

Name Julia F. McElroy
(Name as shown on Voter Registration & regular signature if different)
Address (Residence) 600 Cove Road, Wilsonville, Al. 35186
(Business) Circuit Clerk's Office, P. O. Box 1436, Columbiana, Al. 35051
Phone No. (Residence) 205-669-4900 (Business) 205-669-3777
Date August 17, 1990

To: Judge of Probate Shelby County

Dear Sir:

I hereby make Application for appointemnt-reappointment as: check below:

1. Notary Public for the State at Large (X)
2. Notary Public for Shelby County ()

I am a qualified elector of Shelby County, Alabama
I vote in Precinct 09, Box 1.

Yours very Truly,

Julia F. McElroy
(Signature of Applicant)

My present comission expires on the
24th day of July, 1990.

S.S.# [REDACTED]

The undersigned citizens of _____ County recommend
of integrity and suitable to fill the office of Notary Public of this County.

Name: _____
Address: _____
Name: _____
Address: _____
Name: _____
Address: _____

Note: The names of foregoing references must be signed by the individually-
not in the same handwriting nor filled in by the applicant.

THE OFFICE OF NOTARY PUBLIC IS A SERIOUS AND RESPONSIBLE PUBLIC OFFICE AND
SHOULD NOT BE TAKEN LIGHTLY. ABUSE OF THE OFFICE OR IRRESPONSIBILITY IN
THE PERFORMANCE OF NOTARIAL DUTIES CAN RESULT IN GRAVE CONSEQUENCES. IF A
NOTARY PUBLIC HAS DOUBTS ABOUT THE PROPRIETY OF ANY ACTION, HE OR SHE SHOULD
SEEK COMPETENT PROFESSIONAL ADVICE BEFORE HE OR SHE ACTS.



THE HARTFORD

Policy Number
21 DDD KI 0891

Named Insured and Address

The State of Alabama, Et Al.
Montgomery, Alabama

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date Effective hour is the same as stated
October 1, 1988 in the Declarations of the policy.

Endt. No.
003

It is hereby agreed that:

The Limit of Liability under Insuring Agreement I, Employee Dishonesty Coverage - Form A, with respect to Notaries Public in the employment of the State of Alabama is hereby limited to a maximum of \$10,000.00.

It is further agreed that said coverage on Notaries Public employed by the State of Alabama is primary and not excess of any other coverage.

BOOK 007 PAGE 433

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

90 AUG 20 PM 3:09

JUDGE OF PROBATE

11.00
1.00
3.00
15.00

Nothing herein contained shall be held to vary, waive, alter or release any of the terms, conditions or provisions of the declarations of the policy other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that this endorsement takes effect as of the effective date of the policy and, at issuance of said policy, becomes a part thereof. Countersignature on the declarations page of said policy by a duly authorized agent of the company, shall constitute valid countersignature of this endorsement.