Daniel Stallman Council Member District 7, Bob Tullock



THE ABOVE BILL ON THIS de DAY OF February, 2024:

PASSED FAILED Charles Groeteke, County Council Chair

Cherlynn Boyer, Council Executive Assistant

## THIS BILL WAS \_\_\_\_\_ APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS \_\_\_\_ DAY OF \_\_\_\_\_\_\_, 2024.

THIS BILL WAS \_\_\_\_\_ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2024.

m

Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:

Jeannie Goff, County C

First Reading: 02-26-2024



BONC County of Sefferson ORDINANCE N Gannon 24-0131 State of Missouri unty Executive

Administration Center 729 Maple Street · PO Box 100 Hillsboro, Missouri 63050

USSOUR

DEPARTMENT OF ADMINISTRATIVE SERVICES David Courtway - Director

Dana Downs Human Resources Manager (636)797-5563 / Fax (636)797-5596 Web Address: www.jeffcomo.org

Jackie Doyle General Services/Contracts & Grants Manager (636)797-5380 / Fax (636)797-5067

BRADFORD PROPERTIES LLC ATTN: THEODORE BRADFORD PO BOX 377 HILLSBORO MO 63050 EXHIBIT

January 5, 2024

Attn: Theodore Bradford

The County of Jefferson, Missouri leases property located at #5 Merchant Drive, Hillsboro, Missouri. The renewal option for the lease expires on December 31, 2023.

The County of Jefferson, Missouri may desire to lease the property located at #5 Merchant Street, Hillsboro, Missouri for a one-year term with the same terms and conditions subject to approval by the County Council and County Executive. The new lease term shall be from January 1, 20234 through December 31, 2024.

This lease states and will require that you do not owe any delinquent real or personal property taxes in Jefferson County.

Please include your updated insurance certificates required with this bid.

If you do not own any real or personal property in Jefferson County, please provide a letter stating so and return it with the renewal letter.

Please sign and return as soon as possible if your company agrees to lease this property.

Sanet

Printed Name of Authorizing Agent

2-12-24 Date

nature

If your company does not wish to lease this property, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully. Jackie Doyle

Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this /2 day of feb 2024:

operfies LLC

County of Jefferson, State of Missouri

**Gannon** County Executive

Company Address: POBOX 377 Ils bore 100 63020 Phone: 314-808-3251

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

Aprill

APPROVED AS TO FORM

**County** Counselor



## SCHEDULE OF CLASSIFICATIONS

Named Insured: BRADFORD PROPERTIES LLC Agent Name: SUNSTAR INSURANCE GROUP LLC DBA LAKENAN

Effective Date: 04-04-23 12:01 A.M. Standard Time Agent Number: 33092-

Code Number:	Premium Basis	Premises / Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Corr	pleted Operations
	Rate Premie		Premium

Code Number:	Premlum Basis	Premises/Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium
		1	

Code Number:	Premium Basis	Premises/Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium

Code Number:	Premium Basis	Premises/Operations	
Location Number:		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate Premium	



## SCHEDULE OF CLASSIFICATIONS

Named Insured:

BRADFORD PROPERTIES LLC Agent Name: SUNSTAR INSURANCE GROUP LLC DBA LAKENAN Effective Date: 04-04-23 12:01 A.M. Standard Time Agent Number: 33092-

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 009/001	7,640	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	377.00
		Products/Complet	ted Operations
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 010/001	4,000	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	197.00
		Products/Comple	ted Operations
		Rate	Premium
			INCL

Code Number: 49451	Premium Basis	Premises/Operations	
Location Number: 011/001	1	Rate	Premium
Classification: VACANT LAND - OTHER THAN NOT-FOR-PROFIT (PRODUCTS-COMPLETED OPERATIONS ARE		2.028	2.00
		Products/Comple	ted Operations
SUBJECT TO THE GENERAL A	THE GENERAL AGGREGATE LIMIT) Rate		Premium
			INCL

Premium Basis	Premises/Operations	
10	Rate	Premium
Classification: EMPLOYEE BENEFITS		151.00
		pleted Operations
		Premium
		10 Rate



## SCHEDULE OF CLASSIFICATIONS

Named Insured:

BRADFORD PROPERTIES LLC Agent Name: SUNSTAR INSURANCE GROUP LLC DBA LAKENAN Effective Date: 04-04-23 12:01 A.M. Standard Time Agent Number: 33092-

Code Number: 61217	Premium Basis	Premises/Operations	
Location Number: 005/001	6,000	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	296.00
		Products/Comple	ted Operations
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises / Operations	
Location Number: 006/001	9,348	Rate	Premium
Classification: BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSOR'S RISK ONLY) - MAINTAINED BY THE INSURED - OTHER THAN NOT-FOR-PROFIT (PRODUCTS- COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		49.368	461.00
		Products/Comple	ted Operations
		Rate	Premium
			INCL

Code Number: 61217	Premium Basis	Premises/Operations		
Location Number: 007/001	6,900	Rate	Premium	
Classification:	49.368 341.0			
BUILDINGS OR PREMISES MERCANTILE OR MANUFACT RISK ONLY) - MAINTAINE	URING (LESSOR'S	Products/Completed Operations		
OTHER THAN NOT-FOR-PROD COMPLETED OPERATIONS AN	FIT (PRODUCTS-	Rate Premium		
GENERAL AGGREGATE LIMI				

Code Number: 61217	Premium Basis	Premises/Op	Premises/Operations		
Location Number: 008/001	6,400	Rate Premium			
Classification: BUILDINGS OR PREMISES -	DANK OD OFFICE -	49.368	49.368 316.00		
MERCANTILE OR MANUFACTUR RISK ONLY) - MAINTAINED	RING (LESSOR'S	Products/Completed Operations Rate Premium INCL			
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GENERAL AGGREGATE LIMIT)	Sobolici to Ille				

## SCHEDULE OF CLASSIFICATIONS

Named Insured:

BRADFORD PROPERTIES LLC Agent Name: SUNSTAR INSURANCE GROUP LLC DBA LAKENAN

Code Number: 61217	Premium Basis	Premises/Op	erations	
Location Number: 001/001	5,530	Rate P		
Classification:	DANK OD OPPTOP	49.368 273.00		
BUILDINGS OR PREMISES - MERCANTILE OR MANUFACTUR RISK ONLY) - MAINTAINED	ING (LESSOR'S	Products/Completed Operations		
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Code Number: 61217	Premium Basis	Premises/Op	Premises/Operations		
Location Number: 002/001	2,600	Rate	Premium		
Classification:	DINK OD OFFICE	49.368 128.0			
BUILDINGS OR PREMISES MERCANTILE OR MANUFACT RISK ONLY) - MAINTAINE	JRING (LESSOR'S	Products/Completed Operations			
OTHER THAN NOT-FOR-PRO COMPLETED OPERATIONS AN	FIT (PRODUCTS-	Rate Premium			
GENERAL AGGREGATE LIMI		INCL			

Code Number: 61217	Premium Basis	Premises/Operations		
Location Number: 003/001	3,000	Rate Premium		
Classification:	DANK OD OFFICE	49.368 148.00		
BUILDINGS OR PREMISES MERCANTILE OR MANUFACT RISK ONLY) - MAINTAINE	URING (LESSOR'S	Products/Completed Operations		
OTHER THAN NOT-FOR-PRO COMPLETED OPERATIONS A	FIT (PRODUCTS-	Rate Premium		
GENERAL AGGREGATE LIMI		INCI		

Code Number: 61217	Premium Basis	Premises/Operations		
Location Number: 004/001	10,000	Rate Premium		
Classification:	DANK OD OFFICE	49.368 494.00		
BUILDINGS OR PREMISES MERCANTILE OR MANUFACT RISK ONLY) - MAINTAINE	URING (LESSOR'S	Products/Completed Operations		
OTHER THAN NOT-FOR-PRO COMPLETED OPERATIONS A	FIT (PRODUCTS-	Rate Premium		
GENERAL AGGREGATE LIMI				

Effective Date: 04-04-23 12:01 A.M. Standard Time Agent Number: 33092-

COLUMBIA INSURANCE GROUP We insure peace of mind.®





POLICY NUMBER: CMPMO2000020015

RENEWAL OF: NEW

## COMMERCIAL GENERAL LIABILITY DECLARATIONS

ASSOCIATION CASUALTY INSURANCE COMPANY

Named Insured and Mailing Address BRADFORD PROPERTIES LLC PO BOX 377 HILLSBORO, MO 63050-0377

2102 White Gate Drive

Columbia, MO 65205

P.O. Box 618

Policy Period From: 04/04/2023

To: 04/04/2024 at 12

at 12:01 A.M. Time at Your Mailing Address Shown Above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**DESCRIPTION OF BUSINESS** 

BUSINESS DESCRIPTION: FORM OF BUSINESS: LIMITED LIABILITY COMPANY

L	IMITS OF INSURANCE	
EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	Any one premises
MEDICAL EXPENSE LIMIT	\$5,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT		\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGRE	EGATE LIMIT	\$2,000,000

#### ALL PREMISES YOU OWN, RENT OR OCCUPY

SEE SCHEDULE OF LOCATIONS

CLASSIFICATIONS

SEE SCHEDULE OF CLASSIFICATIONS

#### PREMIUM

GENERAL LIABILITY COVERAGE PREMIUM	\$3,335
CERTIFIED TERRORISM COVERAGE	\$50
TOTAL TAXES, SURCHARGES and FEES (if applicable)	
TOTAL PREMIUM	\$3,385

	ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:	SEE SCHEDULE OF FORMS AND ENDORSEMENTS

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

MORTGAGEHOLDERS

SEE SCHEDULE OF MORTGAGEHOLDER(S)

#### FORMS AND ENDORSEMENTS

Form(s) and Endorsement(s) made a part of this policy at time of issue: SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Commercial Property Coverage Premium	\$ 35,436.00
Certified Terrorism Coverage	\$ 502.00

Total Taxes, Surcharges and Fees (if applicable)

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TOTAL PREMIUM \$ 35,938.00

THESE DECLARATIONS, TOGETHER WITH THE COMMERCIAL PROPERTY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY

LOCATION DESCRIPTION									
Loc. No.	Bidg. No.	Construction					Deductible		
010	001	FRAME					\$ 5,000		
COVER	AGES P	ROVIDED Insurance at the described prem	ises a	pplies only for	coverages for which a li	mit o	f insurance is	shown.	
Loc. No.	Bldg. No.	Coverage	Limit Of Covered Coinsurance*		ana dan sekara karang karan	Premium			
010	001	BUILDING	\$ 5	576,000	SPEC W/ EQ	1	80	\$ 2,264	
OPTION	* If Extra Expense Coverage, Limits On Loss Payment OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.								
		Agreed Value			Replacem	ient (	Cost		
Expirat	ion Date	e: Amount:		X Build	ling Personal Pro	perty	/ Inclu	iding "Stock"	
Inflatio	n Guard:	: % Building % Personal Pro	operty	/	] Maximum Period of				
		Volcanic Eruption Deductible: 15 %			Business Income Tin				
Busines	s Incom	ne Monthly Limit of Indemnity:	B	lusiness Inco	me Extended Days of I	ndem	nity:		
and the second state of th	and the second second second second	SCRIPTION							
Loc. No.	Bldg. No.	Construction	Deductible						
				teringtening for the environment produced	\$				
COVER	OVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.								
Loc. No.	Bldg. No.	Coverage		Limit Of nsurance	Covered Causes Of Loss	Co	binsurance*	Premium	
* If Extra Expense Coverage, Limits On Loss Payment OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.									
		Agreed Value			Replacem	ent C	ost		
Expirati	on Date:	: Amount:		Buildi	ing Personal Pro	perty	Inclu	ding "Stock"	
Inflation	Guard:	% Building % Personal Pro	operty		Maximum Period of I	nden	nnity		
Earthqua	ke and '	Volcanic Eruption Deductible:			Business Income Tim	ie Pe	riod:		
Busines	s Incom	e Monthly Limit of Indemnity:	Bı	usiness Incor	me Extended Days of Ir	ndem	nity:		
LOCATI	ON DES	CRIPTION							
Loc. No.	Bidg. No.	Construction				Ded	uctible		
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Loc. No.	Bldg. No.	Coverage		Limit Of	Covered Causes Of Loss	Co	insurance*	Premium	
					ning Containing and an			and and an	
OPTION	AL COVI	ERAGES Applicable only when entries are r	made i	in the schedule	* If Extra Expense below.	se Cov	rerage, Limits Or	Loss Payment	
		Agreed Value			Replaceme	ent C	ost		
Expiratio	on Date:	Amount:		Buildi	ng Personal Prop	perty		ling "Stock"	
Inflation	Guard:	% Building % Personal Pro	perty		Maximum Period of In	ndem	inity		
Earthqua	ke and V	/olcanic Eruption Deductible:			Business Income Tim	e Per	lod:		
Business Income Monthly Limit of Indemnity: Business Income Extended Days of Indemnity:									

LOCATION DESCRIPTION	RIPTION	CRII	DES	ON	LOCAT	L
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Loc. No.	Bidg. No.	Construction Deductible						
007	001	FRAME \$ 5,000						
COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.								
Loc. No.	Bldg. No.	Coverage		Limit Of Isurance	Covered Causes Of Loss	PERSONAL PROPERTY AND INC.	oinsurance*	Premium
007	001	BUILDING	\$ 931,500 SPEC W/ EQ				80	\$ 3,325
* If Extra Expense Coverage, Limits On Loss Payment								
OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.  Agreed Value  Replacement Cost								
Expiration Date: Amount: X Building Personal Property Including "Stock"								
		Anoriti				mercy		ang stock
Inflatio	n Guard	l: % Building % Personal Pr	operty		Maximum Period of	Inder	nnity	
Earthqu	Jake and	d Volcanic Eruption Deductible: 15 %			Business Income Tir	ne Pe	riod:	
Busine	ss Incor	ne Monthly Limit of Indemnity:	Bu	usiness Inco	me Extended Days of I	ndem	nnity:	
LOCAT		SCRIPTION	Concernance a standard			251 01000000		
Loc. No.	Bidg. No.	Construction				Ded	uctible	
008	001	NON-COMBUSTIBLE				\$ 5,0	000	
COVER	AGES P	ROVIDED Insurance at the described premi	ises apr	olies only for	coverages for which a li	mit of	insurance is	shown.
Loc.	Bldg.	Coverage	L	imit Of	Covered	Termination	insurance*	Premium
No. 008	No.	BUILDING	monosylingson pointer	surance 1,500	Causes Of Loss SPEC W/ EQ	-	10	ander andere en
000	001	BUILDING	\$ 93	1,500		1	Recently interesting the second second second second	\$ 2,990 In Loss Payment
OPTION	IAL CO	/ERAGES Applicable only when entries are	made i	n the schedu				
		Agreed Value		<u> </u>	Replacem	ent C	ost	-
Expirati	on Date	: Amount:	uly average to a solid state of the	X Build	ing Personal Pro	perty	Inclu	ding "Stock"
Inflation	Guard	: % Building % Personal Pro	operty		Maximum Period of	nden	nnity	
Earthqua	ake and	Volcanic Eruption Deductible: 15 %			<b>Business Income Tin</b>	ie Per	riod:	
Busines	s Incon	ne Monthly Limit of Indemnity:	Bu	siness Inco	me Extended Days of I	ndem	nity:	
LOCATI	Contract of the Contract of th	CRIPTION						
Loc. No.	Loc. Bidg. Construction Deductible							
009	001	FRAME \$ 5,000						
COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.								
Loc.	Bidg.	Coverage		imit Of	Covered Causes Of Loss	Co	insurance*	Premium
No. 009	No. 001	BUILDING	\$ 1,03	surance	SPEC W/ EQ	8	0	\$ 3,969
					Contractory 2000 in Contract Inc. of the residence of the second state of the second state of the	-	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER	n Loss Payment
OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.								
		Agreed Value			Replacem		ost	
Expiratio	on Date:	Amount:		X Build	ing Personal Pro	perty		ling "Stock"
Inflation Guard: % Building % Personal Property Maximum Period of Indemnity								
Earthquake and Volcanic Eruption Deductible: 15 % Business Income Time Period:								
Business Income Monthly Limit of Indemnity: Business Income Extended Days of Indemnity:								

LOCAT	LOCATION DESCRIPTION							
Loc. No.	Bldg. No.	Construction Deductible						
004	001	NON-COMBUSTIBLE \$ 5,000						
COVER	COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.							
Loc. No.	Bldg. No.	Coverage		Limit Of Isurance	Covered Causes Of Loss	T	oinsurance*	Premium
004	004 001 BUILDING \$ 720,000 SPEC W/ EQ 80 \$ 2,469						\$ 2,469	
* If Extra Expense Coverage, Limits On Loss Payment OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.								
Agreed Value Replacement Cost								
Expirat	Expiration Date: Amount: X Building Personal Property Including "Stock"							
Inflatio	n Guard	: % Building % Personal Pr	operty		Maximum Period of	Inden	nnity	
Earthqu	lake and	Volcanic Eruption Deductible: 15 %			Business Income Tin	ne Pe	riod:	
Busines	ss Incon	ne Monthly Limit of Indemnity:	Bu	isiness Inco	me Extended Days of I	ndem	nity:	
LOCAT	ION DES	SCRIPTION						
Loc. No.	Bidg. No.	Construction				Ded	uctible	
005	001	FRAME				\$ 5,0	000	
Contraction of the second s	and the second designed of the second designe	ROVIDED Insurance at the described prem			A REAL PROPERTY AND A REAL	nit of	insurance is	shown.
Loc. No.	Bldg. No.	Coverage		imit Of surance	Covered Causes Of Loss	Co	insurance*	Premium
005	001	BUILDING \$ 810,000 SPEC W/ EQ 80 \$ 3,217			\$ 3,217			
* If Extra Expense Coverage, Limits On Loss Payment OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.								
		Agreed Value		l	Replacem	ent C	ost	
Expirati	Expiration Date: Amount: X Building Personal Property Including "Stock"							
Inflation	Guard:	% Building % Personal Pr	operty		Maximum Period of I	ndem	nity	
Earthqua	ake and	Volcanic Eruption Deductible: 15 %			Business Income Tim	ie Pei	riod:	
Busines	s Incom	ne Monthly Limit of Indemnity:	Bu	siness Inco	me Extended Days of I	ndem	nity:	
LOCATI	ON DES	CRIPTION						
Loc. No.	Bldg. No.	Construction				Dedu	uctible	
006	001	FRAME \$ 5,000						
COVERAGES PROVIDED Insurance at the described premises applies only for coverages for which a limit of insurance is shown.								
Loc. No.	Coverage Coverage Premium					Premium		
006	001	BUILDING	\$ 1,26		SPEC W/ EQ	8	0	\$ 4,102
* If Extra Expense Coverage, Limits On Loss Payment								
OPTION	OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.  Agreed Value  Replacement Cost							
Expiratio	Expiration Date: Amount: X Building Personal Property Including "Stock"							
Inflation Guard: % Building % Personal Property Maximum Period of Indemnity								
Earthquake and Volcanic Eruption Deductible: 15 % Business Income Time Period:								
Business Income Monthly Limit of Indemnity: Business Income Extended Days of Indemnity:								

1/C							
17CC				POLICY NUMBE RENEWAL OF:			020015
ALEINS	URANCE GROUP		С	OMMERCIA		PROP	ERTY
We insure peace of mind. <sup>®</sup> <b>DECLARATIONS</b>						5	
2102 White Gate Drive ASSOCIATION CASUALTY INSURANCE COMPAN						E COMPANY	
P.O. Box 618 Columbia, MC	0 65205						
	red and Mailing Address						
PO BOX 377	PROPERTIES LLC MO 63050-0377						
Policy Period	From: 04/04/2023 To: 04/04	/2024	at 1	2:01 A.M. Time at Your	Mailin	g Address S	hown Above.
	N FOR THE PAYMENT OF THE PREMIUM, ROVIDE THE INSURANCE AS STATED IN T			ALL THE TERMS OF TH	IIS PC	DLICY, WE	AGREE WITH
Business Des	scription:			Form Of Busines			enomisti komunicari ipontor, simista ka kanana aven pe
Locations:	SEE SCHEDULE OF LOCATIONS	nar (provinsionalise) and street			IY CC	JIVIPANY	Balanten apara atau katakan katakan katakan di Anton da ang bala
LOCATION D	ESCRIPTION		in factorizador de mana fonda de la constante d				antiki kan kana pana kana pang kaning kana kana kana kana kana kana kana ka
Loc. Bldg No. No.	- I CONSTRUCTION					Deductible	
001 001	JOISTED MASONRY					\$ 5,000	anninger förstandigen anden verstandigen av inkommenden
COVERAGES	PROVIDED Insurance at the described pren	nises app	lies only for	coverages for which a lir	nit of	insurance is	shown.
Loc. Bldg No. No.	· Coverage		imit Of surance	Covered Causes Of Loss	Coi	nsurance*	Premium
001 001	BUILDING	\$ 74	6,500	SPEC W/ EQ	8	0	\$ 3,472
and the second	* If Extra Expense Coverage, Limits On Loss Payment OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.						
OPTIONAL C	OVERAGES Applicable only when entries an	e made i	n the schedul		se Cov	erage, Limits (	On Loss Payment
OPTIONAL CO	OVERAGES Applicable only when entries an Agreed Value	e made i	n the schedu				On Loss Payment
OPTIONAL CO	Agreed Value	e made i	the schedu	e below. Replacem	ent C	ost	Un Loss Payment
	Agreed Value te: Amount:			e below. Replacem	ent Co	ost	
Expiration Da Inflation Guar Earthquake a	Agreed Value te: Amount: rd: % Building % Personal P nd Volcanic Eruption Deductible: 15 %			e below.   Replacem  ing Personal Pro	ent Co perty ndem	ost Inclu Inity	
Expiration Da Inflation Guar Earthquake a	Agreed Value te: Amount: rd: % Building % Personal P	roperty	X Build	e below. Replacem ing Personal Pro Maximum Period of I	ent Co perty Indem	ost Inclu Inity Iod:	
Expiration Da Inflation Guar Earthquake a Business Inco LOCATION DI	Agreed Value te: Amount: rd: % Building % Personal P nd Volcanic Eruption Deductible: 15 % ome Monthly Limit of Indemnity: ESCRIPTION	roperty	X Build	e below. Replacem ing Personal Pro Maximum Period of I Business Income Tim	ent Co perty Indem	ost Inclu Inity Iod:	
Expiration Da Inflation Guar Earthquake a Business Inco	Agreed Value te: Amount: rd: % Building % Personal P nd Volcanic Eruption Deductible: 15 % ome Monthly Limit of Indemnity: ESCRIPTION	roperty	X Build	e below. Replacem ing Personal Pro Maximum Period of I Business Income Tim	ent C perty ndem ne Per	ost Inclu Inity Iod:	
Expiration Da Inflation Guar Earthquake ar Business Inco LOCATION DI LOC. Bldg	Agreed Value te: Amount: rd: % Building % Personal P nd Volcanic Eruption Deductible: 15 % ome Monthly Limit of Indemnity: ESCRIPTION	roperty	X Build	e below. Replacem ing Personal Pro Maximum Period of I Business Income Tim	ent C perty ndem ne Per	ost Inclu inity iod: nity: nctible	
Expiration Da Inflation Guar Earthquake ar Business Inco LOCATION DI Loc. Bldg No. No. 003 001	Agreed Value te: Amount: rd: % Building % Personal P nd Volcanic Eruption Deductible: 15 % ome Monthly Limit of Indemnity: ESCRIPTION I Construction	roperty Bu	X Build	e below. Replacem ing Personal Pro Maximum Period of I Business Income Tim me Extended Days of I	ent C perty Indem Ne Per ndem Dedu \$ 5,0	ost Inclu inity iod: nity: ictible	uding "Stock"
Expiration Da Inflation Guar Earthquake ar Business Inco LOCATION DI Loc. Bldg No. No. 003 001 COVERAGES Loc. Bldg.	Agreed Value te: Amount: te: Amount: td: % Building % Personal P and Volcanic Eruption Deductible: 15 % bome Monthly Limit of Indemnity: ESCRIPTION U Construction JOISTED MASONRY PROVIDED Insurance at the described prem	roperty Bu iises app	Build	e below.  Replacem  ing Personal Pro Maximum Period of I Business Income Tim me Extended Days of II  coverages for which a lin Covered	ent Co perty ndem ne Per ndem Dedu \$ 5,0 nit of i	ost Inclu inity iod: nity: ictible	uding "Stock"
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Expiration Da Inflation Guar Earthquake ar Business Inco LOCATION DI LOC. Bldg No. No. 003 001 COVERAGES Loc. Bldg. No. No. 003 001 OPTIONAL CO	Agreed Value         te:       Amount:         rd:       % Building       % Personal P         nd Volcanic Eruption Deductible:       15 %         ome Monthly Limit of Indemnity:         ESCRIPTION         J.       Construction         JOISTED MASONRY         PROVIDED Insurance at the described premotion         BUILDING         OVERAGES Applicable only when entries are Agreed Value	roperty Bu lises app L Ins \$ 42:	Example 2 Second	e below.  Replacem  ing Personal Pro Maximum Period of I Business Income Tim me Extended Days of II  coverages for which a lir Covered Causes Of Loss SPEC W/ EQ * If Extra Expense below. Replacem	ent Co perty Indem Per ndem Dedu \$ 5,0 nit of i Coi 80 se Cove	ost Incluent	shown. Premium \$ 5,795 On Loss Payment
Expiration Da Inflation Guar Earthquake an Business Inco LOCATION DI Loc. Bldg No. No. 003 001 COVERAGES Loc. Bldg. No. No. 003 001	Agreed Value         te:       Amount:         rd:       % Building       % Personal P         nd Volcanic Eruption Deductible:       15 %         ome Monthly Limit of Indemnity:         ESCRIPTION         J.       Construction         JOISTED MASONRY         PROVIDED Insurance at the described premotion         BUILDING         OVERAGES Applicable only when entries are Agreed Value	roperty Bu lises app L Ins \$ 42:	Example 2 Second	e below.  Replacem  ing Personal Pro Maximum Period of I Business Income Tim me Extended Days of II  coverages for which a lir Covered Causes Of Loss SPEC W/ EQ * If Extra Expense below. Replacem	ent Co perty Indem Per ndem Dedu \$ 5,0 nit of i Coi 80 se Cove	ost Incluent	uding "Stock" shown. Premium \$ 5,795
Expiration Da Inflation Guar Earthquake ar Business Inco LOCATION DI LOC. Bldg No. No. 003 001 COVERAGES Loc. Bldg. No. No. 003 001 OPTIONAL CO	Agreed Value         te:       Amount:         rd:       % Building       % Personal P         nd Volcanic Eruption Deductible:       15 %         ome Monthly Limit of Indemnity:         ESCRIPTION         I'       Construction         JOISTED MASONRY         PROVIDED Insurance at the described premotion         Coverage         BUILDING         OVERAGES Applicable only when entries are Agreed Value         te:       Amount:	roperty Bu ises app L Ins \$ 42: e made in	Example 2 Second	e below.  Replacem  ing Personal Pro Maximum Period of I Business Income Tim me Extended Days of II  coverages for which a lir Covered Causes Of Loss SPEC W/ EQ * If Extra Expense below. Replacem	ent Co perty ndem ne Per ndem Dedu \$ 5,0 nit of i Se Cov ent Co perty	ost Incluent	shown. Premium \$ 5,795 On Loss Payment
Expiration Da Inflation Guar Earthquake ar Business Inco LOCATION DI Loc. Bidg No. No. 003 001 COVERAGES Loc. Bidg. No. No. 003 001 OPTIONAL CO Expiration Dat Inflation Guar Earthquake an	Agreed Value         te:       Amount:         rd:       % Building       % Personal P         nd Volcanic Eruption Deductible:       15 %         ome Monthly Limit of Indemnity:         ESCRIPTION         I'       Construction         JOISTED MASONRY         PROVIDED Insurance at the described premotion         Coverage         BUILDING         OVERAGES Applicable only when entries are Agreed Value         te:       Amount:	roperty Bu iises app L ins \$ 42: e made in operty	Example 2 Second	e below.   Replacem  ing Personal Pro  Maximum Period of I Business Income Tim me Extended Days of II  coverages for which a lin Covered Causes Of Loss SPEC W/ EQ * If Extra Expen e below.  Replacem ing Personal Pro	ent Co perty ndem ne Per ndem Dedu \$ 5,0 nit of i Coi se Cov ent Co perty ridem e Per	ost Incluent	shown. Premium \$ 5,795 On Loss Payment

1/11/2024 1:25 PM

### JEFFERSON COUNTY TAX RECEIPT 2023 REAL ESTATE

#### PARCEL NUMBER: 19-3.0-05.0-3-004-003.

#### RECEIPT#: 2023169506

TOTAL VALUATION: ACRES

50,500 0.31

BRADFORD PROPERTIES LLC PO BOX 377 HILLSBORO, MO 63050

#### **PROPERTY DESCRIPTION**

CRYSTAL CITY 6 ADD PTLOT5

SITUS: 510 BAILEY RD

MICHELLE WORTH, COLLECTOR 729 MAPLE ST., STE 36

HILLSBORO, MO 63050 PHONE: (636) 797-5406 Email: collector@jeffcomo.org

TAX DISTRICT	TAX
CITY OF CRYSTAL	377.39
CRYSTAL CITY SCHOOL	2,380,97
FESTUS SPECIAL	86.06
HEALTH UNIT TAX	50.65
JC DEV DISABILITIES	43.28
JEFFERSON COLLEGE	157.16
JOACHIM-PLATTIN AMB	62.17
MENTAL HEALTH TAX	43.28
MERCHANT SUR TAX	121.20
PARK TAX	12.93
STATE TAX	15.15
TOTAL TAXES	3,350.23
TOTAL PAID	3,350.23



This receipt is valid ONLY if the payment is funded

#### 2023 Jefferson County Real Estate Paid Receipt

Tax Year: 2023

PARCEL NUMBER: 19-3.0-05.0-3-004-003.

BRADFORD PROPERTIES LLC **PO BOX 377** HILLSBORO, MO 63050

Amount Paid: \$3,350,23 Receipt #: 2023169506 Batch #: 2023000443 Payment Type: CHECK Check #: 3281

### REAL ESTATE TAX RECEIPTS CANNOT BE USED **TO LICENSE VEHICLES**

1/11/2024 1:25 PM

Date Paid: 12/31/2023 JEFFERSON COUNTY TAX RECEIPT 2023 REAL ESTATE

PARCEL NUMBER: 17-2.0-03.0-4-001-014.

RECEIPT#: 2023169506

TOTAL VALUATION: ACRES

371,400 6.12

BRADFORD PROPERTIES LLC PO BOX 377 HILLSBORO, MO 63050

PROPERTY DESCRIPTION

MERRY & ONEILS PT LOTS 9 & 12 & PT E1/2

SITUS: 4621 YEAGER RD 4629 YEAGER RD 4633 YEAGER RD 4635 YEAGER RD

TRIMALEST. SHE T	
HILLSECARC MC ENHA	
PHONE ISTAE TAT HAR	12:****22
Emoit: collecture Extension	
TAX DISTRUCT	
CITY OF HILLSBORG	
HEALTH UNIT TAX	ST.
HILLSBORO FIRE	1.565.56
HILLSBORO SCHOOL	
HILLSBORO SPECIAL	
JC DEV DISABILITIES	1910-115
JEFFERSON COLLEGE	1 356 56
MENTAL HEALTH TAX	318.29
MERCHANT SUR TAX	891.36
PARK TAX	95.08
STATE TAX	111.42
VALLE AMBULANCE	973.07
TOTAL TAXES	24,259.85
TOTAL PAID	24,259.86

MICHELLE WORTH COLLECTOR



This receipt is valid ONLY If the payment is funded

1/11/2024 1:25 PM

#### 2023 Jefferson County Real Estate Paid Receipt

Tax Year: 2023

PARCEL NUMBER: 17-2.0-03.0-4-001-014.

BRADFORD PROPERTIES LLC PO BOX 377 HILLSBORO, MO 63050 

 Date Paid:
 12/31/2023

 Amount Paid:
 \$24,259.86

 Receipt #:
 2023169506

 Batch #:
 2023000443

 Payment Type:
 CHECK

 Check #:
 3281

## REAL ESTATE TAX RECEIPTS CANNOT BE USED TO LICENSE VEHICLES

1/11/2024 1:25 PM

JEFFERSON COUNTY TAX RECEIPT 2023 REAL ESTATE

## MICHELLE WORTH, COLLECTOR

#### PARCEL NUMBER: 17-2.0-03.0-3-001-001.

#### RECEIPT#: 2023169506

TOTAL VALUATION: ACRES

218,000 1.50

BRADFORD PROPERTIES LLC **PO BOX 377** HILLSBORO, MO 63050

**PROPERTY DESCRIPTION** 

PT NE1/4 SW1/4

F			
SITUS:	10707	BUSINESS	21

747 MAPLE ST 749 MAPLE ST

753 MAPLE ST

PHONE: (636) 797-5406	
Email: collector@jeffcomo.org	
TAX DISTRICT	
CITY OF HILLSBORO	
HEALTH UNIT TAX	
HILLSBORO FIRE	
HILLSBORO SCHOOL	

HILLSBORO SPECIAL

JC DEV DISABILITIES

JEFFERSON COLLEGE

MENTAL HEALTH TAX

MERCHANT SUR TAX

PARK TAX

729 MAPLE ST., STE 36 HILLSBORO, MO 63050

55.81 STATE TAX 65.40 VALLE AMBULANCE 571.16 TOTAL TAXES 14,239.78 TOTAL PAID 14,239.78



This receipt is valid ONLY if the payment is funded

#### 2023 Jefferson County Real Estate Paid Receipt

Tax Year: 2023

PARCEL NUMBER: 17-2.0-03.0-3-001-001.

BRADFORD PROPERTIES LLC **PO BOX 377** HILLSBORO, MO 63050

Date Paid: 12/31/2023 Amount Paid: \$14,239.78 Receipt #: 2023169506 Batch #: 2023000443 Payment Type: CHECK Check #: 3281

#### REAL ESTATE TAX RECEIPTS CANNOT BE USED **TO LICENSE VEHICLES**

1/11/2024 1:25 PM

1/11/2024 1:25 PM

8,439,14

402.65

186.83

678.42

186.83

523.20

1/11/2024 1:25 PM

TAX

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24 242 77

148.78

1,937.22

533.48

1,461.84

159.36

186.75

1,630.95

40,629.54

45.523.54

533.48

MICHELLE WORTH, COLLECTOR

729 MAPLE ST., STE 35 HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: collector@jeffcome.org

TAX DISTRICT

HEALTH UNIT TAX

HILLSBORD FIRE

CITY OF HULSECAD

HILLSBORD SCHOOL

HILLSBORO SPECIAL

JC DEV DISABILITIES

JEFFERSON COLLEGE

MENTAL HEALTH TAX

MERCHANT SUR TAX

VALLE AMBULANCE

PARK TAX

STATE TAX

## JEFFERSON COUNTY TAX RECEIPT 2023 REAL ESTATE

#### PARCEL NUMBER: 17-2.0-03.0-4-001-008.

#### RECEIPT#: 2023169506

TOTAL VALUATION: ACRES

622,500 38.66

BRADFORD PROPERTIES LLC PO BOX 377 HILLSBORO, MO 63050

#### **PROPERTY DESCRIPTION**

PT N1/2 SE1/4

SITUS: 4610 YEAGER RD

4626 YEAGER RD 4632 YEAGER RD 4650 W COMMERCIAL DR



TOTAL TAXES

TOTAL PAID

#### 2023 Jefferson County Real Estate Paid Receipt

Tax Year: 2023

PARCEL NUMBER: 17-2.0-03.0-4-001-008,

BRADFORD PROPERTIES LLC PO BOX 377 HILLSBORO, MO 63050 1/11/2024 1:25 PM

Date Paid:	12/31/2023
Amount Paid:	\$40,629.54
Receipt #:	2023169506
Batch #:	2023000443
Payment Type:	CHECK
Check #:	3281

### REAL ESTATE TAX RECEIPTS CANNOT BE USED TO LICENSE VEHICLES