

2006 011905

AMERICAN STATES INSURANCE COMPANY

, Surety upon

a certain Bond No. **6299943**

dated effective **August 4 2004**  
(MONTH-DAY-YEAR)

on behalf of **TERESA MIRANDA DBA T&M CARPENTRY**  
(PRINCIPAL)

and in favor of **BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, STATE OF INDIANA, AND ANY CITIES AND TOWNS IN LAKE COUNTY, INDIANA**  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **August 4 2005**  
(MONTH-DAY-YEAR)

and ending on **August 4 2006**  
(MONTH-DAY-YEAR)

Amount of bond **FIVE THOUSAND DOLLARS**-----(\$5,000)

Description of bond **CARPENTRY, PAINTING**

Premium: **\$50.00**

**PROVIDED:** That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **May 23 2005**  
(MONTH-DAY-YEAR)  
**AMERICAN STATES INSURANCE COMPANY**  
PO Box 34526, Seattle, WA 98124-1526 **1-888-844-2663**

By *Mike McGavick*  
**Mike McGavick** President

**DISCOUNT FAMILY INS KEITH HENDERSON DBA**  
Agent

**4801 WHITE OAK AVE, E CHICAGO, IN 46312**  
Address of Agent

Telephone Number of Agent

2006 FEB 14 AM 9:37  
MICHAEL A. BROWN  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



*\$12*  
*CS*  
*CAW*

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



*Teresa Miranda*  
\_\_\_\_\_  
Signature of Declarant

Teresa Miranda  
\_\_\_\_\_  
Printed Name of Declarant