

Know all Men, That we,

John Sinken
and William Grant

are bound unto the State of Indiana in the penal sum of *one hundred fifty* dollars,
for the payment of which we, jointly and severally bind ourselves, our heirs, executors and
administrators. Sealed and dated the *6* day of *March* 18*53*.

The Condition of the above Obligation is, That if the above bound
John Sinken shall faithfully discharge the duties of his trust

as administrator of the estate of *Henry*
Sinken deceased, according to law, then the above obligation is to be
void, else to remain in full force.

John Sinken
Wm Grant



Approved by me, the *6th* day of *March* 18*53*

William Fleming

C. O. C. P. *Allen* County.

STATE OF INDIANA, }
Allen County, } SS.

I, *John Sinken* swear that I will faithfully discharge the
duties of my trust as administrator of the estate of *Henry Sinken* deceased,
according to law, so help me God.

John Sinken

Subscribed and sworn to before me, the *6th* day of *March* 18*53*.

Wm Fleming

C. C. C. P. *Allen* County.

I, *Wm Fleming* Clerk of the Court of Common Pleas for the
county of *Allen*, in the State of Indiana, do hereby certify that adminis-
tration of the estate of *Henry Sinken*
late of *Sinken* county, deceased, who died intestate, is granted to *John*
Sinken and the said *John Sinken* having qualified and
given bond as such administrator, is duly authorized to take upon himself the administration of
such estate according to law.



Witness my Hand, And the seal of said Court, this *6th* day of
March 18*53*

Wm Fleming

C. C. C. P. *Allen* County.