9-81

KNOW ALL MEN BY THESE PRES	ENTS, That we,	
WILLIAM H. HAAS	***************************************	•••••••••••
St. John. IN as principal and	***************************************	••••
AMERICAN STATES INSURANCE COMPA are held and firmly bound unto The State of		
the penal sum ofFIVETHOUSANDAND Dollars, to the payment of which well and tr		* * *
istrators, jointly and severally, firmly by th	nese presents. Sealed with our seals, and	dated thisllth
day of February A. D.	1994 The condition of the above obl	igation is as follows, viz.:
NOW THE CONDIT	TION OF THIS OBLIGATION IS	SUCH,
WHEREAS, the above named and bou	nden William H. Haas	••••••••••••
has been duly elected and commissioned or	appointed Police Commissioner	in and
for Lake C	County, in the State of Indiana, aforesa	id, for the term beginning
from the lat day of axxivixxventifiedx ending January 1, 1	997	
Now, if the said	William H. Haas	shall faithfully
perform and discharge his duties as such	Police Commissioner	
and pay over on demand to the persons entinto his hands as such Police Commis	titled or authorized to receive the same,	all moneys that may come
Accepted and approved this	[Seal] William H. Haas [Seal] AMERICAN STATES INS	Attorney-in-fact
		R 68
State of Indiana,	•	IU 27 A
		<i>L</i>
in and for said County and State aforesaid who being sworn, upon his oath says:	•	est.
"I will support the Constitution of the	e United States and of the State of Inc	liana, and I will faithfully,
honestly and impartially discharge the du	ties of the office of	
to the best of	f my skill and ability."	
Subscribed and sworn to before me, th	hisday of	, 19

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF INDIANA, ALLE	COUN	TY, SS:		$\mathbf{x} = \begin{bmatrix} \mathbf{y} & \mathbf{x} & \mathbf{y} & \mathbf{y} \\ \mathbf{y} & \mathbf{y} & \mathbf{y} \end{bmatrix}$
Personally appeared before me,	A. 31	1. Haas	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
principal upon the bond appearing on the reverse	side here	of and acknow	ledges the exec	cution of said bond
this 7th day of March	••••••	19.94		
JUDITH L. COMPANIK Notary Public, Lake County, Indiana My commission expires Sept. 15, 1996	Jud		Official capacity	nk)
Expiration date of commission, if Notary Public				
ACKNOWLEDG	MENT	C OF SU	RETY	
STATE OFCOUNTY	Y OF	Marion	, Si	3:
Comes now American States Insurance C				1 -1
its agent, surety upon the bond appearing on the r			cknowledges th	e execution of said
bond this 11th day of February		., 19 ⁹⁴		
			elen J	lloke
		MARIO	N J. FLAKE NOT	TE OF INDIANA
rame was a result of NOTO	OFF		OMMISSION EXE Official capacity	217ES: 4/3/95
Expiration date of commission, if Notary Public	ent is t	he proper	ty of	
the Lake	Count	y Recorde	r!	7 4 4
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	ΟĮ	Filed in	and recorded in Bond Record	50 50

WARNING

American States Insurance Company Indianapolis, Indiana

A	Y TINKLE, DOROTHY	SUTPHIN, L	INDA S. PING	OR HELEN J.	FLAKE
	Indianapolis			Indiana	
true and lawful Attorne	y(s)-in-Fact, with full power ar	and Sta	conferred in its name		to execute acknowledge and
ilver any and all honds a	recognizances, contracts of Indi	empity and other con	ditional or obligatory u	ndertekinge DEC	vided however
hat the nenal	sum of any one	such instrum	nent executed	l hereunder	shall not evoce
	THOUSAND AND NO/10				
	hereby as fully and to the same e				
d may be revoked pursual "The Chairman, the or Assistant Vice-Pre as the business of the	etary, hereby ratifying and confirm nt to and by authority granted by President or any Vice-Presiden esident) shall have power, by and the Corporation may require ar ulations and undertakings, whe	Section 7.07 of the B it (including any Exec I with the concurrence and to authorize any s	ly-Laws of the American utive Vice-President, S with any other officer of such person to execute	States insurance Co enior Vice-President, If the Corporation, to a	mpany, which reads as follows Second Vice-President appoint Attorneys-in-fact
IN WITNESS WHEREC	OF, American States Insurance	Company has caused	these presents to be		
	nd its corporate seal to be here	to affixed this	lst day of	Decemb	er
o. 19 <u>92</u>			MERICAN STATES IN	SURANCE COMPAN	NY
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	ssistant Vice-President	Country N	cedy activi	Second Vice-Presi	dent
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On this 31st	day of	DECCHIDEL	and the second second	A.D., 19 94	, before me personally came
On this	day of	<u> </u>		_, A.D., 19 <u>92</u> ,	, before me personally came
A TOTAL TOTAL		Joseph F. H	eim	, A.D., 19 <u>94</u> ,	
ing by me duly sworn.	acknowledged the execution	Joseph F. H	ment and did depose	and say: that he is	to me known, who
ing by me duly sworn, nerican States Insuranc	acknowledged the execution se Company; that he knows the	Joseph F. He of the above instrume seal of said Corp	ment and did depose oration; that the seal	and say; that he is	, to me known, who a Second Vice-President o
ing by me duly sworn, nerican States Insuranc al; that it was so affixed t	acknowledged the execution the Company; that he knows the by authority of the Board of Dire	Joseph F. He of the above instruction ne seal of said Corporectors of said Corporectors	ment and did depose oration; that the seal ration; and that he sign	and say; that he is affixed to the said is ed his name thereto	, to me known, who a Second Vice-President o instrument is such corporate under like authority. And said
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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.