

American States Insurance Company

INDIANAPOLIS, INDIANA

93080123

RIDER

To be attached to and form a part of County Unified Bond
Bond No EX886-496 on behalf of Douglas VanDerNoord Builders of Dyer, IN
in favor of All Cities, Towns and Municipalities etc., Within Lake County, Indiana
And Dated November 1, 1993
It is agreed
That The Expiration Date Shall Balektended To Secember 31, 1394
NOT OFFICIAL! This Document is the property of the Lake County Recorder!
This rider shall become effective the 8th day of November 19 93. SIGNED, SEALED and DATED this 8th day of November 19 93.
Douglas VanDerNoord Builders Principal
AMERICAN STATES INSURANCE COMPANY By Accepted: Kristina Czerwinski Altorney-in-fact

ACCEPTED:

BOND # 93073333

9-1053 (7-89) 000

THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE

MAMERICAN STATES

INSURANCE

LINCOLN NATIONAL CORPORATION

American States Insurance Company

INDIANAPOLIS, INDIANA

#EX 886-496

	nt	N SUTORIUS	OR KRIST	INA CZERWII	NSKI		
	Lansing	•	and State of		Illi	wis	•• •
	Attorney(s)-in-Fact, with full		y hereby confer				
eliver any and all bo that the p	onds, recognizances, contracends, recognizances, contracends enal sum of any	cts of indemnity and income such i	other conditions	l or obligatory undi	ertakings, <u>P.T.O.</u> hereunder	vided, h shall n	owever, ot exceed
ONE HUNDRE	D THOUSAND AND	NO/100 (\$10	0,000.00	DOLLARS -			
nd duly aftested by it nd may be revoked p "The Chairms or Assistant V as the busine	ration thereby as fully and to the Secretary, hereby ratifying a pursuant to and by authority gan, the President or any Vice ice-President) shall have powers of the Corporation may as, stipulations and undertakent.	and confirming all tha iranted by Section 7.0 President (including er, by and with the co require and to autho	t the said Attorne or of the By-Law any Executive Voncurrence with a orize any such p	y(s)-in-Fact may do i s of the American Si lice-President, Seni ny other officer of the eraog to execute, c	n the premises. Thi lates Insurance Co or Vice-President, le Corporation, to a	s Power of Attompany, which is Second Vice-F pooint Attorne	orney is executed reads as follows: President
	REBEOF, American States in				ned by its Second	Vice Presiden	t attosto.t huids
ssistant Vice-Presid	ent and its corporate seal to				Janua		. unition o by the
_{D 19} 93	NO.	T OF	AMERI	CAN STATES INSU	PANCE COMPAN	iv .	
	X /						
	This Dog	cuntent is	the pro	perty of	11 4	5.	
ITEST	Assistant Vica President	ake Coun	tv Reco	rder!	Second Vice Pres	dent	-
			,	7			Sec. Mar
TATE OF INDIAN	1) 00						(Sec
DUNTY OF MARI	ON SSS						A Lucian
On this 12t	h day of	Janua	5y		A.D., 19 93	helore me r	nersonally came
011 11113	- United States				, , , , , , , , , , , , , , , , , , , ,	, polotě tilo t	orsonany can
		Joseph :				, to (me known, who
nerican States Ins	worn, acknowledged the extrance Company; that he fixed by authority of the Box Heim	knows the seal of	said Corporation;	n; that the seal at and that he signed	fixed to the said	instrument is under like au	such corporate
	dent of said Corporation;	and that he execut	ed the above in		0	Bild Milott	o min to be the
	CYNTHIA PINNER.	HOTE		1. 1:-11 /		100	
	MARION COLETY, S	TATE OF MEY		green	Notary Public		
	MY COMMISSION E			y .	/ ((0,0,0)		APRY PU
TATE OF INDIAN	1) 00	E A. SEA	ليسر يعتا				(2 (Seal
OUNTY OF MARI	ON SS	NDIA NOIA	NA				TOWN
John	J. Rosich Nic	Assistant Vice-Pres	ident of AMERI	CAN STATES INS	SURANCE COME	ANY, do her	eby certify that
e above and foreg	oing is a true and correct co	opy of a Power of A	llorney, execute	d by said AMERIC	AN STATES INS	URANCE CO	MPANY, which
still in force and in This Certificate	enect. may be signed and sealed	d by facsimile unde	er and by the at	thority of Section	8.03 of the By-L	aws of AMEF	RICAN STATES
ISURANCE COMP	ANY which reads as follow other instruments of insur-	ws:	•				
the president or a	any vice-president (includin -President) and the secreta	a anv Executive Vid	ce-President, Se	nior Vice-Preside	nt. Vice-Presiden	. Second Vic	e∙President.
by an authorized	i representative of the Cor	poration, may be fa	acsimilies. Suct	i signatures and f	acsimiles thereof	shall be auti	horized and
binding upon the	Corporation notwithstand	ing the fact that an e been actually issu	ry such officer s ued by the Corr	hall have ceased	to be such office	r at the time	such policy
			•		wa 8th	day at NOV	/ember
In witness where D., 19 93.	reof, I have hereunto set r	ny nano and allixe	o the seal of S	aid Corporation, 1	nis	uay oi	1 INDE
U., 18							AL ITTO
				1			187.
-1, 10					_/	0	(i Sea

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, WITH A RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — PRESENT IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OF THIS POWER OF ATTORNEY, CALL 317-262-6262 OR WRITE US AT P.O. BOX 1636, INDIANAPOLIS, IN 46206-1636.