



STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MONTGOMERY, ALABAMA 36130

TOMMY HERRING
COMMISSIONER

JIM FOLSOM
GOVERNOR

Probate Judge

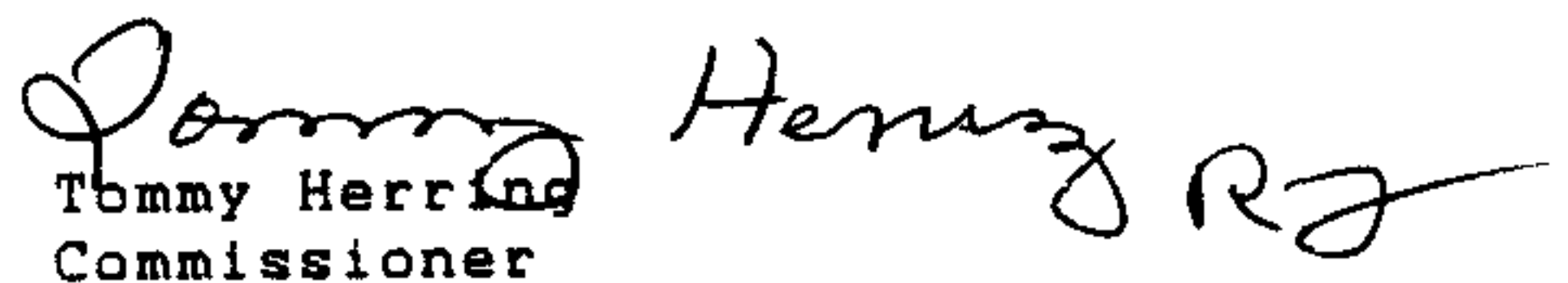
Dear Sir:

Request you issue a notary commission for
WANDA D. THREATT who is employed by the State
of Alabama, Department of Corrections.

The above employee is covered by the State's blanket
bond (Policy No. 21DDDK10891) and is a registered voter and
resident of SHELBY County.

Enclosed is a completed notary application and the
filling fee.

Yours truly,


Tommy Herring
Commissioner

JYL/avb

Enclosure

Inst # 1994-20159

06/24/1994-20159
01:04 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
005 MCD 17.00



STATE OF ALABAMA
DEPARTMENT OF FINANCE
MONTGOMERY, ALABAMA 36130

GUY HUNT
Governor

G. ROBIN SWIFT, JR.
Director of Finance

M E M O R A N D U M

TO: ALL COUNTY PROBATE JUDGES

FROM: G. ROBIN SWIFT, JR.
DIRECTOR OF FINANCE

SUBJECT: NOTARY BOND

DATE: AUGUST 28, 1989

The State of Alabama has broadened its Blanket Employee Dishonesty Bond so that it now provides full coverage for all Notaries Public employed by the State. Coverage is for \$10,000, as required by statute and extends through the four year license term. Additionally, the bond covers all of a notary's official acts, whether or not they are related to state business.

The new endorsement, a copy of which is attached, eliminates two understandable objections which Probate Judges had raised to the old policy - that it provided coverage for only one year, and covered only state business.

We are very pleased that we were able to persuade the Hartford Insurance Company to provide this broadened coverage at no extra cost.

Please advise if we can provide additional information.

GRSjr/lw

cc: Mr. Leon Moore
Jinright-Turner Insurance

Mr. Charles Rowe
Budget Director

Attachment: Endorsement #9



THE HARTFORD

Named Insured and Address

The State of Alabama, Et Al.
Montgomery, Alabama

Policy Number
21 DDD KI 0891

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.
009

THIS ENDORSEMENT REPLACES & SUPERSEDES ENDT. NO. 003 AND ENDT. NO. 004
EFFECTIVE 10/1/88.

It is hereby agreed that:

The Company agrees that this Policy shall provide Faithful Performance Coverage in the limits of \$10,000.00 for each Notary Public who is an employee of the State of Alabama regardless of whether said employee is acting in his official capacity as an employee of the State of Alabama or acting otherwise.

If this policy should be cancelled or the Notary Public should leave the employment of the State of Alabama, this policy shall continue to provide Faithful Performance Coverage for said Notary Public until the expiration of the commission in existence at time his or her employment is terminated or the Policy is cancelled, but in no event shall this period exceed four years.

The coverage provided under this policy for Notaries Public shall not be cumulative and is specifically limited to \$10,000.00 per Notary Public.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or 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.

Form G-2240-3
ACCEPTED:

Date

Countersigned by

Leon M. Moore, Jr., Authorized Agent



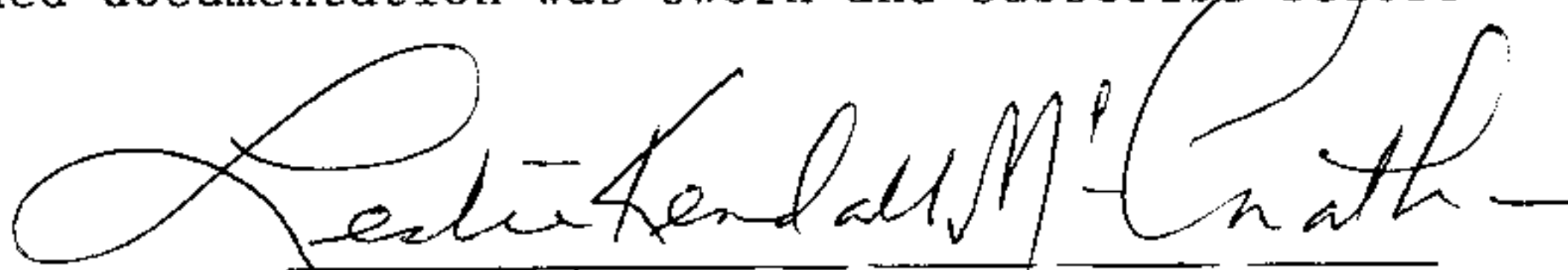
STATE OF ALABAMA

**DEPARTMENT OF CORRECTIONS
CHILDERSBURG COMMUNITY WORK CENTER
AND DISCIPLINARY REHABILITATION UNIT
P.O. BOX 368
CHILDERSBURG, AL 35044
205-378-3821 FAX 205-378-3654**

**TOMMY HERRING
COMMISSIONER**

**RANDAL L. LUCAS
DIRECTOR**

On this 21st day of June 1994, Wanda Threat appeared before me for the purpose of notarization. This attached documentation was sworn and subscribed before me this 21 day of June 1994.



Notary Public

My commission expires on January 7, 1995.

APPLICATION FOR APPOINTMENT AS NOTARY PUBLIC

(State-Wide Application Form For All Counties)

NAME: MR. Wanda D. Threath DATE: _____
(Name as shown on voter registration)
 HOME ADDRESS: 5515 Hwy. 62, Vincent, AL 35178
(City) (State) (Zip Code)
 BUSINESS ADDRESS: Childersburg Community Work Center Childersburg, AL 35044
(City) (State) (Zip Code)
 PHONE: 672-2765 378-3821 SOCIAL SECURITY NUMBER: _____
Home Business

TO: Thomas A. Snowden, Jr. JUDGE OF PROBATE 1994-20159
Shelby COUNTY

DEAR SIR:

I hereby make application for appointment-reappointment as:

1. Notary Public for the State at Large ☒
2. Notary Public for _____ County ☐

06/24/1994-20159
 01:04 PM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 005 MCD 17.00

I am a qualified elector of Shelby County, AL. Age 38 Race Black

I vote in Precinct/beat _____ Box _____ Last date registered to vote _____

Be sure you have the same address as shown on your voter registration so you will have the same precinct, beat or box number.

Yours very truly,

x Wanda D. Threath
(signature of applicant)

x Wanda D. Threath

Applicant's printed name exactly as you wish to sign as a Notary Public.

My present commission expires on the

23rd day of March, 19 94

The undersigned citizens of Shelby County
 recommend Wanda D. Threath of Shelby County

as being a person of integrity and suitable to fill the office of Notary Public of this County.

NAME: Shirley Middleton

ADDRESS: P.O. Box 211 Harpersville, AL 35078
(Zip Code)

NAME: Nazel Kelley

ADDRESS: P.O. Box 51 Harpersville, AL 35078
(Zip Code)

NAME: Kimberly Higgins

ADDRESS: P.O. Box 127 Vincent, AL 35178
(Zip Code)

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