

P.O. BOX 3967 PEORIA, IL 61612-3967 P: (800)645-2402 E: asksurety@rlicorp.com RLISURETY.COM

### NOTARY PUBLIC BOND

Bond No. <u>LSM1789889</u>

STATE OF	<u>Alabama</u>	• • • • • • • • • • • • • • • • • • •			
COUNTY OF	Shelby	<u> </u>	. Sh	230929000291440 1 elby Cnty Judge o 2/29/2023 10:04:38	f Probate, AL
KNOW ALL MEN BY	THESE PRESENTS:		-	*************	52250 1/6 <b>\$</b> .00
That we.	•	, ,			Judge of Probate, AL 0:33:10 AM FILED/CERT
as Principal, and	· · · · · · · · · · · · · · · · · · ·	Janice Saunders		<del></del>	
	he State of Alabama, as Sure	RLI Insurance Co	hound unto the St	tota of Alabama in t	, a corporation duly
	•	d and 00/100			s ( <u>\$_50,000,00</u> ),
for the payment of which	well and truly to be made and				·
	by waive our right to claim p				our of our grant, and of
Sealed with our seals, and	dated this <u>7th</u> day of	September 2	<u>023</u> .	•	
WHEREAS, the above-nar September, 202	ned Principal has been duly a 3; for the term of four year	appointed Notary Publics from date of notary of	ic Alabama, (State commission.	at Large) on the	29 day of
NOW, THEREFORE, the	condition of this bond is that nuance therein, then this obli	if the named Principal gation shall be null and	shall faithfully dis	scharge the duties o it shall remain in fu	f the office of Notary Il force and effect.
· -	Exp. 9/29/20	27	Jane	<u>Jaundy</u> Principal	1 (L.S.)
ByChris Cornelius	A la banca I i anno a la	ANCE COMMI	RLI Insurance C	ompany	
P.O.	Alabama Licensed A Box 3967 L 61612-3967	CORPORATE S	8	W. A	(L.S.)
	Address		Barton W. Davis	3.3	Vice President
Approved and filed this Z	9 day of Scotmber,	<u> </u>		Judge of Probate	
-		•	Ву		
THE STATE OF ALABAN COUNTY OF		-	OATH OF OF	FICE	
COUNTY OF	Shelby	•			
I,	•	Janice Saunders Grob	• •		. do
solemnly swear that I will solitizen thereof; and that I was ability, so help me God.	support the constitution of the ill faithfully and honestly dis	United States and the	Constitution of the	e State of Alabama h I am about to ent	, so long as I continue a
Subscribed and sworn to be	fore me this	SIN SHOW	7023	· •	
Julishu 1	White ary Public	O NOTAR O	Equi	ie Juur	du Stoh
NOU	aly Fubile	STATE ALL		Principal	N0100N11_SUBS- 50, 0
					•

# POWER OF ATTORNEY

20230929000291440 2/5 \$69.00 Shelby Cnty Judge of Probate, AL 09/29/2023 10:04:38 AM FILED/CERT

### RLI Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615 Phone: 800-645-2402

Bond No. <u>LSM1789889</u>

Know All Men	by	These	Presents:
--------------	----	-------	-----------

That this Power of the approving off	of Attorney is not valid or in effect unlessicer if desired.	s attached to th	e bond which it auth	orizes executed, but may b	e detached by
That the	RLI Insurance Company	, a corp	oration organized and	d existing under the laws of District of Columbia does	f the State of hereby make,
Illino			2 III till 2ttree2 tries trie	in the City of P	eoria
constitute and ap	Point	cent and	Vice President	with full power and au	thority hereby
State of conferred upon h	im/her to sign, execute, acknowledge and	deliver for and	on its behalf as Sure	ty, for the following descri	bed bond.
# • 1-1 ·	Janice Saunders Grohs				
Obligee:	Alabama Secretary of State	<u> </u>			
Type Bond:	Notary	<u> </u>		- 20231218000362250 2/	-
Bond Amount:	·	<u>.                                    </u>		_ Shelby Cnty Judge of 12/18/2023 10:33:10	
Effective Date:	<u>September 11, 2023</u>				
The acknowledg	ement and execution of such bond by the ed and acknowledged by the regularly elec-	cted officers of	the Company.	the following is a true and	•
The	RLI Insurance Company	<u> </u>		and now in	force to-wit:
	ted by the Board of Directors ofolicies, undertakings, Powers of Atto		surance Company		
corporate seal	Powers of Attorney or other obligation may be printed by facsimile."  WHEREOF, theRLI Insu	rance Compa		as caused these presents to	
	e President with its corporate se		_ •	September , 2023	<b>-*</b>
		SPANCE COMME	RLI Insurance Co	mpany	
•		SEAL	By:	4 W. 3	Vice President
tate of Illinois	· · · · · · · · · · · · · · · · · · ·	// CIS HIHIT	Barton W. Davis		4 ICC 1 ICSIGOTIC
County of Peoria	SS SS	ALINO SHIMIN		CERTIFICATE	•
on this <u>7th</u> d	ay of September, 2023, before me, a	Notary Public, o being by me	I, the undersigned of	ficer of	
foregaid officer of	vledged that he signed the above Power of	Attorney as the	do hereby certify the and effect and is into the Company as set testimony whereof, I	RLI Insurance Company at the attached Power of Attached Power of Attached furthermore, the forth in the Power of Attorney have hereunto set my hand an RLI Insurance Company	is now in force. I
3y:	atheren D. Geraco	<u>.</u>	this 7th day of	•	
Catherine D. Go	eiger	Notary Public	RLI Insurance Con	. O 1 · la	
	CATHERINE D. GEIGER  OFFICIAL SEAL  NOTARY PUBLIC F Notary Public - State of Illinois	•	By:	your Dotal	Corporate Secretary
	STATE OF My Commission Expires				40006221 SII



P.O. BOX 3967 PEORIA, IL 61612-3967
P: (800)645-2402 E: asksurety@rlicorp.com
RLISURETY.COM

# ALABAMA NOTARY PUBLIC ERRORS & OMISSIONS POLICY

Bond No. <u>LSM1789889</u>

Item 1.		mpany (the "Company") will pay on behalf of	20231218000362250 3/6 \$.00			
		Janice Saunders Grohs	Shelby Chty Judge of Probate, AL 12/18/2023 10:33:10 AM FILED/CERT			
•	Principal Address:	187 Belmont Way Chelsea, AL 35043				
	which is made again	reason of liability for breach of duty while acting as a duly commissioned and synst the Insured by reason of any negligent act, error or omission, committed or alloing out of the performance of notarial service for others in the Insured's capacity	eged to have been committed			
Item 2.	POLICY PERIOI only if claim, suit Limitations pertain	This policy applies only to negligent acts, errors or omissions which occur during or other action arising therefrom is commenced during the policy period or witing to the Insured.	ng the policy period and then thin the applicable Statute of			
	The Policy Period i	s September 11, 2023 to September 11, 2027.				
• • •	LIMITS OF LIAI all claims under thi	TOIL LINGUIGH GIRE OVI LOO	or all loss (defined below) for Dollars ( <u>\$ 10.000.00</u> ).			
•	This limit shall ap exceed this amount	(NOT VALID IF FILLED IN FOR MORE THAN \$50,000) ply in the aggregate so that the Company's total liability for all claims and/or de	efense costs shall in no event			
<b>I.</b> .	DEFENSE SETTLEMENT: With respect to such insurance as is afforded by this Policy, the Company shall, provided the policy limit has not been exhausted, defend, in the Insured's name and behalf, any claim or suit against the Insured alleging such negligent act, error or omission and seeking damages on account thereof, even if such claim or suit is groundless, false or fraudulent. The Company, in the Insured's name and behalf, shall have the right to make such investigation, negotiation and settlement of any claim or suit as it may deem expedient.					
II.	I. DEFINITIONS: Wherever used in this policy, these words shall have the following meanings:					
	Company by the Cohave no or required by	costs" shall mean any and all: (1) expenses, including attorneys' or investigators in the investigation, settlement or defense of claims or suits; (2) costs taxed against mpany; (3) premiums for bonds required in a suit defended by the Company, who bligation to furnish, but only for bonds up to the Company's limit of liability; (1) y law until the Company offers the amount due under this insurance; and (5) reason the Company's request, other than loss of earnings.	the Insured in a suit defended ich bonds the Company shall 4) interest on a judgement as			
	must pav	all of the Exclusions of this policy (stated below), "loss" shall mean the total of as direct compensatory damages because of claims covered by this insurance; (2) thement of such claims, whether or not the Insured's legal liability has been determinated.	sums the Company agrees to			
III.	malicious act or on death of any person any tangible prope exemplary or simil	Coverage under this policy does not apply to any (i) dishonest, fraudulent, crimission of the Insured; (ii) willful or intentional disregard of the law; (iii) bodily in including but not limited to emotional or mental distress and related conditions; rty, including the loss of use thereof; (v) fines or penalties imposed by law on the arly categorized damages, including fines and penalties; or (vii) performance of notions, is a partner of, manages or controls.	jury to, or sickness, disease or (iv) injury to or destruction of Insured; (vi) punitive, treble,			
IV.	contributory, conti	NCE: This insurance is excess over any other applicable insurance whether such ngent, or otherwise the whether such insurance is collectible or not, unless such ot over the insurance provided by this policy.	insurance is primary, excess, her insurance is written to be			
•	(a) Upon kno containing time, place shall be g	TIES IN THE EVENT OF OCCURRENCE, CLAIM OR SUIT: owledge of any occurrence which may reasonably be expected to result in a particulars sufficient to identify the Insured and also reasonably obtainable infine and circumstances thereof, and the names and addresses of the potential claims iven by or for the Insured to the Company or any of its authorized agents as soon in forty-five (45) days after discovery.	formation with respect to the int and of available witnesses,			
	(b) If claim demand.	is made or suit is brought against the Insured, the Insured shall immediately for notice, summons or other process received by it or its representative.	orward to the Company every			
	~~~~~,		Page 1 of 2			

20230929000291440 3/5 \$69.00

N0199O09\_SUBS-50, 0

- The Insured shall cooperate with the Company and, upon the Company's request, assist in making settlements, in the (c) conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the Insured for acts, errors or omissions with respect to which insurance is afforded under this policy; and the Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured shall not, except at his own cost, voluntarily make any payment, admit any liability, assume any obligation or incur any expense except with the prior written consent of the Company.
- SUBROGATION: In the event of any payment for any loss under this insurance, the Company shall be subrogated to all of the **V.** Insured's rights of recovery thereafter against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights to the Company. The Insured shall do nothing after loss to prejudice such rights.
- ASSIGNMENT: This policy shall be void if assigned or transferred without the Company's written consent. VI.
- ACTION AGAINST COMPANY: No action shall lie against the Company unless, as a condition precedent thereto, there shall VII. have been full compliance with all of the terms of this policy, nor until the amount of the Insured's obligation to pay shall have been finally determined either by judgement after actual trial or by written agreement of the Insured, the claimant, and the Company.

Any person or organization or the legal representative thereof, who is signatory to such judgement or written agreement, shall thereafter be able to recover under this policy to the extent of the insurance afforded by this policy. No person or organization shall have any right under this policy to join the Company as a party to any action against the Insured to determine the Insured's liability, nor shall the Company be impleaded by the Insured or the Insured's legal representative.

- CANCELLATION: If this Policy has been in effect for more than sixty (60) days, or is a renewal of a policy the Company VIII. issued, the Company may cancel this Policy upon the occurrence, after the effective date of the Policy, of one or more of the following:
  - Nonpayment of premium, including payment due on a prior policy the Company issued and due during the current Policy Period covering the same risks.
  - Discovery of fraud or material misrepresentation by the Insured or their representative either in obtaining this В. insurance or in pursuing a claim under this Policy.
  - A judgement by a court or an administrative tribunal that the Insured has violated an Alabama or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against.
  - Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations D. establishing safety standards, by the Insured or their representative, which materially increase any of the risks insured against.
  - Failure by the Insured or their representative to implement reasonable loss control requirements, agreed to by the E. Insured as a condition of policy issuance, or which were conditions precedent to the Company's use of a particular rate or rating plan, if that failure materially increases any of the risks insured against.
  - A determination of the Commissioner of Insurance that the: F.
    - Loss of, or changes in, the Company's reinsurance covering all or part of the risk would threaten its financial integrity or solvency; or
    - Continuation of the policy coverage would (i) place the Company in violation of Alabama law or the laws of the state where it is domiciled; or (ii) threaten the Company's solvency.
  - A change by the Insured or their representative in their notarial service activities, which results in a materially added, G. increased or changed risk, unless the added, increased or changed risk is included in the Policy.

The Company will mail or deliver advance written notice of cancellation, stating the reason for cancellation to the Insured, and to the producer of record, at least ten (10) days before the effective date of cancellation if the Company cancels for a reason listed in A. above; or, at least twenty (20) days before effective date of cancellation if the Company cancels for a reason listed in B. above; or, at least forty-five (45) days before the effective date of cancellation if the Company cancels for any reason listed in C. through G. above.

Upon cancellation by either the Insured or the Company, earned premium shall be computed pro rata. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment of unearned premium is not a condition of cancellation.

Dated, signed and sealed this September day of

20230929000291440 4/5 09/29/2023 10:04:38 AM FILED/CERT

20231218000362250 4/6 \$.00 Shelby Cnty Judge of Probate, AL 12/18/2023 10:33:10 AM FILED/CERT

RLI Insurance Company

Barton W. Davis

Vice President

Address Claims to: RLI Insurance Company P.O. Box 3961 Peoria, IL 61612-3961

Page 2 of 2

NEO 0500-AL (10/09) RLI

N0199009\_SUBS-50, 0

Allison S. Boyd

Judge of Probate

Kimberly A. Melton Chief Clerk



Judicial Division - (205) 670-5210 Recording Division - (205) 670-5220

20230929000291440 5/5 \$69.00 Shelby Cnty Judge of Probate, AL 09/29/2023 10:04:38 AM FILED/CERT

## Probate Court of Shelby County, Alabama

Post Office Box 825 • Columbiana, Alabama 35051 website: <a href="www.shelbyal.com/285/Probate-Court">www.shelbyal.com/285/Probate-Court</a>

Below you will find your Commission as a Notary Public. Please detach the commission card and keep it in a secure place. If your commission is being renewed this card will replace any previously issued commission card. Note that your commission card indicates the term of your current commission and it is important that you begin the renewal process in advance of the expiration of your commission to ensure there is no break in service.

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.

A Notary Public is a public officer whose function it is:

- 1. To administer oaths; and
- 2. To attend and certify, by his signature and official seal, certain classes of documents, in order to give them credit and authenticity; and
- 3. To take acknowledgments of deeds and other conveyances and certify the same; and
- 4. To perform certain official acts, chiefly in commercial matters, such as the protesting of notes and bills, the notice of foreign drafts, and marine protests in cases of damage.

You will need to obtain your notarial seal prior to performing any official acts. It is required that your notarial seal reflect your name as stated in the below commission card.

#### **NOTARY PUBLIC COMMISSION**

In the name of the State of Alabama and pursuant to the authority granted me as Judge of Probate for Shelby County, I hereby Commission <u>Janice Saunders Grohs</u> as Notary Public for the State at Large for the term beginning on <u>09/29/2023</u> and ending on <u>09/29/2027</u>.



ALLISON S, BOYD JUDGE OF PROBATE



20231218000362250 5/6 \$.00 Shelby Cnty Judge of Probate, AL 12/18/2023 10:33:10 AM FILED/CERT



20231218000362250 6/6 \$.00 Shelby Cnty Judge of Probate, AL 12/18/2023 10:33:10 AM FILED/CERT

State of Alabama

# Notary-2023-000045 APPLICATION FOR NOTARY PUBLIC COMMISSION

(MUST BE A RESIDENT OF COUNTY WHERE APPLICATION IS MADE)

### \$10.00\* APPLICATION FEE IS DUE AT THE TIME APPLICATION IS SUBMITTED

		Date: 09/14/2023
l.	Name: Janice Saunders Grohs	
	(Print your name as it appears on driver's license, non-driver ID, or other	current valid photo ID)
2.	Home Address: 187 Belmont Way Apt/Su	ite #:
3.	City/State/Zip: Chelsea, AL 35043 Coun	ty of Residence Shelby
4.	Mailing Address (If Different):	
5.	Date Of Birth: 04/28/1966 Email Address janice.grohs@rena	asant.com
6.	Phone Numbers: Work 256-378-4002 Home 205-7	718-3746
	Have you ever been convicted of a felony or crime of moral turpitude?	YES NO (If YES,
	Please Provide Details On Page 2)	
8.	Are you currently a debtor in a bankruptcy proceeding? YES _	NO
	Are you currently under an order adjudicating you incapacitated?YE	
	0. Are you currently or have you ever been a commissioned notary public in	
10	YES (County Shelby Expiration Date: 10/18/202	
11	Janice Saunders Grohs	
	(Print Your Name Exactly As It Is To Appear On Notary Commission)	•
	BY SIGNING BELOW I CERTIFY THAT ALL INFORMATION CORRECT AND THAT I AM ABLE AND WILLING MANDATORY TRAINING FOR NOTARY PUBLICS (UNLESS WITHIN 30 DAYS OF THE DATE OF THIS APPLICACENOWLEDGE THAT I UNDERSTAND THAT THE SET IS NON-REFUNDABLE AND TIME IS OF TIME DEADLINES ARE STRICTLY ENFORCED.)	G TO COMPLETE THE S EXEMPT BY LAW) CATION. I FURTHER S10.00* APPLICATION
	ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE PENALTY OF PERJURY. THE CRIME OF PERJURY IS PUNISHOR IMPRISONMENT.	MADE UNDER THE ABLE BY FINE AND/
Sig	gnature: Aanie Saunden Stok	
	This should be your usual signature and match the name printed of THIS SHOULD BE THE SIGNATURE YOU USE WHEN NOTAR	n Line 11.