

# LANCASTER COUNTY CLERK

County-City Building | 555 South 10th Street | Lincoln, NE 68508-2803

402-441-7484 | Fax 402-441-8728

DAN NOLTE  
*Clerk*

March 26, 2018

Autumn Crable  
Juvenile Probation

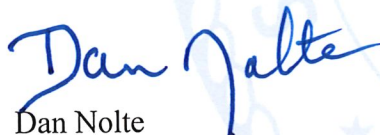
RE: Claim(s) to be reviewed by the Lancaster County Board of Commissioners

The Lancaster County Board of Commissioners will be reviewing the following claim(s) on Thursday, March 29 2018, during the County Board Staff Meeting in Room 113, on the first floor of the County-City Building:

A. Voucher 605325 on batch 225927 to Autumn Crable, dated March 21, 2018 in the total amount of \$144.37. The County Board has requested a review of all claims for employee reimbursement other than those related to travel for County business.

Any additional documentation to support your claim may be submitted to the County Clerk's Office or if you wish to appear and/or provide additional clarification regarding this claim(s) on March 29 2018, please contact Kerry Eagan, Chief Administrative Officer, so he can schedule a specific time.

Sincerely,



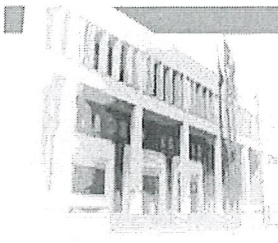
Dan Nolte  
County Clerk's Office

email: Kerry Eagan, County Board Office  
Jen Holloway, County Attorney's Office  
Minette Genuchi, County Commissioner's Office  
Lori Griggs, Chief Probation Officer

Document Ty	Item Number	G/L Date	Inv Date	Due Date	G/L Class	Co P.O.#	Address#	Supplier Name	JE - Remark	Amounts	Gross	Ty LT PC
PV	605325	001	3/21/2018				4128	<b>Crable, Autumn</b> 3120 NW 49th Street Lincoln	NE 68524			
6730.65845 Other Misc Fees & Services Reimbursement for Notary											144.37	AA
Totals for Document PV 605325 00011											144.37	AA

The undersigned hereby certifies that the above material and/or service has been received and/or performed and funds have been appropriated for said purpose.

By 



STATE OF NEBRASKA  
**JUVENILE  
PROBATION OFFICE  
PROBATION DISTRICT 3J**

Heritage Square Bldg, 421 So. 9<sup>th</sup> St. Ste 137  
LINCOLN, NE 68508  
PROBATION OFFICE (402) 441-7364 FAX: (402) 441-6052

March 21, 2018

This letter is a request for reimbursement in the amount of \$144.37 for the cost of receiving Notary Recertification.

I have received my certificate and stamp, completing the certification process. Attached is the paperwork I received as confirmation of this recertification along with proof of payment via personal check. I have also included Payment Voucher # 605325 for this reimbursement from the Agency's Other Misc. Service and Fees line item.

If you have any questions or need additional information, please call me at (402) 441-5978. Thank you.

Respectfully,

Autumn Crable

Office Manager  
Juvenile Probation 3J

*Lori Griggs, Chief Probation Officer*  
*Bev Hoagland, Chief Deputy Probation Officer*

KEVIN R CRABLE  
AUTUMN D CRABLE  
3120 NW 49TH ST.  
LINCOLN, NE 68524-1403

27-2/1040

2300

2-26-18  
DATE

PAY TO NEBRASKA NOTARY ASSOCIATION \$ 144.37  
the order of One hundred forty-four and 37/100 DOLLARS

Security Features  
Printed on U.S. Bank

**usbank.** All of us serving you®

MEMO NOTARY RENEWAL

Aut D. Crable

MP

FOR DEPOSIT ONLY

~~TranDt=03/06/18-Inst=UNION BANK & TRUST COMPANY  
RtNum=>104910795<-ItemNum=000104414950~~

-TranDt=03/06/18-Inst=UNION BANK & TRUST COMPANY  
-RtNum=>104910795<-ItemNum=000104414950

PAY TO THE ORDER OF  
UNION BANK & TRUST  
FOR DEPOSIT ONLY  
NEBRASKA NOTARY ASSOCIATION  
306 7500

# Nebraska Notary Association

P.O. Box 82007

Lincoln NE 68501

NEBRASKANOTARYASSOCIATION.COM

March 6, 2018

Autumn D. Crable  
3120 NW 49<sup>th</sup> ST  
Lincoln NE 68524

Dear Ms. Crable:

Thank you for doing business with the Nebraska Notary Association. We are enclosing your Nebraska Notary Certificate.

Your PSI stamp (handle) is also included. Please review your stamp and make sure your name and expiration date match the name and expiration date on your notary certificate. Renewal applicants must use their old seal until your current commission expires.

A copy of your Errors & Omissions Policy is enclosed.

As a Member of the Nebraska Notary Association, we are also enclosing your information letter.

Please do not hesitate to call our office if we may be of any further assistance.

Sincerely,

Nebraska Notary Association

  
(Mr.) Troy Kreifels

402-421-8408 or 1-800-213-8636

# UNIVERSAL SURETY COMPANY

P.O. Box 80468 • Lincoln, Nebraska 68501

## Nebraska Notary Public Errors and Omissions Policy No. 13990

UNIVERSAL SURETY COMPANY ('the Company') will pay on behalf of

Autumn D. Crable  
of  
3120 NW 49<sup>th</sup> ST, Lincoln NE 68524

and the State of Nebraska hereinafter called the Insured, all sums, subject to the Limit of Liability stated below, which the Insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission, committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public.

**POLICY PERIOD:** This policy applies only to negligent acts, errors or omissions which occur during the policy period and then only if claim, suit or other action arising therefrom is commenced within the applicable statute of limitations pertaining to the Insured.

**The Policy Period end**  
March 11, 2022

**LIMIT OF LIABILITY INCLUDING DEFENSE COSTS:** The total liability of the Company for all claims, costs and expenses under this policy shall not exceed the amount of

TEN THOUSAND AND NO/100  
(\$10,000) DOLLARS

Policy Deductible \$100.00

Once the limit of liability stated above has been paid in the aggregate, whether by settlement of a claim or claims, or by payment of costs and expenses, the Company is relieved of any further duty to defend or indemnify the insured under this policy, regardless of the number of (a) Claims made or suits brought; or (b) Persons or organizations making claims or bringing suits.

**DEDUCTIBLE:** The Company will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown above. The Company will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

**DEFENSE SETTLEMENT:** The Company, in the Insured's name and behalf, shall have the exclusive right to make any settlement of any claim, suit, or other action, at the Company's discretion.

**CONDITIONS:** As a condition precedent to the right of indemnification or defense hereunder, the Insured shall mail or deliver to the Company within ten (10) days after notice or knowledge of a claim or possible claim against the Insured copies of any written notice thereof and a complete description of the facts and circumstances alleged to give rise to such claim. Bankruptcy or insolvency of the Insured shall not release the Company or its liability hereunder.

**DUTIES:** The Insured shall cooperate with Company in the investigation, settlement or defense of any claim or suit and assist with enforcement against any person or organization which may be liable to Insured. Insured will not, except at his or her own cost, voluntarily make a payment, assume any obligation, or incur any expense without Company consent.

**EXCLUSIONS:** Coverage under this policy does not apply to any (a) any dishonest, fraudulent, criminal, libelous, slanderous or malicious act or omission of the Insured; (b) willful or intentional disregard of the law; (c) bodily injury to, or sickness, disease or death of any person, including but not limited to, emotional or mental distress and related conditions; (d) injury to or destruction of any tangible property, including the loss of use thereof; (e) fines or penalties imposed by law on the Insured; (f) punitive, treble, exemplary or similarly categorized damages, including fines and penalties; or (g) conduct of any business enterprise Insured owns, is a partner of, manages or controls.

**OTHER INSURANCE:** If the Insured has other insurance against a loss covered by this policy, the Company shall not be liable under this policy for a greater proportion of such loss, cost and expenses than the limit of liability stated in this policy bears to the limit of liability of all other insurance against such loss.

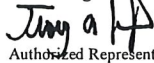
**SUBROGATION:** In the event of any payment for any loss under this insurance, the Company shall be subrogated to all of the Insured's rights of recovery thereafter against any person or organization and the Insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights to the Company. The Insured shall do nothing after loss to prejudice such rights.

**ACTION AGAINST COMPANY:** No action may lie against the Company unless there shall have been full compliance with all of the terms of this policy and the amount of the Insured's obligation to pay shall have been fully determined either by judgment after actual trial or by written agreement of the Insured, the claimant, and the Company. No person or organization has a right under this insurance to join the Company as a party to any action against the Insured.

**CANCELLATION:** This policy may be cancelled by the Insured by surrender hereof to the Company or any of its authorized agents or by mailing to the Company written notice stating when thereafter the cancellation shall be effective. The Company may cancel only for one or more of the following reasons: (a) nonpayment of premium; (b) fraud or material misrepresentation in obtaining the policy or in pursuing a claim; (c) conviction under a state or federal law for an act that materially increases any of the risks insured against; (d) failure by the Insured to implement reasonable loss control requirements, agreed to as a condition of policy issuance; (e) if the Commissioner of Insurance determines that loss of or changes in the Company's reinsurance covering all or part of the risk would threaten the Company's financial integrity or solvency; (f) if the Department of Insurance determines that the continuation of the policy would place the Company in violation of Nebraska law; (g) if the Department of Insurance determines that the continuation of the policy would threaten the Company's solvency; or (h) an increased risk or changed risk, unless the added, increased, or changed risk is included in the policy. If this policy is cancelled for reason (a) and (b) above, we will provide written notice to the Insured at least 10 days before the effective date of cancellation. If this policy is cancelled for reasons above, Company will provide written notice to the Insured at least 30 days before the effective date of cancellation. The reason for cancellation shall be stated on the notice. Cancellation notice sent by certified mail to the Insured at last known address shall be conclusive proof of receipt.

The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the Insured or by the Company shall be equivalent to mailing. Upon cancellation by either the Insured or the Company, earned premium shall be computed pro rata. Premium adjustment may be made on the effective date of cancellation stated in the notice.

Countersigned this 6th day of March, 2018 by

  
Authorized Representative

**Name:** AUTUMN D. CRABLE  
**Expiration date:** MARCH 11, 2022

Nebraska Notary Association  
P.O. Box 82007  
Lincoln NE 68501  
402-421-8408 or 1-800-213-8636

## **Some guidelines, general information, and good practices for Nebraska Notaries.**

(The following information is provided as a courtesy only. The complete notary handbook is available for viewing or download at [nebraskanotaryassociation.com](http://nebraskanotaryassociation.com).)

Criteria for proper notarization:

Document signer must be in the presence of Notary at the time of notarial act.

Document signer must be personally known to Notary or show satisfactory evidence of identification.

‘personally known’ means familiarity with an individual resulting from interaction with the individual over a period of time sufficient to dispel any reasonable uncertainty that the individual has the identity claimed.

‘satisfactory evidence’ for purposes of identification:

At least one current, photo identification card issued by government agency with signatures and physical description of individual, except a properly stamped passport without a physical description is acceptable OR

Oath of affirmation of one credible witness unaffected by the document or transaction to be notarized who is personally known to the notary public and who personally knows the individual or an oath or affirmation of two credible witnesses unaffected by the document or transaction to be notarized who each personally knows the individual and shows to the notary public documentary identification as described above.

There must be an attestation clause each and every time a notarial act is performed. Simply signing as a Notary Public and affixing your Notary Seal is not a proper notarial act.

All information in the attestation clause must be properly filled in:

- State: Nebraska
- County: Name of county in Nebraska where notarization occurs
- Carefully insert names and dates as specified in the attestation clause.
- Make sure all principal(s) have signed the document and dated the document (if applicable).
- Notary must sign their name, affix their Notary Seal.

If a document to be notarized does not have an attestation clause, a Notary may not give advice to the principal as to what type of notary attestation clause to use.

A Notary may not give advice to the principal on the legality of the contents of the document or whether the principal should sign the document, unless the Notary is a licensed attorney. Notarization does not guarantee the legal sufficiency or truthfulness of the contents of a document.

Prior to notarizing, the Notary should look over the document to be notarized to be sure there are no blank lines or spaces in the document. Blank lines or spaces should be either completed by the principal(s) or crossed through by the principal(s) prior to notarization. Failure to do so leaves the document open to easy alteration after the notarial act is performed.

Notaries may not perform a notarial act if they are in the same immediate family. This includes in-laws, step- or half-relatives. Notaries are to be a disinterested witness to a transaction and should not stand to gain personally or financially from the outcome of the document to be notarized.

Notaries should not notarize signatures for minor children.

Any person whose name is legally changed after being commissioned as a Notary may continue to act as a Notary Public and use the original commission, seal, and name until expiration. You can then change the name on your notary commission at renewal time.

A person residing in a state bordering Nebraska can become a Nebraska notary if the person is employed or has a regular place of work in Nebraska.

All notaries must use an ink stamp engraved with the following:

State of Nebraska, General Notary or General Notarial, His or her name as commissioned and the expiration date of the commission.

When notarizing, a Notary must affix a clear and legible impression of their ink stamp on the document so that all information on the seal is easily read. The seal and signature of the Notary may NOT be affixed over printed wording or other signatures on the document.

A person with a misdemeanor conviction involving fraud or dishonesty is eligible to obtain a notary commission five years after the conviction.

A Notary Public must notify The Secretary of States office of any change of his/her residence no later than 45 days after such change.