

APPEARANCE BOND

Power of Attorney

No(s) _____

IN _____ COURT, STATE OF INDIANA

STATE OF INDIANA

VS.

SS. COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS

We, the above named defendant and Lexington National Insurance Corporation, jointly and severally acknowledge ourselves bound to the state of Indiana in the sum of \$_____. If the above named defendant shall appear on the _____ day of _____ 20____, in the court named above, to answer a charge of _____ and from day to day and from term to term thereof, and abide the order of the court until the cause is determined and not depart therefrom without leave, then this recognizance shall be void, else to remain in full force.

If the above named defendant does not appear at any time fixed in this bond, the court shall order the surety Lexington National Insurance Corporation to produce the defendant. The court shall mail notice of this order to Lexington National Insurance Corporation at P.O. Box 6098, Lutherville, Maryland 21094. If the surety does not produce the defendant, and does not pay all costs and late surrender fees in compliance with IC 27-10-2-12, the court shall, three hundred sixty-five (365) days after the mailing of the above notice to the surety, declare the bond forfeited, enter judgment forthwith against the surety, and certify the judgment to the clerk for record. Such forfeiture shall be without pleadings and without change of judge or change of venue. The obligors on such bond may appeal to the ruling of the court and appeal to the court of appeals as in other civil cases, and on appeal the evidence may be reviewed. Execution shall issue forthwith to the sheriff against the properties of each of us to be levied as other executions are levied.

WITNESS our hand and seals this _____ day of _____ 20 ____.

Taken and approved this _____
Day of _____ 20 ____

(Defendant)

(Officer Taking Surety)

(Attorney-In-Fact for Lexington National Insurance Corporation)

THIS BOND NOT VALID UNLESS ACCOMPANIED BY AN INDIVIDUALLY NUMBERED POWER OF ATTORNEY PROPERLY EXECUTED.

CERTIFICATE OF DISCHARGE OF BOND

Return to: LEXINGTON NATIONAL INSURANCE CORPORATION, P.O. Box 6098, Lutherville, Maryland 21094

This is to certify that I have examined the records of the court and found that the liability of LEXINGTON NATIONAL INSURANCE CORPORATION for this bond was terminated on the _____ day of _____, 20____.

COURT _____

BY _____ (SEAL)
(Signature of Clerk or other Officer of the Court)

POWER NO(S): _____
DEFENDANT: _____
AMOUNT(S): _____
DATE POSTED: _____
CHARGE: _____
CASE NO: _____
BAIL BOND PRODUCER: _____

