

KNOW ALL MEN BY THESE PRESENTS, That we, ROBIN GUETZLOFF, Schererville, IN as principal and AMERICAN STATES INSURANCE COMPANY

are held and firmly bound unto The State of Indiana, and for the benefit of persons concerned or aggrieved, in the penal sum of FIFTEEN THOUSAND AND NO/100 (\$15,000.00) Dollars, to the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents. Sealed with our seals, and dated this 1ST day of January A.D. 2006. The condition of the above obligation is as follows, viz:

NOW THE CONDITION OF THIS OBLIGATION IS SUCH,

WHEREAS, the above named and bounden ROBIN GUETZLOFF has been duly elected and commissioned or appointed Town Council Member-Redevelopment Comm for Town of Schererville in and for Lake County, in the State of Indiana, aforesaid, for the term beginning from the 1st day of January A.D. 2006 and until his successor is duly qualified and ending 12/31/2006

Now, if the said ROBIN GUETZLOFF shall faithfully perform and discharge his duties as such Town Council Member-Redevelopment Commission and pay over the demand to the persons entitled or authorized to receive the same, all moneys that may come into his hands as such Town Council Member-Redevelopment Comm during his continuance in office; and further, that the Legislature may change, modify or repeal any law now in force, and exact any and all laws during the existence of the above obligation at the pleasure of the Legislature, without in any way or manner releasing the said officer or his said securities on said bond; then, and in the case, the above obligation shall cease, be null and void, otherwise to be and to remain in full force and virtue in law.

[Seal]

Robin Guetzloff
ROBIN GUETZLOFF

[Seal]

[Seal]

[Seal]

AMERICAN STATES INSURANCE COMPANY

[Seal]

[Seal]

Patricia J. Schneider
Patricia J. Schneider, Attorney in Fact

[Seal]

This Document is the property of the Lake County Recorder!

Accepted and approved this _____ day of _____, A.D. _____

State of Indiana, Lake County, ss:

Personally appeared before me, ROBIN GUETZLOFF in and for said County and State aforesaid, who being sworn, upon his oath says:

"I will support the Constitution of the United States and of the State of Indiana, and I will faithfully, honestly and impartially discharge the duties of the office of _____ to the best of my skill and ability."

Subscribed and sworn to before me, this 2nd day of March, 2006.

Carol J. Clark

"OFFICIAL SEAL"
Carol J. Clark
Notary Public, State of Indiana
Lake County
My Commission Expires July 11, 2009

2006 MAR 2 11:55 AM
FILED FOR RECORD
INDIANA
LAKE COUNTY
AM 8:45

FRP

X/E
D.D.M.

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF INDIANA, COUNTY, SS:

Personally appeared before me, ROBIN GUETZLOFF

principal upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this, day of

Notary Public Official capacity

Expiration date of commission, if Notary Public

ACKNOWLEDGMENT OF SURETY

STATE OF INDIANA COUNTY OF LAKE, SS:

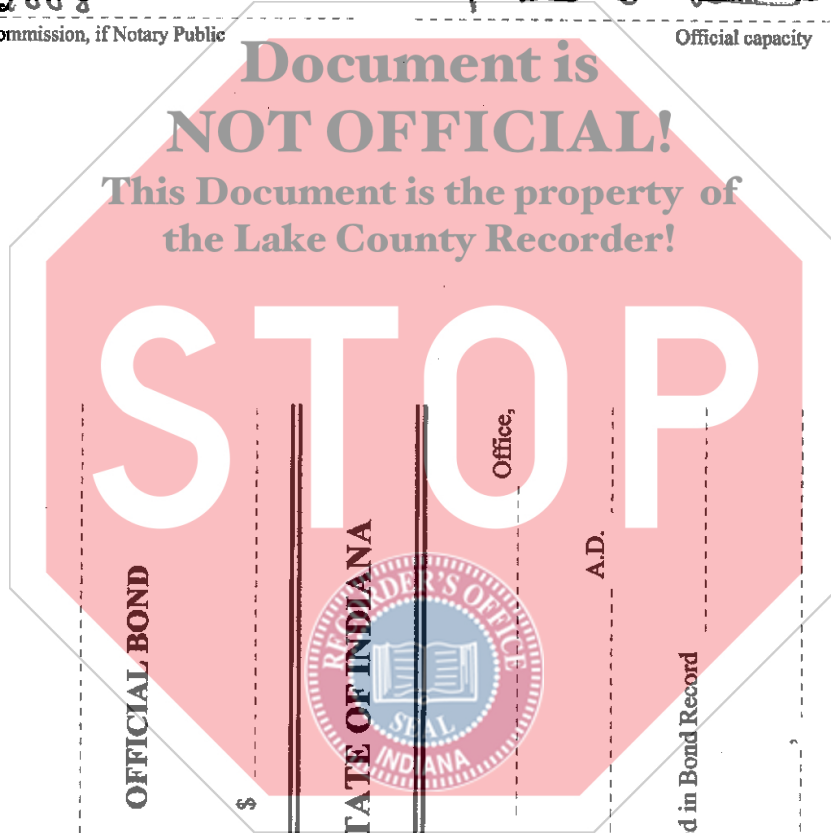
Comes now American States Ins. Co. by Patricia J Schneider, its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this 1st day of January, 2006

THOMAS D. LUNDEBERG

2/15/2008

Expiration date of commission, if Notary Public

[Signature] NOTARY Official capacity



OFFICIAL BOND

To \$

STATE OF INDIANA

Office,

A.D.

Filed in the

and recorded in Bond Record

page

POWER
OF ATTORNEY

AMERICAN STATES INSURANCE COMPANY
INDIANAPOLIS, INDIANA 46206

No. 11739

KNOW ALL BY THESE PRESENTS:

That AMERICAN STATES INSURANCE COMPANY, a Indiana corporation, does hereby appoint

.....THOMAS D. LUNDEBERG; PATRICIA J. SCHNEIDER; Munster, Indiana.....

its true and lawful attorney(s)-in-fact, with full authority to execute on behalf of the company fidelity and surety bonds or undertakings and other documents of a similar character issued by the company in the course of its business, and to bind AMERICAN STATES INSURANCE COMPANY thereby as fully as if such instruments had been duly executed by its regularly elected officers at its home office, in amounts or penalties not exceeding the sum of:

One Million and 00/100 -----
DOLLARS (\$ 1,000,000.00)

IN WITNESS WHEREOF, AMERICAN STATES INSURANCE COMPANY has executed and attested these presents

this 24th day of April, 2002

R.A. Pierson
R.A. PIERSON, SECRETARY

Mike McGavick
MIKE MCGAVICK, PRESIDENT



"Article 8, Section 8.1 1. - FIDELITY AND SURETY BONDS . . . the President, any Vice President, the Secretary, and any Assistant Vice President appointed for that purpose by the officer in charge of surety operations, shall each have authority to appoint individuals as attorneys-in-fact or under other appropriate titles with authority to execute on behalf of the corporation fidelity and surety bonds and other documents of similar character issued by the corporation in the course of its business . . . On any instrument making or evidencing such appointment, the signatures may be affixed by facsimile. On any instrument conferring such authority or on any bond or undertaking of the corporation, the seal, or a facsimile thereof, may be impressed or affixed or in any other manner reproduced; provided, however, that the seal shall not be necessary to the validity of any such instrument or undertaking."

I, R. A. Pierson, Secretary of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the foregoing extracts of the By-Laws of this corporation, and of a Power of Attorney issued pursuant thereto, are true and correct, and that both the By-Laws and the Power of Attorney are still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the facsimile seal of said corporation

this 1st day of Jan, 2006

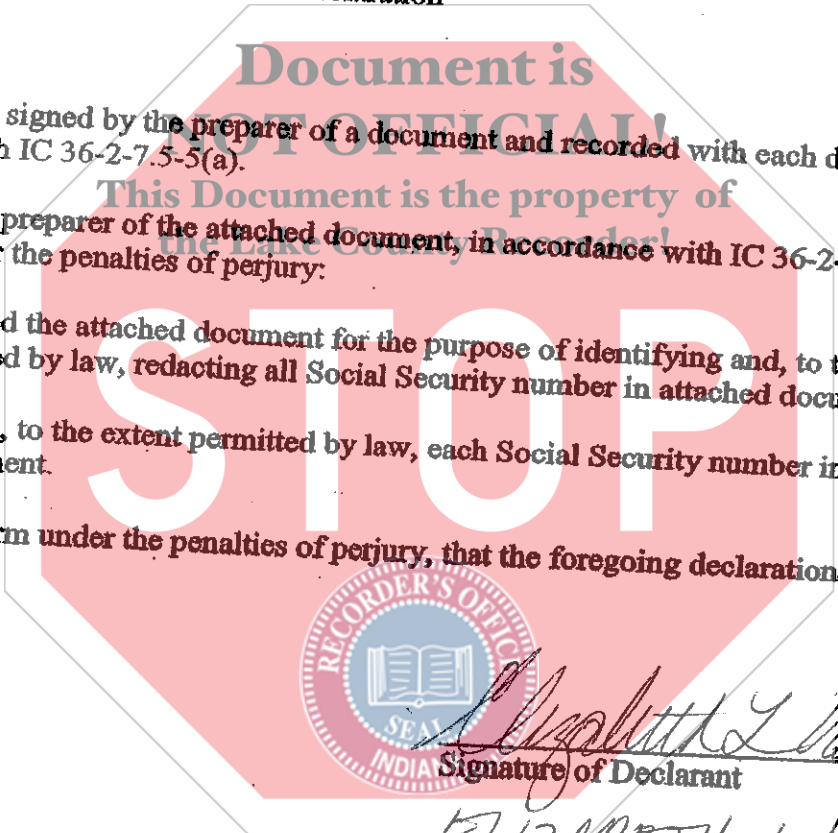


R.A. Pierson
R.A. PIERSON, SECRETARY

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.



Elizabeth L. Van Til
Signature of Declarant

ELIZABETH L. VAN TIL
Printed Name of Declarant