

NAME: Julia F. McElroy State Employee Shelby County Circuit Clerk  
(Signature)

ADDRESS: (Residence) 500 Cove Road, Wilsonville, Al. 35186

ADDRESS: (Business) Circuit Clerk's Office, P. O. Box 1810, Columbiana, Al. 35051

PHONE NO: (Residence) 205-669-4900 (Business) 205-669-3777

DATE: July 27, 1994

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 (XX)
2. Notary Public for Shelby County ( )

Yours very truly,

Julia F. McElroy  
(Signature of Applicant)

My present commission expires on the  
20th day of August, 1994. S.S. # [REDACTED]

The undersigned citizens of \_\_\_\_\_ County recommend  
\_\_\_\_\_ of Shelby County as being a  
person 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 them individually -  
not in the same handwriting nor filled in by the applicant.

#### CONCLUSION;

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.

0040S

08/18/1994-25728  
01:01 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 MCD 17.00

Inst # 1994-25728



THE HARTFORD

Policy Number  
21 DDD KI 0891

Named Insured and Address

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.

The State of Alabama, Et Al  
Montgomery, Alabama

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

Encl. 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.

Inst # 1994-25728

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01:01 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 HCD 17.00

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