



COPY

CONTINUATION
CERTIFICATE

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

American States Insurance Company
2012 057935

2012 AUG 27 AM 10:02
Seattle, WA Surety upon

a certain Bond No. **12S150896**
Cross Ref: **6352720000**
dated effective **6/31/2005**
(MONTH-DAY-YEAR)

MICHELLE R. FAJMAN
RECORDER

2012 057935

on behalf of **AL SCHERMERHORN DBA SCHERMERHORN BUILDING & REMODELING**
(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 **5/31/2012**
(MONTH-DAY-YEAR)

and ending on **5/31/2013**
(MONTH-DAY-YEAR)

Amount of bond **\$0.00**

Description of bond **CARPENTRY CONTRACTOR**

Premium: **\$0.00**

Document is
NOT OFFICIAL!
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the Lake County Recorder!

RECORDER
MICHELLE R. FAJMAN

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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.

** I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. **

Signed and dated on **8/24/2012**
(MONTH-DAY-YEAR)

American States Insurance Company

1001 4th Avenue, Suite 1700, Seattle, WA 98154

888-844-2663

By *Timothy A. Mikolajewski*
Timothy A. Mikolajewski, Assistant Secretary

MIDWEST INS CENTER INC
Agent

944 WEST US HWY 30, SHERERVILLE, IN 46375 1551

Address of Agent

(708) 474-6101

Telephone Number of Agent

AMOUNT \$ 1200

CASH CHARGE

CHECK # _____

OVERAGE _____

COPY _____

NON - COM

CLERK Rm

