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INSURANCE COMPANY OF NORTH AMERICA, PHILADELPHIA, PENNSYLVANIA

626493

BOND NO. M J00063988

PUBLIC OFFICIAL BOND

Amount \$15,000.00

No. _____

KNOW ALL MEN BY THESE PRESENTS, That we APRIL E. WOODEN

of HAMMOND in the State of INDIANA

as Principal, and the INSURANCE COMPANY OF NORTH AMERICA, a corporation duly organized and existing under and by virtue of the laws of the State of Pennsylvania, as Surety, are held and firmly bound unto CITY OF HAMMOND, DEPARTMENT OF REDEVELOPMENT

in the full and just sum of FIFTEEN THOUSAND AND 00/100 (\$15,000.00)

) Dollars, lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents;

SIGNED AND SEALED this 1st day of January A. D. 19 81

WHEREAS, the said APRIL E. WOODEN has been duly elected or appointed EXECUTIVE DIRECTOR, DEPARTMENT OF REDEVELOPMENT for the term beginning January 1, 1981 and ending December 31, 1981

NOW, THEREFORE, the condition of the above obligation is such, that if the above bounden APRIL E. WOODEN shall well and faithfully perform all the duties of his said office of EXECUTIVE DIRECTOR, DEPARTMENT OF REDEVELOPMENT

as required by law, then this obligation to be null and void; otherwise to be and remain in full force and virtue.

This bond is given and received under the following express conditions:

That if the Surety shall so elect, this bond may be cancelled by giving thirty (30) days notice in writing to

and this bond shall be deemed cancelled at the expiration of thirty (30) days after such notice has been given, and said Surety remaining liable for all or any act or acts covered by this bond, which may have been committed by the Principal up to the date of such cancellation, under the terms, conditions and provisions of this bond, and the Surety shall, upon surrender of this bond and its release from all liability thereunder, refund the premium paid, less a pro-rata part thereof, for the time this bond shall have been in force;

That the Surety hereunder shall not be liable for any loss which may be sustained through the failure of any bank or banks or other depository to pay or deliver over any moneys and securities deposited with it by the said APRIL E. WOODEN

which may come into his hands by virtue of his said office.

IN TESTIMONY WHEREOF, the said Principal has hereunto set his hand and seal, and the said INSURANCE COMPANY OF NORTH AMERICA, has caused these presents to be signed by its duly authorized officers, and its corporate seal to be hereunto affixed, the day and year first above written.

Witness:

Cathryn Hays

Phillip [Signature] (Seal)

INSURANCE COMPANY OF NORTH AMERICA

By Tania Holt
Attest: TANIA HOLT, ATTORNEY-IN-FACT

Kathryn Hays

STATE OF Indiana
COUNTY OF St. Joseph

Before me, a _____ this _____ day of _____ A. D. 19 _____ personally appeared the said APRIL E. WOODEN to me known and known to me to be the individual described in and who executed the foregoing bond, and he acknowledged to me that he executed the same.

STATE OF INDIANA
LANE COUNTY
RECORDED
JAN 29 1981
MILLIAM BRADLEY
CLERK