100

| e held and firmly bound unto The | State of Indiana, and | d for the benefit of p | ersons concerned or | or aggrieved, in |
|---|--|--|-----------------------|--|
| e penal sum of FIVE HUNDRI | | | | |
| trators, jointly and severally, firm | | | | |
| y of January | | | | |
| NOW THE C | ONDITION OF 1 | THIS OBLIGATIO | N IS SUCH. | |
| WHEREAS, the above named | | | | *************************************** |
| s been duly elected and commiss | | Clerk-Treasur | er - Town of | |
| r Lake | | Schererville, | , In | |
| om the lst duly qualified xx Ending Ja | Jan nuary 1, 2000. | nuary A. D |). 19 and unti | ili shiar successorx |
| Now, if the said | | | | |
| erform and discharge his duties a | us such Clerk-I | Freasurer - Tow | vn of Scherer | ville,IN |
| nd pay over on demand to the pe | | | | |
| egislature, without in any way ond in that case, the above obligated virtue in last. | tion shall cease, be n | | | |
| | [Seal] | , , Ph a | יוארוו. | (0.7) |
| | / | JANICE M. MAI | | Sśeal] |
| | | | w. | \sim |
| | [Seal] | | | \sim |
| | [Seal] | | tes insurance | E COMPASeal] |
| | [Seal] [Seal] | AMERICAN STATE BY: Linda S. Ping | TES INSURANCE | E COMPASeal] [Seal] ney-in-Fact |
| | [Seal] [Seal] | AMERICAN STATE BY: Linda S. Ping | TES INSURANCE | E COMPASeal] [Seal] ney-in-Fact |
| | [Seal] [Seal] | AMERICAN STATE BY: Linda S. Ping | TES INSURANCE | E COMPASeal] [Seal] ney-in-Fact |
| | [Seal] [Seal] | AMERICAN STATE BY: Linda S. Ping | TES INSURANCE | [Seal] ney-in-Fact , A. D. 19 |
| | [Seal] [Seal] | AMERICAN STATE BY: Linda S. Ping | TES INSURANCE | [Seal] ney-in-Fact , A. D. 19 |
| Accepted and approved this. | [Seal] [Seal] | BY: All Linda S. Pins day of | TES INSURANCE | [Seal] ney-in-Fact , A. D. 19 |
| Accepted and approved this. | [Seal] [Seal] | BY: Linda S. Pins day of County, ss | TES INSURANCE Attorn | [Seal] ney-in-Fact , A. D. 19 RECO |
| Accepted and approved this. State of Indiana, Personaliy appeared before in | [Seal] [Seal] [AKE Ine, JANICE | BY: BY: Linda S. Ping day of County, SS | s: | [Seal] [Seal] |
| Accepted and approved this. Personally appeared before a and for said County and State | [Seal] [Seal] [AKE aforesaid, | BY: BY: Linda S. Ping day of County, SS | s: | [Seal] [Seal] |
| Accepted and approved this. tate of Indiana, Personally appeared before and for said County and State ho being sworn, upon his oath sa | [Seal] [Seal] [AKE aforesaid, ays: | BY: BY: Linda S. Pins day of County, SS | s: | [Seal] [Seal] |
| Accepted and approved this. tate of Indiana, Personally appeared before and for said County and State ho being sworn, upon his oath said "I will support the Constitut." | [Seal] [Seal] [AKE aforesaid, ays: ion of the United St | BY: Linda S. Ping day of County, SS All MALINDAY cates and of the State | g Attorn S: iSKI | [Seal] [Seal] |
| Accepted and approved this. tate of Indiana, Personally appeared before and for said County and State to being sworn, upon his oath so "I will support the Constitutionestly and impartially discharged | [Seal] [Seal] [AKE aforesaid, ays: ion of the United Stage the duties of the | BY: Mala S. Pins day of | g Attorn S: iSKI | [Seal] [Seal] |
| Accepted and approved this. Late of Indiana, Personally appeared before and for said County and State to being sworn, upon his oath so "I will support the Constitutionestly and impartially discharged. | [Seal] [Seal] [AKE aforesaid, ays: ion of the United St | BY: Mala S. Pins day of | g Attorn S: iSKI | [Seal] [Seal] |
| Accepted and approved this. Fate of Indiana, Personally appeared before and for said County and State to being sworn, upon his oath said "I will support the Constitutionestly and impartially discharged." | [Seal] [Seal] [AKE aforesaid, ays: ion of the United Stage the duties of the | BY: Mala S. Pins day of | g Attorn S: iSKI | [Seal] iney-in-Fact A. D. 19 RECOURT PH 1: SE |
| Accepted and approved this. Fersonally appeared before and for said County and State to being sworn, upon his oath said "I will support the Constitute nestly and impartially discharge | [Seal] [Seal] [Seal] [Seal] [Seal] AKE aforesaid, ays: ion of the United State the duties of the content of the conten | BY: Linda S. Ping day of County, SS AMERICAN STATE BY: Linda S. Ping day of County, SS ates and of the State office of and ability." | g Attorn S: iSKI | [Seal] iney-in-Fact A. D. 19 RECOURT PH 1: SE |

ACKNOWLEDGMENT OF PRINCIPAL

| STATE OF | INDI | ANA, | ******* | ********* | ***** | | coun | TY, SS: | | | | | * 2 4 | |
|----------------------------|----------|------------|-------------|---------------------|---------------|-----------|------------|-------------|---------------|---------------------|-----------------|--------------|---|------------------|
| Persona | ally ap | peared | before | me, | | ********* | ********** | *********** | ********** | ********* | ******* | ********* | ****************** | |
| principal up | on the | bond a | appear | ing on t | he reve | rse sid | de here | of and ac | knowled | ges the | e xecuti | on of s | aid bond | |
| this | ,,. | day of | | •••••• | ************* | •••••• | | 19 | | | | | | |
| | | | | | | | ********* | ********** | ***** | | | | ••• | _ |
| | | | | | | | | 뒣 | y . | | | Å | | • |
| | | ******* | | | ••••• | , | ********* | *********** | Offic | ial capaci | ty | ********** | ******** | • [1540] |
| Expi | ration d | ate of cor | nmissi | n, if Nots | ry Public | | | | | | | | v ₹° S | A NAME |
| | | 1 | ACK | NOV | WLED |)GM | IENI | OF | SURI | TY | | | | |
| STATE OF | | Ind | Lana | ••••• | COUN | NTY (| OF | Marion | ••••• | ••••••• | ., SS: | | | |
| | | | | | | | | <i>7</i> | | | | | | |
| its agent, su | | | | | | | | | | owledge | s the e | xecutio | n of said | 3 |
| bond this | | da; | y o1 | ******* | Janua | L. Y | ******* | ., 192. | n 1 | | | n 1 | | |
| | | | | | | | Hele | n J. F | Hele Take. | Notar | y Pub | lic. | in an | d for |
| | | | _ | • • • • | | | the | County | of Ma | rion, | Stat | e of | India | na |
| Expi | | April | ******** | 1996 on, if Nota | ry Public | ****** | •• | | Om | ciai capac | ity | | i. | |
| | | | | | | | | | | | 700 | | and | |
| | | | | | | | | | | | | | Manager (s) | |
| | | | | | | | | | | | i garage | | Same and the same | |
| Control Control of Pennyle | | | other eight | | | | -Mar. 1 | ager w | | | | | | Me i i |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Art Constitution |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| it | : | | | , ' | 1 | ıi | 11 | ئ | ; | : | | and Williams | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | A | Office, | | | | | | |
| | | | | ON | | | AN | | D. 19 | | | J. 19 | | |
| | | | | B0 | | | DI | | A. | | | Α. 1 | | |
| | | | | AL | | | Z | | | cord | | | | |
| | | | | 101 | | | Ľ, | | | J Rec | | VA, | | |
| | | | | FF | | | 0 | | | Bond | | | | |
| | | | | 0 | | | TE | 9 | | rded in Bond Record | | | 2 | : |
| | | | | | 65 | | ГA | i. | | | | | | |
| | | | |) | ~~ | - :: | ST | Filed in | | and reco | page | | | |
| Į į | | | | : | To | • | | : | • | ä | 2 | | | |

WARNING

AMERICAN STATES

INSURANCE

LINCOLN NATIONAL CORPORATION

American States Insurance Company INDIANAPOLIS, INDIANA

| SALLY | TINKLE, | DOROTHY | SUTPHIN, | LINDA S. | PING OF | R HELEN J | FLAKE | |
|--|--|--|--|---|--|--|---|--|
| | Indiana | apolis | | State of | ······································ | Indiana | | |
| true and lawful Attorney | | | authority her | eby conferred in | its name, pl | | to execute, a | knowledge and |
| ver any and all bonds, re | cognizances, c | contracts of inden | nnity and other | conditional or o | bligatory under | takings, pro | ovided, | nowever,_ |
| hat the penal | sum of | any one si | uch inst | rument ex | ecuted h | ereunder | shall n | ot exceed |
| IVE HUNDRED T | HOUSAND | AND NO/10 | 0 (\$500, | (00.000 E | OLLARS - | | | |
| to bind the Corporation the | | | | | | | | |
| I duly attested by its Secrei may be revoked pursuan. "The Chairman, the I or Assistant Vice-Pres as the business of the recognizances, stipul | t to and by auth President or an sident) shall hav ne Corporation | ority granted by 8 y Vice-President re power, by and v may require and | Section 7.07 of to (including any to with the concurred to authorize a | the By-Laws of th Executive Vice-P ence with any otl any such person | e American Sta resident, Senic ner officer of the to execute, o | ates Insurance Co or Vice-President e Corporation, to | ompany, which , Second Vice- appoint Attorne | reads as follows: President ys-in-fact |
| IN WITNESS WHEREO | | . * | | used these pres | ents to be sign | ned by its Second | d Vice-Preside | nt, attested by its |
| istant Vice-President and | its corporate | seal to be hereto | affixed this | 31st day | of | Decem | oer | and the same of th |
|). 19 92 | \mathcal{I} | | | AMERICAN | STATES INSU | RANCE COMPA | NY | |
| | | 1 | O | | | | | |
| | \bigcirc | 100 | | ar | | In) | - | |
| TEST: | <u>'</u> | | | . By | outh | econid Vice-Pres | un | |
| As | sistant Vice-Pre | sident | | | | econd vice-Pres | sident | SES INS |
| | | | | | | | | |
| TE OF INDIANA UNTY OF MARION | . S S | | | | | | | (3) (3 |
| | | | | | | | | |
| | | | | | | | | |
| On this 31st | | | Decemb Joseph F. | . Heim | | A.D., 19 <u>92</u> | to | me known, who |
| ing by me duly sworn, a perican States Insurance al: that it was so affixed b Joseph F. Heim | acknowledged a Company; the y authority of the | the execution cat he knows the Board of Dire | Joseph F. of the above in e seal of said C ctors of said C t he is acquai | Heim nstrument and of Corporation; th orporation; and nted with | did depose an at the seal aff that he signed John J. | d say; that he i ixed to the said his name theret | , to s a Second V Instrument is o under like au | me known, who ice-President o |
| ing by me duly sworn, a serican States Insurance at that it was so affixed b Joseph F. Heim sistant Vice-President o | acknowledged a Company; the y authority of the acknowledged | the execution of the state of the state of the state of the further said that ation; and that he | Joseph F. of the above in e seal of said C ctors of said C t he is acquai | Heim nstrument and of Corporation; th orporation; and nted with ne above instru | did depose an at the seal after the signed John J. | d say; that he i ixed to the said his name theret Rosich | , to s a Second V Instrument is o under like au | me known, who ice-President o such corporate thority. And said |
| ng by me duly sworn, a serican States insurance at that it was so affixed b Joseph F. Heim sistant Vice-President of KATHLEEN FORE | acknowledged a Company; the y authority of the action of the company of said Corporation, NOTARY | the execution of the state of the second of the second of the further said that ation; and that the PUBLIC | Joseph F. of the above in e seal of said C ctors of said C t he is acquai | Heim nstrument and of Corporation; th orporation; and nted with ne above instru | did depose an at the seal after the signed John J. | d say; that he i ixed to the said his name theret Rosich | , to s a Second V Instrument is o under like au | me known, who ice-President o such corporate thority. And said |
| ng by me duly sworn, a serican States Insurance it; that it was so affixed by Joseph F. Heim sistant Vice-President of KATHLEEN FORE OHNSON COUNTY | acknowledged a Company; the by authority of the first said Corpora D, NOTARY C, STATE OF | the execution of the knows the board of Direction; and that the PUBLIC FINDIANA | Joseph F. of the above in e seal of said C ctors of said C t he is acquai | Heim nstrument and of Corporation; th orporation; and nted with ne above instru | did depose an at the seal aff that he signed John J. | d say; that he i ixed to the said his name theret Rosich | , to s a Second V Instrument is o under like au | me known, who ice-President o such corporate thority. And said |
| ing by me duly sworn, a serican States Insurance at that it was so affixed b Joseph F. Heim sistant Vice-President o | acknowledged a Company; the by authority of the first said Corpora D, NOTARY C, STATE OF | the execution of the knows the board of Direction; and that the PUBLIC FINDIANA | Joseph F. of the above in e seal of said C ctors of said C t he is acquai | Heim nstrument and of Corporation; th orporation; and nted with ne above instru | did depose an at the seal after the signed John J. | d say; that he i ixed to the said his name theret Rosich | , to s a Second V Instrument is o under like au | me known, who ice-President o such corporate thority. And said |
| ng by me duly sworn, a erican States Insurance I; that it was so affixed b loseph F. Heim istant Vice-President of KATHLEEN FORE DHNSON COUNTY MY COMMISSION | acknowledged a Company; the by authority of the first said Corpora D, NOTARY C, STATE OF | the execution of the knows the board of Direction; and that the PUBLIC FINDIANA | Joseph F. of the above in e seal of said C ctors of said C t he is acquai | Heim nstrument and of Corporation; th orporation; and nted with ne above instru | did depose an at the seal after the signed John J. | d say; that he i ixed to the said his name theret Rosich | , to s a Second V Instrument is o under like au | me known, who ice-President o such corporate thority. And said |
| ng by me duly sworn, a serican States Insurance I; that it was so affixed by to seph F. Heim istant Vice-President of KATHLEEN FORE DHNSON COUNTY MY COMMISSION | acknowledged a Company; the by authority of the first said Corpora D, NOTARY C, STATE OF | the execution of the knows the board of Direction; and that the PUBLIC FINDIANA | Joseph F. of the above in e seal of said C ctors of said C t he is acquai | Heim nstrument and of Corporation; th orporation; and nted with ne above instru | did depose an at the seal after the signed John J. | d say; that he i ixed to the said his name theret Rosich | , to s a Second V Instrument is o under like au | me known, who ice-President o such corporate thority. And said |
| ng by me duly sworn, a serican States Insurance it; that it was so affixed by the sistant Vice-President of KATHLEEN FORE OHNSON COUNTY MY COMMISSION ATE OF INDIANA BUNTY OF MARION | acknowledged e Company; the by authority of the of said Corporation, NOTARY C. STATE OF NEXPIRES: | the execution of the knows the Board of Direction further said that ation; and that it PUBLIC FINDIANA 12/2/94 | Joseph F. of the above ir e seal of said ctors of said C t he is acquai ne executed th | Heim nstrument and of Corporation; and onted with ne above instru | did depose an at the seal aff that he signed John J. | d say; that he in ixed to the said his name thereto Rosich Notary Publication | , to s a Second V Instrument is o under like au and knov | me known, who ice-President o such corporate atthority. And said is him to be the record of the reco |
| ng by me duly sworn, a serican States Insurance all: that it was so affixed by Joseph F. Heim sistant Vice-President of KATHLEEN FORE OHNSON COUNTY MY COMMISSION ATE OF INDIANA BUNTY OF MARION J. John J. I above and foregoing is still in force and effect. | acknowledged a Company; they authority of the said Corporate of Sa | the execution of the board of Direction at the knows the he Board of Direction and that the things and that the PUBLIC FINDIANA 12/2/94 , the Assistant rrect copy of a F | Joseph F. of the above in e seal of said C t he is acquai ne executed the Vice-Presiden lower of Attorn | Heim Instrument and corporation; the orporation; and inted with the above instruction above instruction of AMERICANcey, executed by | did depose an at the seal aff that he signed John J. ment. | d say; that he in ixed to the said his name thereto ich Notary Public SURANCE CONCAN STATES IN | , to s a Second V Instrument is o under like au and know c | me known, who ice-President o such corporate thority. And said is him to be the series of the company of the company of the company of the company, which |
| ng by me duly sworn, a crican States Insurance is that it was so affixed by OSEPH F. Heim istant Vice-President of KATHLEEN FORE DHNSON COUNTY MY COMMISSION ATE OF INDIANA UNTY OF MARION I, John J. I above and foregoing is still in force and effect. This Certificate may be "All policies and other" | acknowledged a Company; they authority of the said Corporate. NOTARY STATE OF EXPIRES: SS ROSICH The a true and company the signed and which reads a instruments of the second and the second and the second and the signed and the second and th | the execution on the knows the board of Direction further said that ation; and that the PUBLIC FINDIANA 12/2/94 , the Assistant frect copy of a Finsurance issues to liows: | Joseph F. of the above in a second ctors of said C to the is acquaine executed the component of the compone | Heim Instrument and of Corporation; and onted with Inter above instruction of AMERICAN Inter above instruction of AMERICAN Interpretation of the authority | did depose an at the seal aff that he signed John J. ment. I STATES IN: y said AMERIC rity of Section as signed on be | d say; that he in ixed to the said his name thereto Rosich Notary Public SURANCE COMMENSTATES IN 8.03 of the Byte behalf of the Company of t | APANY, do he ISURANCE C | me known, who ice-President of such corporate of thority. And said of the such corporate |
| ng by me duly sworn, a serican States insurance it; that it was so affixed by Joseph F. Heim sistant Vice-President of KATHLEEN FORE OHNSON COUNTY MY COMMISSION ATE OF INDIANA DUNTY OF MARION John J. John J. I sabove and foregoing its still in force and effect. This Certificate may be SURANCE COMPANY "All policies and other the president or any vice or Assistant Vice-President or any vice by an authorized represidenting upon the Corp | acknowledged a Company; they authority of the authority of the said Corporation NOTARY STATE OF SEATH | the execution of the post of the secution of t | Vice-President of the under an interest of the sacquaine executed the | nstrument and corporation; the orporation; and nted with the above instruction of the corporation shall be resident, Senior of the officer, milies. Such siguch officer shall be corporation shall be resident, Senior officer, milies. Such siguch officer shall be corporation shall be resident, Senior officer, such officer shall be corporation shall be resident, Senior officer, such officer shall be corporation shall be corporation shall be compared to the corporation shall be compared to the corporation shall be compared to the corporation shall be corporated to the corporation shall be compared to the corporation shall be corporated to the corporated | did depose an at the seal aff that he signed John J. ment. I STATES IN: v said AMERIC rity of Section he signed on be vice-Preside whose signatures and have ceased | d say; that he in ixed to the said his name therefore Rosich Notary Public SURANCE COMMAN STATES IN 8.03 of the Bythe B | APANY, do he ISURANCE Co-Laws of AME | me known, who ice-President of such corporate others, and said of the such corporate of |
| ng by me duly sworn, a serican States Insurance that it was so affixed by Joseph F'. Heim sistant Vice-President of KATHLEEN FORE OHNSON COUNTY MY COMMISSION ATE OF INDIANA JUNTY OF MARION I, John J. I above and foregoing is still in force and effect. This Certificate may be SUPANCE COMPANY "All policies and other the president or any vicor Assistant Vice-President or any vicor Assistant Vice-President or other instrument of In witness whereof, I | acknowledged a Company; they authority of the authority of the said Corporation, NOTARY C., STATE OF EXPIRES: SS ROSICH The atrue and corporation at true and corporation and the separative of the corporation notwit insurance shall. | the execution of the board of Direct further said that ation; and that it PUBLIC FINDIANA 12/2/94 , the Assistant frect copy of a Findian sealed by facsis follows: of insurance issunctuding any Executary, assistant Corporation, histanding the faall have been as | Vice-President of Attornamile under an accutive Vice-Part secretary, may be facsifact that any succusive visued by the Corporate secretary, and the control of the control | nstrument and corporation; the orporation; and nted with the above instruction of the corporation shall be resident, Senior other officer, milies. Such significant by the Corporation shall be corporation shall be corporation. | did depose an at the seal aff that he signed John J. ment. I STATES IN: y said AMERIC rity of Section be signed on be vice-Preside whose signatures and in have ceased tion." | Notary Public SURANCE COACAN STATES IN 8.03 of the By- wheelalf of the Count, Vice-Preside ares, if the instruitation to be such officers. | APANY, do he ISURANCE Co-Laws of AME | me known, who ice-President of such corporate others, and said of the such corporate of |
| ng by me duly sworn, a serican States Insurance al: that it was so affixed by Joseph F. Heim sistant Vice-President of KATHLEEN FORE OHNSON COUNTY MY COMMISSION ATE OF INDIANA DUNTY OF MARION I, John J. I above and foregoing is still in force and effect. This Certificate may be SURANCE COMPANY "All policies and other the president or any vice or Assistant Vice-President or any vice or Assistant Vice-President or other instrument of | acknowledged a Company; they authority of the authority of the said Corporation, NOTARY C., STATE OF EXPIRES: SS ROSICH The atrue and corporation at true and corporation and the separative of the corporation notwit insurance shall. | the execution of the board of Direct further said that ation; and that it PUBLIC FINDIANA 12/2/94 , the Assistant frect copy of a Findian sealed by facsis follows: of insurance issunctuding any Executary, assistant Corporation, histanding the faall have been as | Vice-President of Attornamile under an accutive Vice-Part secretary, may be facsifact that any succusive visued by the Corporate secretary, and the control of the control | nstrument and corporation; the orporation; and nted with the above instruction of the corporation shall be resident, Senior other officer, milies. Such significant by the Corporation shall be corporation shall be corporation. | did depose an at the seal aff that he signed John J. ment. I STATES IN: y said AMERIC rity of Section be signed on be vice-Preside whose signatures and in have ceased tion." | Notary Public SURANCE COACAN STATES IN 8.03 of the By- wheelalf of the Count, Vice-Preside ares, if the instruitation to be such officers. | APANY, do he issurance of AME is a Second Vinstrument is duly cof shall be aucer at the time. | me known, who ice-President o such corporate others. And said of the such corporate of t |
| ng by me duly sworn, a erican States Insurance it; that it was so affixed by the instant Vice-President of the instant Vice-President of the instant Vice-President of the insurance of the insur | acknowledged a Company; they authority of the authority of the said Corporation, NOTARY C., STATE OF EXPIRES: SS ROSICH The atrue and corporation at true and corporation and the separative of the corporation notwit insurance shall. | the execution of the board of Direct further said that ation; and that it PUBLIC FINDIANA 12/2/94 , the Assistant frect copy of a Findian sealed by facsis follows: of insurance issunctuding any Executary, assistant Corporation, histanding the faall have been as | Vice-President of Attornamile under an accutive Vice-Part secretary, may be facsifact that any succusive visued by the Corporate secretary, and the control of the control | nstrument and corporation; the orporation; and nted with the above instruction of the corporation shall be resident, Senior other officer, milies. Such significant by the Corporation shall be corporation shall be corporation. | did depose an at the seal aff that he signed John J. ment. I STATES IN: y said AMERIC rity of Section be signed on be vice-Preside whose signatures and in have ceased tion." | Notary Public SURANCE COACAN STATES IN 8.03 of the By- wheelalf of the Count, Vice-Preside ares, if the instruitation to be such officers. | APANY, do he issurance of AME is a Second Vinstrument is duly cof shall be aucer at the time. | me known, who ice-President of such corporate of the corp |

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.