

Name Mabel E. Hadaway
(Name as shown on Voter Registration & regular signature if different)
Address (Residence) Route 1, Box 278 D, Columbiana, Alabama 35051
(Business) Post Office Box 1436, Columbiana, Alabama 35051
Phone No. (Residence) (205) 664-4508 (Business) (205) 669-3769
Date August 20, 1990

To: Judge of Probate Shelby County

Dear Sir:

I hereby make Application for appointment-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 1, Box 1.

Yours very Truly,

Mabel E. Hadaway
(Signature of Applicant)

My present comission expires on the _____ day of _____, 19____.

S.S.# _____

The undersigned citizens of Shelby County recommend Mabel E. Hadaway of Shelby County as being a person of integrity and suitable to fill the office of Notary Public of this County.

Name: Julia Mc Elroy

Address: 600 Cove Road, Thibodaux, La. 70154

Name: T. Jean LeMay

Address: Route 3 Box 53, Calum, La. 70440

Name: Arita Billingsley

Address: P.O. Box 623, Columbiana, Al 35051

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.

Endl. 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 435

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 extend 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 if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms 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.