**BE IT REMEMBERED** that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 26<sup>th</sup> day of August, 2010, at 9 00 o'clock a m, and present were, Floya McKee, President of the Board, R B Davis, Vice-President, Shelton Deanes, Luke Lummus and Lynn Horton Also present at said meeting were Harmon A Robinson, Clerk of the Board, and Laddie Huffman, Sheriff, when and where the following proceedings were had and determined, to-wit

NO\_\_\_\_\_

#### IN THE MATTER OF ACCEPTING QUOTES FOR LIABILITY, FIRE AND CASUALTY INSURANCE FOR 2010-2011

There came on this day for consideration the matter of accepting quotes for

liability, fire and casualty insurance for 2010-2011

It appears two quotes have been submitted and they are, to wit,

1	Galloway Chandler McKinney Insurance	
	Representing Travelers Insurance	\$178,684 00

2 Lyon Insurance representing Beacon One Insurance \$137 065 00

After motion by Mr Davis and second by Mr Lummus this Board doth vote

unanimously to take said bids under advisement

SO ORDERED this the 26th day of August, 201

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Coverages	Travelers-Expiring	Board of Supervis	Travelers Renewal	
	9/1/2009-9/1/2010		9/1/2010-9/1/2011	
	Coverages	Premiums	<u>Coverages</u>	Premiums
e <sup>-</sup> - <u>al Liability</u>	500 000/1mill	\$27,827	500 000/1mill	\$28 013
€ tible Per Occurrence _	No Deductible	· /	No Deductible	_
<u>mpioyee Benefits Liability</u>	1mill/3mill	\$381	1mil/3mill	\$381
eductible Per Wrongful Act	\$1 000		\$1 000	
ublic Entity Management Liab	1mill/1mill	\$1,865	1mil/1mil	\$1,835
eductible Per Wrongful Act	\$5 000		\$5 000	
mployment Practices Liab	1mill/1mill	\$9,640	1mil/1mill	\$9,644
eductible Per Offense	\$15 000		\$15 000	
uto Liability - Option 1	750 000	\$60,983	750 000	\$51,005
eductible Per Accident	No Deductible	-	No Deductible	
Non-Stacking* UM	\$750 000 (	CSL	\$750 000 CSL	
ption 2			\$1 000 000 CSL	+\$1 001
<u>uto Physical Damage</u>	149 units	\$18 883	108 units	\$17,853
omp/Collision Deductible	\$500/\$500		V \$500/\$500	
ommercial Crime	\$100 000	\$954	\$100 000	Incl
eductible	\$500		\$500	
heft of Money (In & out)	100 000 incl		100 000 incl	
guip Breakdown/Boiler Mach	\$13 865 688	<b>\$</b> 1 434	\$19 175 988	\$2 470
eductible	\$2 500		\$2 500	
I Marine		\$13,663		\$12,997
ຢຸ tible	\$500		\$500	
o uter Equipment	\$511 729		\$504 500	
ontractors Equipment	\$2 220 400		\$2 242 304	
isc Equipment	\$25 700		\$25 700	
nscheduled Equipment	\$50 000		\$50 000	
nscheduled Equip Deductible	\$1 000		\$1 000	
operty		\$30,076		\$27,756
uildings	\$16 450 988		\$16 450 988	•
ontents	\$2 725 000		\$2 725 000	
eductible	\$2 500		\$2 500	
eductible-Wind/Hail	\$2 500		\$2 500	
aluable Papers	\$225 000		\$225 000	
xtra Expense (Court House)	\$250 000		\$250 000	
aw Enforcement 2mill/2mill		\$28,190	2mill/2mili	\$26 730
eductible Per Wrongful Act	\$10 000		\$10 000	
OTALS		\$193,896		<u>\$178 684</u>

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5 Year Premium/Claims Info				5 Year Premium History		
	Prem Pard	Claims Paid		2010 201	1	<b>\$178</b> 684
005-2010	\$986 0 <del>59</del>	\$2 013 168		2009-2010	6	\$193 896
	5 yr l	_oss Ratio + 200%		2008 2009	9	\$220 870 🔔
	Average Annual Premium Paid \$197 212			2007 2008	3	\$205 720
-	Average Annual Claims Paid \$402 634		02 634	2006 2007		\$183 859
-		 1) Zunch	<u>Companies whi</u> 2) Trident	<u>ch declined to quote</u> 3) Stone Oak		

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### **PROPOSAL OF INSURANCE**

### FOR

### CLAY COUNTY BOARD OF SUPERVISORS

### SEPTEMBER 1, 2010 – SEPTEMBER 1, 2011

### GIL LYON LYON INSURANCE AGENCY, INC. P O BOX 762 WEST POINT, MS 39773 662-494-5576 FAX 662-494-2247 gil@lyoninsurance.com

325 Commerce Street PO Box 762 West Point, MS 39773 tel 662/494-5576 fax 662/494 2247 www.lyoninsurance.com

### **COMMERCIAL PROPERTY**

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CARRIER	OneBeacon America Insurance Company		
A M BEST RATING	A XIV		
LIMITS	<ul> <li>\$11,140,688 Blanket Buildings</li> <li>\$2,725,000 Blanket Contents</li> <li>Included Equipment Breakdown</li> <li>Business Income &amp; Extra Expense – Same limit as</li> <li>Building/Contents</li> <li>\$50,000 Transit Coverage</li> </ul>		
VALUATION	Replacement Cost / Functional Building / Contents		
PERILS	Special, Premier Vantage Form (outline on following page)		
DEDUCTIBLE	\$ 2,500 All Perils except		
PREMIUM	\$30,882		
TERRORISM	\$ 1,275 Additional Premium		
*	Please review attached schedule *		
NOTE Optional aug	te on Earthquake - \$5,000,000 Limits		

NOTE	Optional quote on Earthquake -	\$5 000,000 Limits
	• • •	\$ 50 000 Deductible
		\$ 2 773 Premium
	Optional quote on Flood -	\$5,000 000 Limits
		\$ 50 000 Deductible
		\$ 1 387 Premium

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#### @Vantage Property for Government Risks

Coverage - *Premier Form (see following)	Limits
Blanket Building	S11 140 688
Blanket Contents	\$ 2 725 000
Replacement Cost	
90% Consurance	
Deductible	\$2 500
Plankat Fathawaka	\$5,000 000 with \$50 000 deductible
Blanket Earthquake	\$5 000 000 with \$50 000 deductible
Blanket Flood (excluding Zones A & V)	\$100 000 with \$500 deductible
Employee Theft	\$100 000 with \$500 deductible
Forgery & Alteration	
Money & Securities - Inside (including Funds	\$100 000 with \$500 deductible
Transfer Fraud)	1 01 00 000 with 0500 darturation
Money & Securities - Outside	\$100 000 with \$500 deductible
Computer Fraud	\$100 000 with \$500 deductible
Hardware and Media	\$444 500 with \$500 deductible
Electronic Data Loss of Income	\$10 000 with 72 hour waiting period
Accounts Receivable	\$100,000 with \$500 deductible
Contractor s Equipment - Scheduled	\$2 345 348 with \$500 deductible
Contractor s Equipment – Unscheduled	\$50 000 with \$1 000 deductible
Fine Arts	\$50,000 with \$500 deductible
Equipment Breakdown	Included
Data Breach	\$100 000 with \$1 000 deductible
Coverage	Premium
Property and Inland Maune	\$35,282 > INCLUDES COTFLOOD
TRIA	\$1,275

Detailed information will be included in the Policyholder Disclosure Notice of Terrorism Insurance Coverage included in the actual policy

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OneBencon Gove mment Risks: \$000 HH to Welt Slite 1045 Slin Autonic (TX 75070) sww.onebeacon.com

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#### @Vantage Property for Government Risks Additional Features

Coverage	Standard		Premienze:
	In the second		
Building			
Ordinance or Law -	\$100 000 (Combined A 8	\$250 000 (Combined A B	\$500 000 (Combined A B
Coverages A B & C combined	C)	C)	C)
Fungus Wel Rot Dry Rol Bactena (Mold)	\$15 000 aggregate	\$15 000 aggregate	\$15 000 aggregate
Newly Acquired Buildings	\$250 000 90 Days	\$1 000 000 1 20 Days	\$2 000 000 180 Days
Pollutant Cleanup and Removal	\$10 000	\$25 000	\$100 000
Debris Removal	\$25 000	\$50,000	\$250 000
Building coverage includes	Foundations & Rela Glass – Internal & E		Outdoor Property ound Pipes Flues or Drains
Business Personal			
Property Newly Acquired Business	S250 000 90 Days	\$500 000 120 Days	\$1 000 000 160 Days
Personal Property Business Personal Property	\$5 000	\$25 000	\$50 000
at Other Locations Businass Personal Property	aguaraga ingludas	l	<u> </u>
<ul> <li>Patterns Dies &amp; Me</li> <li>Electronic Hardwar</li> <li>Personal Elfects</li> </ul>			
<ul> <li>Fine Arts</li> <li>Personal Property</li> <li>Improvements &amp; Be</li> <li>Scientific &amp; Profess</li> <li>Installation Tools &amp;</li> <li>Valuable Informatic</li> </ul>	etlerments sional Equipment Equipment		
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools &	etlerments sional Equipment Equipment	\$250 000 per	S500,000 per
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic	etterments sional Equipment Equipment on Property	\$250 000 per occurrence	S500,000 per occurrence
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic	etterments sional Equipment Equipment on Property \$25 000 per	•	occurrence Included
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequentral Loss or	etterments sional Equipment Equipment on Property S25 000 per occutrence	occurrence	occurrence
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequentral Loss or Damage to Stock PP Sold by you Condutional	etterments sional Equipment Equipment on Property S25 000 per occutrence	occurrence	occurrence Included
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequentral Loss or Damage to Stock	ellerments sional Equipment Equipment on Property S25 000 per occurrence Included Included Included Included S1 000 per item limit	Included Included Included Included Included however a \$5 000 per item knitt	OCCULTENCE Included Included Included Included however a \$10 000 per item limit
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequentral Loss or Damage to Stock PP Sold by you Condutional Sale Fine Arts Coverage Outdoor Property Traces	ellerments sional Equipment Equipment on Property S25 000 per occurrence Included Included Included	OCCUITENCE Included Included Included Included however a	occurrence Included Included Included Included
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequential Loss or Damage to Stock PP Sold by you Complianel Sale Fine Arts Coverage Outdoor Property Troes Strubs & Plants Personal Effects of Officers	ellerments sional Equipment Equipment on Property S25 000 per occutrence Included Included Included Included S1 000 per item limit applies	occurrence Included Included Included Included however a \$5 000 per item init applies	OCCUITENCE Included Included Included Included Actuated however a \$10 000 per item limit applies
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequential Loss or Damage to Stock PP Sold by you Complianel Sale Fine Arts Coverage Outdoor Property Trees Shrubs & Plants Personal Effects of Ollicers Pathers & Employees Outdoor Property Other (includes fences radio /TV)	etterments sional Equipment Equipment on Property S25 000 per occutrence Included Included Included Included Included Included Included Included Included	OCCUTTENCE Included Included Included Included however a \$5 000 per item knitt applies Included	OCCUITENCE Included Included Included Included Included however a \$10 000 per item limit applies Included
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequentral Loss or Damage to Stock PP Sold by you Complianel Sale Fine Arts Coverage Outdoor Property Tracs Shrubs & Plants Personal Effects of Officers Partners & Employees Outdoor Property Other Indudes fences radio /TV antennas & satellite dishes)	etterments sional Equipment Equipment on Property S25 000 per occurrence Included Included Included Included Included Included Included Included Included Included Included	OCCUTTENCE Included Included Included Included however a \$5 000 per item kniit applies Included Included	OCCUITENCE Included Included Included Included Included however a \$10 000 per item limit applies Included Included
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequential Loss or Damage to Stock PP Sold by you Complianal Sale Fine Arts Coverage Outdoor Property Trees Strubs & Plants Personal Effects of Ollicers Pathers & Employees Outdoor Property Other Includes fences radio /TV antennas & satellite dishes) Valuable Information Property Tenants Improvements or	ellerments sional Equipment Equipment on Property S25 000 per occurrence Included Included Included Included Included Included Included Included Included Included Included Included Included	OCCUITENCE Included Included Included Included however a \$5 000 per tiem limit applies Included Included	OCCUITENCE Included Included Included Included Still 000 per item limit applies Included Included
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Recavable Consequential Loss or Damage to Stock PP Sold by you Complianal Sale Fine Arts Coverage Outdoor Property Trees Shrubs & Plants Personal Effects of Ollicers Partners & Employees Outdoor Property Other (includes fences radio /TV antennas & salellite dishes) Valuable Information Property Tenants Improvements or Betterments Electronic Equipment &	etterments sional Equipment Equipment on Property S25 000 per occurrence Included Included Included Included Included Included Included Included Included Included Included Included Included Included Included	OCCUITENCE Included Included Included Included Included however a \$5 000 per item limit applies Included Included Included	OCCUrrence included included included included included included included included included
Fine Arts Personal Property Improvements & Be Scientific & Profess Installation Tools & Valuable Informatic Bucket Limit Accounts Receivable Consequential Loss or Damage to Stock PF Sold by you Concelerate Sale Fine Arts Coverage Outdoor Property Trees Shrubs & Plants Personal Effects of Ollicers Partners & Employees Outdoor Property Other (includes fences radio /TV antennas & salellite dishes) Valuable Information Property Tenants Improvements or Betterments	ellerments sional Equipment Equipment on Property S25 000 per occurrence Included Included Included Included Included Included Included Included Included Included Included Included Included	OCCUTTENCE Included Included Included Included Included however a \$5 000 per item kniit applies Included Included Included Included	OCCUITENCE Included Included Included Included Included Included Included Included Included

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Business Income		·	
Extended Period of Indemnity	90 Days	90 Days	90 Days
Olf Premises Power or Communications Failure	\$5 000	\$10 000	\$25 000
Business Income from Dependent Properties	\$5 000	\$50 000	\$100.000
Extra Expense	\$25 000	\$50 000	\$100 000
Newly Acquired Property Business Income	\$100 000 90 Days	\$100 000 120 Days	\$250 000 180 Days
CyberVandalism			
Electronic Data Cyber Risk/Vandalism	PD \$2,500 aggregate TE, \$2,500 aggregate	PD \$5 000 aggregate TE \$5 000 aggregate	PD \$10 000 aggregate TE \$10 000 aggregate
Electronic Data Denial of Service	\$2 500 aggregale	\$5 000 aggregate	\$10 000 aggregate
Transit			
Property in Transit		\$25 000	\$50 000
Free On Board Extension	Included in Transit Limit	Included in Transit Limit	Included in Transil Limit
Equipment	Follows Policy	Follows Policy	Follows Policy
Breakdown	Limits	Limits	Limits
Expediting Expenses	\$25,000	\$100,000	\$100.000
Hazardous Substance	\$25 000	\$100 000	\$100 000
Penshable Goods	\$25 000	\$100 000	\$100 000
CFC Reingerants	\$25 000	\$100 000	\$100.000
Cume	\$5 000 Bucket Limit	\$10 000 Bucket	\$25 000 Bucket
Carle Distance	Included		Included
Employee Distonesty	Included	Included	Included
Forgery & Alteration Money & Securities - On & Off Premises	Included	Included	Included
Money Orders & Counterlet Paper Currency	Included	Included	Included
ERISA	\$5 000 per occurrence	\$10 000 per occurrence	\$25 000 per occurrence
Additional Coverages			
Rewards	\$5 000	\$25 080	\$50 000
Contract Penalites	\$5 000	\$25 000	\$50 000
Backup of Sewers & Drains (Excluding Flood)	25 000	Policy Limit	Policy Limit
Lock Replacement	<u></u>	\$5 000	\$10,000
Expediting Expense	\$10.000	\$25,000	\$50 000
Soft Costs	\$5 000	<u>\$10 000</u>	\$25,000
Temporary Relocation of Property	\$25 000 90 Days	\$50 000 90 Days	\$100 000 90 Days
Available Valuation Options	include Actu	al Cash Value	Functional Replacemen
0031		ed Amount surance	Replacement Cost Stated Value

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#### OneBencon Government Risks: 5000 HE10 West, Seite 1045, San Antonio, TX 75250 vv. – onebeacon com

### PROPERTY SCHEDULE

[	BI	Ţ	r			<b></b>	Ţ <u></u>
1	d	}	1				
Loc	g #	Address	City	Occup	Building	Contents	Total
					×		
			West Point				\$4 504,0
1	1	205 Court St	MS	Court House	\$4 004 000	\$500,000	00
1	2	205 Court St	West Point	Courtes are	¢144.400	P400.000	\$214,40
<u>}</u>	1 4		MS	Courtroom Voting	\$114 400	\$100 000	0
2	1	Hwy 46/ Rt 1	West Point MS	Bidg/Cairo	\$28 600	\$20 00 <b>0</b>	\$48,600
	<u> </u>		West Point	Voting	- \$20 000		<u></u>
_ 3	1	Hwy 47	MS	Bldg/Siloam	\$28,600	\$20 000	\$48,600
			Montpelier	Voting/Pine			
_4	1	Colony Rd	MS	Bluff	\$28,600	\$20,000	\$48 600
				Voting/Pheb		<b>A</b> AA <b>A</b> A <b>A</b>	
5	1	Hwy 50 W	Pheba MS	a	\$57 200	\$20,000	\$77,200
5	2	Hwy 50 W	Pheba MS	Fire Dept/Pheba	\$57 200	\$20 000	\$77 200
				Garage-			\$110,80
5	3	Hwy 50 W	Pheba MS	Dist 5	\$85,800	\$25 000	0
							\$205 92
5	4	<u>Hwy 50 W</u>	<u>Pheba MS</u>	Mfg Bldg	\$205 920	\$0	0
5	5	Hwy 50 W	Pheba <u>MS</u>	Comm Club	\$45,760	\$0	\$45,760
5	6	Hun, CO M			¢111.100	<u>م</u>	\$114,40
	0	<u>Hwy 50 W</u>	Pheba MS	Warehouse	\$114 400	\$0	0
6	1	R B Rd	West Point MS	Voting/Dist 4	\$28 600	\$20,000	\$48,600
			West Point				
6	2	Brand Una Rd	MS	Fire Dept	\$57,200	\$20 000	\$77 200
6	3	ויטסט	West Point	Garage-	<b>\$05 000</b>	* <b>^</b>	\$110 80
<u> </u>	<u> </u>	R B Rd	MS	Dist 4 Voting/Cara	\$85 800	\$25 000	0
7	1	Brand Una Rd	West Point MS	dine	\$28,600	\$20,000	\$48,600
			West Point				
_ 8	1	Tibbee Rd	MS	Voting Bldg	\$28,600	\$20 000	\$48,600
			West Point		ł		
8	2	Tibbee Rd	MS	Fire Dept	\$57,200	\$20,000	\$77 200
		Barton Ferry	West Point	Voting/Grg/			
9	_1	Rd	MS	Dist 1	\$68 640	\$25,000	\$93 640
10	1	Waverly Rd	West Point MS	Voting/Fire	\$68 640	\$20 000	\$88 640

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	T			Dept	burklings	Content	TOTAL
}	}	Hazelwood	West Point	Fire Dept	· · · · · ·		
11	11	Rd	MS	#100	\$57 200	\$20,000	\$77,200
{	}		West Point	Fire Dept			1
12	1	Hwy 46	MS	#300	\$57 200	\$20,000	\$77,200
1			}	Fire	1	······	
!	1	{	West Point	Dept/Montp	{	1	ł
12	2	Hwy 46	MS	elier	\$57 200	\$20,000	\$77,200
			West Point	+		φ20,000	φ(1),200
1 13	1	Hwy 46	MS	Garage-Dist 3	\$85 800	\$25 000	\$110 800
	1	+	West Point,				
14	1	Old Tibbee Rd	MS	Garage-Dist 2	\$114 400	\$25,000	\$139 400
{	}		West Point	Off/Jail/Justice	<b> </b>	<b>+</b>	\$3 474 40
15	11	218 W Broad St	MS	Crt	\$2 974 400	\$500 000	0
<b>}</b>	}	Unnamed	West Point	1	/		}
16	1	Locations	MS	l	\$114 400	\$0	\$114 400
}	<u> </u>		West Point	Home for			
17	1	451 Cooper St	MS	Children	\$446 160	\$0	\$446 160
	1		West Point	1			
18	1	Hwy 46 E/S	MS	Barn Dist 3	\$54 912	\$0	\$54,912
10			West Point,				
19	1	330 W Broad St	MS	Sheriff's Off	\$411 840	\$350 000	\$761 840
20	1	360 Washinton St	West Point	DUG	0010 500		\$1 349 52
<u> </u>	┾╌╼		MS West Point	DHS	\$949 520	\$400,000	0
21		138 S Division	MS	Ellis Clinic	\$286 000	60	\$286 000
	+	Pine Grove &	West Point		\$200,000	\$0	3200 000
22	1 1	Hwy 50	MS	Fire Dept #9	\$91 520	\$20 000	\$111 520
	┡╌╌┤	11117 00	West Point		431 520	420 000	4111 320
23	1	Barton Ferry Rd	MS	Garage-Dist 1	\$85 800	\$25,000	\$110 800
	<u> </u> −		West Point	Una/Palo Alto			
24	1	Hwy 47	MS	Fire St	\$95 576	\$25,000	\$120 576
			West Point				 
25	1	972 E Broad St	MS	E911 Building	\$65 000	\$400 000	\$465 000
	<b>-</b>				\$11,140,688	2,725 000	13,865,688

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### **GENERAL LIABILITY**

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CARRIER

OneBeacon America Insurance Company

A M BEST RATING

LIMITS

	11 111 1	
	\$ 500,000	Each Occurrence
	\$1,000,000	General Aggregate
	\$1,000,000	Products / Completed Operations Aggregate
	\$ 500,000	Personal & Advertising Injury
	\$ 500,000	Damage to Premises Rented to You
	\$ 500,000	Health Care & Social Services (for First Responders only)
	\$ 300,000	Sexual Abuse Coverage
/	\$17,726	

PREMIUM

Note (1) Sewer Back-up is equal to bodily injury and property damage limit (2) No automatic designated operations and premises

(3) Appears you presently do not have sexual abuse coverage as stated in Expected or Intended Bodily Injury on Property Damage page 18 of 29 of "Public Entity General Liability Protection

(4) Additional Insured

- 1 Clay County District 4 (UNA)
- 2 East Clay County Grading District
- 3 Pheba Fire Grading District
- 4 Tibbee Fire Protection Grading District
- 5 West Central Clay Fire Grading District

Well apply this exclusion to any obligation of the protected person to share damages with or repay someone else who must pay damages for such bodily injury to

- that employee or
- the spouse or any child, parent brother or sister of that employee

#### For example

Your employee is injured in a printing press accident She receives workers compensation benefits Later she and her husband sue the manufacturer of the printing press alleging that her injury happened because the press didn't have enough guarding devices on it. In that suit her husband seeks compensation for her care and loss of services and for physical harm he has sustained as a result of his wife's injuries. If the manufacturer in turn sues you alleging that your faulty maintenance of the press – not the lack of guarding devices – resulted in the employee's injury we won't protect you

But we won't apply this exclusion to the liability of another to pay damages for bodily injury if you have assumed such liability under a covered contract made before the bodily injury happens

We explain the terms

- covered contract in the Contract liability exclusion and
- employee in the Employees and volunteer workers section

Employment-related practices We won't cover personal injury to any protected person's current former or prospective employee leased temporary worker or independent contractor that results from any

- refusal to hire that person,
- termination of that person's employment leased temporary worker status or independent contractor status or
- other act omission policy or practice related to that person's current former or prospective employment leased temporary worker status or independent contractor status and applied to that person such as coercion demotion discipline discrimination evaluation harassment humiliation libel reassignment or slander or violation of the person's right of privacy

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G0209 Rev 10-02 Page 18 of 29

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#### For example

You terminate an employee for falsifying business travel expenses You explain the reason for the termination of that employee to one of your customers If your former employee later sues you for slander we won't protect you

Nor will we cover personal injury to the spouse or any child parent brother or sister of that employee worker or independent contractor which results from the personal injury to that employee worker or independent contractor

We ll also apply this exclusion to any obligation of the protected person to share damages with or to repay someone else who must pay damages for such personal injury to

- that employee worker or independent contractor or
- the spouse or any child parent brother or sister of that employee worker or independent contractor

Well consider any protected person's prospective employee leased temporary worker or independent contractor to include any person who applies or seeks to be any protected person's employee leased temporary worker or independent contractor

Independent contractor means any person who

- has a contract with the protected person to perform for the protected person certain duties related to the conduct of the protected person's business and
- isn't the protected person's employee leased temporary worker or volunteer worker

We explain the terms employee, leased temporary worker and volunteer worker in the Employees and volunteer workers section

Expected or intended bodily injury or property damage We won't cover bodily injury or scoperty damage that's expected or intended by the protected person

Nor will we cover medical expenses that result from such bodily injury

But we won't apply this exclusion to bodily injury property damage or medical expenses

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that result from the use of reasonable force to protect persons or property

Failure to supply service We won't cover bodily injury or property damage or medical expenses that result from the failure of any protected person to adequately supply electricity gas oil, steam or water service

However we won't apply this exclusion if the failure to supply results from accidental damage to tangible property owned or used by any protected person to obtain produce process or transmit such service

Nor will we apply this exclusion if there is a Failure to supply limit greater than zero shown in the Coverage Summary

False material We won't cover personal injury or advertising injury that results from false material that

- was made known by or for the protected person and
- the protected person knew was false when it was made known

Health care professional services We wont cover injury or damage or medical expenses that result from the performance of or failure to perform health care professional services

But we won't apply this exclusion to any protected person who

- isn't a medical doctor or nurse and
- is acting as a good samaritan in response to an accident or public emergency

Health care professional services includes

- any dental, medical mental nursing surgical x-ray or other health care professional service including any advice instruction food or beverage provided with such service
- the dispensing of drugs or medical or dental supplies and appliances and
- the handling or treatment of corpses including autopsies organ donations and other postmortem procedures

Impaired property We won't cover property damage to impaired property or to property that isn't physically damaged that results from

- your products that are faulty or dangerous
- · your completed work that is faulty or dangerous or

· a delay or failure in fulfilling the terms of a contract or agreement

But we won't apply this exclusion to the loss of use of property other than your products or your completed work that results from sudden and accidental physical damage to

- your products after they ve been put to their intended use or
- your completed work after it has been put to its intended use

#### For example

You buy smoke detectors and give them to residents and organizations in your area who qualify for them One of those organizations is a food shelf Several weeks after the food shelf's smoke detector is installed it breaks during the routine daily test required for its safe operation Due to your life safety code, the food shelf can't use its building until the smoke detector is repaired or replaced That work takes several days To continue operating during that period of time the food shelf incurs extra costs to use space If the food shelf in a nearby building sues you to recover those costs we won't However if the food apply the exclusion However if the food shelf discovers while the smoke detector is being installed that it is broken we won't protect you

Impaired property means tangible property other than your products or your completed work, that can be restored to use by nothing more than

- an adjustment repair replacement or removal of your products or your completed work that forms a part of such tangible property or
- your fulfilling the terms of a contract or agreement

We explain the terms your products and your completed work in the Products and completed work total limit section

Injury to volunteer firefighters We wont cover bodily injury personal injury or medical expenses to any volunteer firefighter that results from his or her duties as a volunteer firefighter for you or anyone else

Volunteer firefighter includes an emergency medical services first aid or rescue squad volunteer

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Insuring Agreement

Page 19 of 29

#### General Llability for Government Risks

This policy is comprised of multiple insuring agreements designed to pay all sums the government entity is legally obligated to pay as damages because of

- bodily injury or properly damage
- personal injury and advertising injury
- injury arising out of a health care and social services wrongful act

Additionally if elected an additional insuring agreement to pay medical expenses for bodily injury is also available

#### Features and Benefits

- Broad ' Who is an Insured'' provision
  - the government entity
  - operating authorities, boards, commissions districts or any other governmental units provided they are operated controlled and funded by the named insured

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- trusts and trustees
- current or previously elected or appointed officials of the named insured
- current or previously elected or appointed officials of operating authorities boards, commissions districts or any other governmental units
- employees
- volunteer workers
- partnership or joint ventures
- limited liability companies
- Expected or Intended Injury or Damage if resulting from the use of reasonable force to protect persons or property
- Pollution Liability coverage for
  - o water treatment
  - o propane gas used in certain operations
  - o pesticide and herbicide application
  - o emergency response services and training
  - o hostile fire, heat, fumes or smoke
- Watercraft liability for
  - o non owned watercraft exposure (no size limitation)
  - o personal watercraft and owned watercraft with 100 horsepower or less
- Broad form contractual for covered contracts
- Host Ilquor liability
- Products and completed operations
- Premises Damage legal liability
- Broadened definition of bodily injury and property damage
- Defense costs in addition to policy limits and outside deductible application
- Unless specifically excluded, sewer back up coverage arising from a negligent act, provided to policy limits

OncBencon Government Risks: \$000 HH 10 Wese State 10+5. Sen Antonio, 1 X 782, 0 websites concom

### AUTOMOBILE

CARRIER	OneBeacon America Insurance Company			
A M BEST RATING	A XIV			
LIMITS	\$750,000	Combined Single Limit Liability		
	\$750,000	Uninsured/Underinsured Motorist BI & PD		
	N/A	Medical Payments		
	\$ 500	Comprehensive Deductible (107 Vehicles)		
	\$ 500 V	Collision Deductible (107 Vehicles)		
	Included	Non-Owned & Hired Auto Liability		
	Included	Hired Auto Physical Damage		
PREMIUM	\$65,768			

Note

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Quote is for 107 vehicles per attached schedule please review for accuracy if coverage is bound

#### Automobile Liability and Physical Damage for Government Risks

This agreement is designed to pay all sums the insured is legally required to pay as damages caused by an accident as a result of the ownership maintenance or use of a covered auto

#### Features and Benefits General

#### Broad Who is an Insured" provision

- o Government entity
- o elected or appointed officials
- o employees
- o volunteers workers
- o persons or organizations with whom there is a written agreement
- any permitted user
- o owner of commandeered auto
- Notice of occurrence provision for officers, legal department or designated employee in event of accident claim suit or loss

#### <u>Liability</u>

- Broadened bodily injury provision that includes mental anguish
- Commandeered Autos automatically included
- Expected or Intentional bodily injury and property damage caused by a covered auto and the use of reasonable force in order to protect people or property
- Fellow Employee Exclusion automatically deleted
- Supplementary Payments Broadened Cost of bail bonds is \$3 500 expenses incurred is \$ 500 per day

#### Physical Damage

- Airbag Discharge resetting or replacement of an airbag that accidentally discharges if physical damage is purchased
- Auto Theft Reward \$2 000 Limit
- Customized Vehicles additional repair or replacement cost for customized auto elements such as emergency lights light bars and sirens, paint and decals permanently installed radios and computer equipment
- Electronic Equipment Coverage for installed audio visual communications or radar equipment
- Extra Expense Coverage broadened coverage for return of a stolen vehicle
- Freezing Coverage for Emergency Vehicles
- Glass repair Waiver of Deductible for glass that is repaired instead of replaced
- Hired auto Physical Damage Coverage up to \$50,000 limit
- Hired Auto Worldwide Coverage Territory
- Lease Gap Coverage pays for the difference between the actual cash value of a covered auto at the time of loss and the remaining balance of a lease provided conditions met
- Physical Damage Transportation Expenses Coverage broadened to provide \$75 per day with maximum of \$1 800
- Towing Covered Autos- limit of \$100 (if requested)

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### AUTO SCHEDULE

<u>#</u>	Year	Make	Model	Serial Number	Cost New
1	1989	International	Truck	6684	\$59,000
2	2003	Ford	F150	9430	\$21,173
3	1997	Trail Boss	Trailer	10032	\$6 250
4	2001	Chevrolet	PU	2815	\$13,500
5	2000	Dodge	1500	5138	\$16 972
			5th Wheel		
6	1996	Mack	Truck	2701	\$22,900
7	1989	Mack	Truck	7945	\$20, <u>00</u> 0
8	2006	Chevrolet	Silverado	8726	\$16,300
9	1995	Ford	F250	10058	\$4,500
10	2000	Palmer	Trailer	3730	\$19,200
11	1976	Palmer	Trailer	1129	\$3,000
12	1976	Ford	Dump Truck	1470	\$28,800
13	2004	Ford	F250	4275	\$20_067
14	1975	International	Dump Truck	2075	\$20 793
15	2000	International	Truck	1481	\$63,400
16	2006	International	Dump Truck	3468	<u>\$4</u> 1,772
17	2004	GMC	C1500	1957	\$15 700
18	1989	International	Dump Truck	8398	\$59,000
19	1996	Ford	PU	8070	\$12,000
20	1998	Ford	Dump Truck	6994	\$18 400
21	1997	GMC	K1600	6062	\$3,495
22	2000	Trail Boss	Trailer	2469	\$17 750
23	1968	International	Tractor	9870	\$28,000
24	1992	Fontaine	Dump Truck	1517	\$15,000
25	1998	Roadrunner	Trailer	5T20	\$5,000
26	1984	White	Truck	9201	\$28 000
27	1988	Chevrolet	C10	5553	\$8 000
28	2000	Dodge	1500 PU	3601	\$16 972
29	1990	International	Tractor Truck	2348	\$17,500
30	1993	International	Tractor Truck	2240	\$15 460
31	2006	Chevrolet	Silverado	5393	\$23,832
32	1989	International	Dump Truck	7794	\$4 500
33	1982	Ford	Truck	40791	\$88 000
34	2000	Dodge	1500 PU	6233	\$15,941
35	1986	White	1500 Truck	10484	\$30 000
36	1987	International	Truck	1248	\$35,000
37	1995	Mack	CH613	2762	\$22,706

38	2001	Palmer	Trailer	3818	\$19 200
39	2001	Palmer	Trailer	A003808	\$19 200
40	1995	Mack	Truck	2768	\$22,706
41	2004	GMC	Sierra PU	8964	\$16 000
42	2009	Ford	F250	7541	\$30 000
43	2008	Chev/Rosen	CC8C042	3349	\$162 200
44	1988	International	Fire Truck	6096	\$60 000
45	1992	GMC	Fire Truck	10871	\$87,855
46	1987	International	Fire Truck	7895	\$57 667
47	1987	International	File Truck	7897	\$57,667
48	1966	Kaiser Jeep	Jeep	2337	\$41,822
49	1995	International	Fire Truck	1591	\$106 000
50	1981	International	Fire Truck	3313	\$35 000
51	1998	Cavalier	Travel Trailer	8311	\$9,500
52	1998	Cavalier	Travel Trailer	8497	\$9 500
53	2000	GMC	Pumper	6087	\$117 035
	<u> </u>		S34		
54	1988	Ford	Ambulance	1973	\$3,000
55	1977	Dodge	M882	4017	\$8,512
56	1982	International	Fire Truck	6098	\$20 000
57	1997	International	Fire Truck	4540	\$111,450
58	1992	GMC	Fire Truck	500699	\$87,856
59	1970	Amer Gen	Cargo	4G10201	\$58 832
60	2002	GMC	Truck	1205	\$122,398
61	2002	GMC	Truck	1228	\$122 398
62	2004	GMC	Pumper	1099	\$121 927
		American			
63	1986	General	Fire Truck	15434	\$73,827
64	1986	Tanker	5000 Gallon	2064	\$15 064
65	2007	GMC	Fire Truck	7462	\$140,382
66	2007	GMC	Fire Truck	7509	\$140 382
67	2007	International	Fire Truck	7179	\$70 989
68	2008	Ford	CV	2441	\$24,649
69	2008	Ford	CV	2440	\$24,649
70	2008	Ford	CV	2439	\$24 649
71	2000	Ford	CV	7390	\$19 734
72	1996	Ford		4193	\$12,000
73	1988	Ford	Ranger PU	5217	\$2,800
74	1998	Ford	CV	2408	\$19,323
75	2008	Ford	CV	2438	\$24,649
76	2003	Ford	Tauras	1561	\$18,000
77	2000	Ford	CV	7389	\$19,734
78	2000	Ford	Explorer	50467	\$26,555
79	2000	Ford	Explorer	50468	\$19,795

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80	2003	Ford	CV	3937	\$4 995
81	2004	Ford	Expedition	8603	\$26 654
82	1998_	Dodge	150 PU	1214	\$9,500
83	2004	Ford	CV	6379	\$23 069
84	2004	Ford	CV	6377	\$23,069
85	2004	Ford	CV	6378	\$23 069
86	1995	Ford	CV	1322	\$19 000
87	1994	Ford	CV	1397	\$1 150
88	2001	Ford	Ranger PU	3673	\$16 000
89	2002	Sterling	LT7500	1309	\$83 689
90	2003	GMC	T255042	2284	\$50 800
91	1986	Chevrolet	C10	1167	\$3 000
92	1994	Ford	Compactor	1572	\$35 000
93	2008	Ford	F250	1458	\$15,391
94	2008	Mack	Truck	2155	\$92 000
95	2007	Palmer	Trailer	3719	\$24 000
96	2009	International	7400	9612	\$65,640
97	2003	Ford	PU	5928	\$24 000
98	2008	International		9857	\$38 978
99	2003	Mack	CH613	9301	\$43 850
100	2011	Mack	CH613	6871	\$100 000
101	2002	Chev	PU	6852	\$5 950
102	1985	Chev	Diesel	3213	\$3,500
103	2010	Mack	CH613	6417	\$97 531
104	1984	Palmer	Trailer	348	\$11 774
105	2010	Freightliner	M2 Chasis	6778	\$169 841
106	1967	Kaiser Jeep	MFC84994	6385	\$56 832
107	1970	Cargo 6X6	MFC85827	2257	\$41,822

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### LAW ENFORCEMENT

CARRIER	OneBeacon America Insurance Company		
A M BEST RATING	A XIV		
LIMITS	\$2,000,000	Each Wrongful Act	
	\$2,000,000	Aggregate	
RETRO DATE	9/1/2000		
DEDUCTIBLE	\$10,000 /		
PREMIUM	\$14,192		

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#### Law Enforcement Liability for Government Risks

This insurance agreement is designed to pay all sums the insured becomes legally obligated to pay as damages caused by law enforcement wrongful acts that arise in the course of official law enforcement operations. Such acts can include

- · false arrest, detention or imprisonment
- violation of civil rights
- Improper service of process
- Improper conduct of jail operations
- · Actions involved in support of mutual aid agreements

Features and benefits

- Broad "Who is an Insured provision
  - Government entity
  - Current or previously elected or appointed officials
  - As designated in mutual aid agreements
  - Employees
  - Volunteer workers
  - Owners of commandeered equipment
- Automatic coverage for property in the care custody and control of insured subject to a \$25 000 limit
- Broad definition of law enforcement wrongful act Any actual or alleged act error misstatement, misleading statement omission neglect or breach of duty by an insured arising from a law enforcement activity
- Limited Criminal Acts Exclusion requires a judgment or final adjudication
- Employee to Third party harassment coverage
- Sanctioned off-duty coverage
- Coverage for prosecuting attorneys and staff other than public defenders or criminal defense attorneys
- Judicial operations coverage includes premises of law enforcement operations
- Coverage for bodily injury, property damage, personal injury mental anguish emotional distress or humiliation
- Non owned Watercraft
- Owned Watercraft 100 horsepower or less
- Other
- Defense costs in addition to policy limits and inside deductible

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- Pay on behalf and duty to defend basis
- Punitive damages covered if allowed by law
- Canine or equine exposure coverage available
- Reimbursement up to \$1,000 per day for loss of earnings to assist in trial and investigation of claims

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### PUBLIC OFFICIALS LIABILITY EMPLOYMENT PRACTICES LIABILITY

CARRIER	OneBeacon America Insurance Company			
A M BEST RATING	Α ΧΙν			
LIMITS	Public Officia	ls Errors & Omissions Liability		
	\$1,000,000 \$1,000,000	Each Wrongful Act Aggregate		
	Employment I	Practices Liability		
	\$1,000,000 \$1,000,000	Each Employment Practices Offense All Employment Practices Offense		
RETRO DATE	9/1/1997			
DEDUCTIBLE	\$5,000			

PREMIUM \$8,007

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NOTE Appears Travelers 2009-2010 policy has deductible of \$15 000 for Employment Practices Liability per page 1 of 2 "Public Entity Employment Practice Liability Protection

This Coverage Summary shows the limits of coverage deductible and the retroactive date that apply to your Public Entity Employment Practices Liability Protection - Claims-Made It also lists those endorsements if any that must have certain information shown for them to apply

Limits Of Coverage		Retroactive Date 09/01/97		
Trch wrongful employment           actice offense limit         \$1 000,000		<b>Important Note</b> If no date is shown above we'll consider the retroactive date to be the same as the beginning date of this insuring		
Total limit	\$1,000,000	agreement		
Each wrongful employment practice offense deductible	\$15 000	-		
Named Endorsement Table				
Important Nata Out				

**important Note** Only endorsements that must have certain information shown for them to apply are named in this table. The required information follows the name of each such endorsement. Other endorsements may apply too. If so, they re-listed on the Policy Forms List.

Name	of Insured	Policy N	Vumber	GP09313017	Eff	ective Date	09/01/0	)9
CLAY	COUNTY BOARD	OF SUPERVISORS		Processing	Date	09/10/09	11 59	001
	'Rev 7-06 6 The St Paul	Travelers Companies	Inc ,	Coverage Summar All Rights Reserved			Page 1	of 2

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#### Public Officials Errors and Omission for Government Risks

This policy is comprised of multiple agreements designed to pay all sums the insured becomes legally obligated to pay as damages as a result of wrongful acts. Damages do not include bodily injury property damage. Damages do not include personal injury and advertising injury except personal and advertising injury when resulting from a covered employment practices offense.

Insuring agreements each with dedicated limits include

- A Liability for Wiongful Acts
- B Liability for Employment Practices Offenses
- C Liability for Employee Benefit Administration Offenses

#### Features and Benefits

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- Coverage can be written on a claims-made or occurrence basis
  - Broad "Who is an Insured" provision
    - Governmental entity
    - Current or previously elected or appointed officials
    - Any authorities, boards commission councils districts or other governmental units of the named insured and their employees, if controlled funded and operated as part of the total operating budget

- Employees
- Volunteer workers
- Person or organization providing services under mutual aid or similar agreements
- Reimbursement up to \$1,000 per day for loss of earnings to assist in trial and investigation of claims
- Coverage A extensions
  - Employee to third party harassment coverage
    - Privacy regulation violations
    - Network security violations
- Coverage B extensions

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- EEOC Defense
- Third party to employee harassment coverage
- Front pay and back pay
- Other
- Defense cost <u>in addition</u> to policy limits and inside deductible
- Pay on behalf of and duty to defend basis
- Punitive damages covered if allowed by law
- No exclusions for architects attorneys or engineers

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# EMPLOYEE BENEFIT PLANS ADMINSTRATION LIABILITY

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LIMIT	\$1,000,000		Each Wrongful Act
	\$3,9	000,000	Aggregate
	\$	1,000	Deductible
PREMIUM	Inc	luded in P	ublic Officials Premium

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### INLAND MARINE

CARRIER	OneBeacon America Insurance Company				
A M BEST RATING	A XIV				
LIMITS	<ul><li>\$2,345,348 Contractors Equipment (Scheduled)</li><li>\$ 500 Deductible</li></ul>				
	<ul><li>\$ 50,000 Contractors Equipment (Unscheduled)</li><li>\$ 1,000 Deductible</li></ul>				
	<ul> <li>\$ 444,500 Electronic Hardware &amp; Media</li> <li>\$ 500 Deductible</li> </ul>				
	<ul> <li>\$ 10,000 Electronic Data Loss of Income</li> <li>72 Hour waiting period</li> </ul>				
	<pre>\$ 100,000 Data Breach \$ 1,000 Deductible</pre>				
	\$ 50,000Fine Arts\$ 500Deductible				
	<ul> <li>\$ 25,700 Miscellaneous Scheduled Property</li> <li>\$ 500 Deductible</li> </ul>				
PREMIUM	\$ 490				

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MAKE	DESCRIPTION	ID#	LIMIT
Bush Hog	Cutter	12 0828	1 650
International	Dozier	4429U06097	25 000
Dumpbed	Dry Body	OB401536AL	5 212
Steele-Wheel	Roller	400T 8584118	24 3 <u>93</u>
Ford	3930 Tractor	095092B	14 5 <u>00</u> _
Wobble Wheel	Packer	W122130K	2 000
Alamo	Mower	AB05126	18 912
Ford	Tractor	B061940	18 000
Caterpillar	Motor Grader	2ZK05208	155 886
Bush Hog	Cutter	1200414	7 800
Caterpillar	Wheel Loader	2XB01297	25 000
Caterpillar	Excavator Trackhoe	8JR00917	61 000
New Holland	Tractor	362908M	19,834
Dura patcher	Pothole Patcher	1497	26 000
Caterpillar	Backhoe 420 D	BLN05853	80 528
Tailgate	Spreader Box	D1042	1 575
Alamo	Ditcher	D1139	5 400
Alamo	Rotary Cutter	14494	1 000
20 Boom	Mower	4689	15 732
New Holland	Tractor	089363B	13 514
Sweeper	D2010	12193	2 100
Caterpillar	Grader	9D3180	69 500
Hugh H50	Front End Loader	J004513	15 000
Ford	Backhoe 555E	31024738	39 565
Grace	Pneumatic Roller	3128	2 500
Durapatcher	Pothole Patcher	1500	26 000
Bush Hog	Rotary Cutter	1211403	3 115
Bush Hog	Front End Loader	1203565	2 200
Ford	Tractor	2X351780	16 300
Alamo	5 Versa Mower	576003	15 884
Ford	Tractor 5610	4025610E20616	16 500
Alamo	Ditcher	1391	6 729
John Deere	Tractor	405804-T	5 000
Side Boom	Mower	43975	5 000
Dresser	Front End Loader	D042666	25 000
Rotary	Cutter	16303	1 000
Caterpillar	Motor Grader	2ZK01024	135 000
Caterpillar	Tractor	8PB01501	43 500
Ford	Tractor	019389B	17 000
Bush Hog	Cutter	12 02901	4 975
Kobelco	Excavator	YMU1581	62 500
Ford	Tractor	1234308	18 518
Caterpillar	Motor Grader	2ZK06822	158 973

### EQUIPMENT SCHEDULE

Ford	Backhoe	417628	18 000
Caterpillar	Backhoe	FDP20312	51 274_
Pot Hole	Patcher	1355	31 855
Sprayer	500 Gallon		1 375
Rotary	Cutter	121126	1 613
Caterpillar	Front End Loader	41K9328	25 000
Galion	Road Grader	1DF10656	20 000
A Boom	Cutter	TBD	2 500
Ford	Tractor	BD56388	12 000
Ford	Tractor	355237M	22 000
Caterpillar	Backhoe Loader	5YN02104	38 561
Bush Hog	Cutter	12 03477	2 283
Spreader	Grader	4582 8	_2 650
Kobelco	Excavator	YPU2009	62 500
Caterpillar	Bulldozier	9613127	20 000
Caterpillar	Motor Grader	2ZK02900	112 000
Durapatcher	Pothole Patcher	1501	26 000
Rotary	Cutter	TW72	1 500
Ford	Tractor	0365955B	14 500
Paving Machine	D5053	T8D	1 000
Caterpillar	Excavator	X9HR02427569K	65 000
Bush Hog	Cutter	12-00309	7 000
Boom Mower	20	1559	18 000
New Holland	Tractor	360723M	20 500
Caterpillar	Motor Grader	13K5143	25 000
Caterpillar	Buildozier	104K1046	20 000
Backhoe	Loader	332172124	21 500
Caterpillar	Motor Grader	2ZK05207	155 586
Bush Hog	406	1103650	2 000
Caterpillar	Front End Loader	6456	20 000
Caterpillar	Backhoe	BLN05812	80 528
Bush Hog	2610	1201901	10 275
Bush Hog	EL296	1201546	2 551
Sheepsfoot	D3006	6166	500
2 wheel 5x8	20000		
Trailer	D3070		395
Mobile Fuel Tank	D3089		200
Silage Cutter	D3096		200
New Holland			
Tractor	TD80D	HFD055323	23 978
Flexwing Rotary Cu	utter	1200032	7 290
Tank 500 Gallon		914410227	443
Ford Tractor	5610	BD02796	13 600
New Holland	1		
Tractor	TS110	<u>09</u> 7269B	24 115
Boom Mower	<u> </u>	TB4261	4 920
Bush Hog Legend	Cutter	1201918	6 <u>167</u>
5x8 Trailer		GF017	475

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6 x12 Trailer	 D1133	M000356	3,850	
Alamo Ditcher	D1139	1088	5 400	
Roscoe Roller	D2053	5505606	10 000	
Ford Tractor	70HP	358237M	18 225	
Rudolph Towboa	t	BC24386	2 000	
OX Bodies Dump Trailer		28398	5 043	
Palmer Dump Tra	ailer	3410	18 000	
Fisher Marine	Boat &	SD457	700	
Utility Trailer	Utility Trailer	GF0 <u>3</u> 1	450	
Mobile	Camera System	SD854	23 000	
TP2000 WEC	Workstation	3002-527P	47_051	
		Total	2,345,348	

### **EMPLOYEE DISHONESTY**

CARRIER	OneBeacon America Insurance Company		
A M BEST RATING	A XIV		
LIMITS	\$100,000	Employee Dishonesty	
	\$100,000	Forgery or Alteration	
	\$100,000	Money & Securities – Inside (including Funds Transfer Fraud)	
	\$100,000	Money & Securities – Outside	
	\$100,000	Computer Fraud	
	\$100,000	ID Fraud	
	\$100,000	Accounts Receivable	

DEDUCTIBLE

PREMIUM Included in Property Premium

1

\$

500

NOTE Computer fraud and ID fraud for a limit of \$100,000 are included in this quote These boxes are not "x on St Paul Policy 2009-2010 page 1 of 2 of Government Crime Protection Coverage Summary See next page for description of coverage

#### GOVERNMENT CRIME PROTECTION COVERAGE SUMMARY



This Coverage Summary shows the coverages and limits of coverage that apply to your Crime Protection

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#### Coverages Limits Of Coverage And Deductibles

Coverage applies only to those coverages indicated by 🔀 and when a limit of coverage is shown

		<b>Limit Of Coverage</b> Per Crime Loss	Deductible Amount Per Crime Loss			
🖂 1	Employee Theft – Per Loss	\$100,000	\$500			
2	Employee Theft – Per Employee	\$	\$			
3	Forgery Or Alteration	\$100,000	\$500			
<b>X</b> 4	Loss Inside Your Building – Theft Of Money					
	And Securities	\$100,000	\$500			
🗌 5	Loss Inside Your Building – Robbery I	Dr Safe				
	Burglary Of Other Property	\$	\$			
5 🖂	Loss Outside Your Building	\$100,000	\$500			
🖌 🗌 7	Computer Fraud	\$	\$			
* 🗌 8	Funds Transfer Fraud	\$	\$			
Í 🗌 9	Money Orders And Counterfeit Paper					
	Currency	\$	\$			
Empl	ovee Benefit Plan(s) included as nam	ed insureds				

Employee Benefit Plan(s) included as named insureds

#### Named Endorsement Table

**Important Note** Only endorsements that must have certain information shown for them to apply are named in this table. The required information follows the name of each such endorsement. Other endorsements may apply if so they re-listed on the Policy Forms List

Name of insured	Policy	Number	GP09313017	Eff	ective Date		19
CLAY COUNTY BOARD OF SUPERVI	SORS		Processing	Date	09/10/09	11 59	001
C0025 Rev 4-03 Printed in U.S.	Ą		Coverage Summa	ry			. –
St Paul Fire and Marine Insural	nce Co 2	2003 All	Rights Reserved		Page	1 of	2

#### **Computer Fraud**

We'll pay for loss of or damage to money, securities and other property that result directly from computer fraud

*Computer fraud* means using a computer to fraudulently transfer money, securities or other property from inside your building or a bank to

- A person, other than a messenger, outside your building or a bank, or
- A place outside your building or a bank

#### Funds Transfer Fraud

We'll pay for loss of money and securities resulting directly from a fraudulent instruction that directs a financial institution to transfer, pay or deliver money and securities from your transfer account

Fraudulent instruction means

- An electronic instruction that claims to have been transmitted by you, but was fraudulently transmitted by someone else without your knowledge or consent,
- A written instruction, other than those described in the Forgery or Alteration coverage section, that was issued by you and forged or altered by someone else without your knowledge or consent,
- A written instruction that claims to have been issued by you, but was fraudulently issued without your knowledge or consent, or
- An electronic or written instruction that you received and that claims to have been transmitted by an employee, but was fraudulently transmitted by someone else without your or the employee's knowledge or consent

*Electronic instruction* includes any telegraphic, cable, teletype, telefacsimile, or telephone instruction

*Transfer account* means an account maintained by you at a financial institution from which you can initiate the transfer, payment, or delivery of money and securities by means of

- Electronic instruction communicated directly through an electronic funds transfer system, or
- Written instructions, other than those described in the Forgery or Alterations coverage section establishing the conditions under which such transfers are to be initiated by such financial institution through an electronic funds transfer system

### PREMIUM SUMMARY

Property Coverages	\$ 30,882
Liability Coverages	\$ 17,726
Automobile Coverages	\$ 65,768
Law Enforcement Liability	\$ 14,192
Public Officials Liability	\$ 8,007
Inland Marine	<u>\$490</u>
Annual Premium (Excluding Terrorism)	\$137,065

Earthquake	Optional	\$ 2,773	$\left( \right)$
Flood	Optional	\$ 1 387	ł
Terrorism Ad	ditional Premium	\$ 1,275	

#### **PAYMENT OPTIONS**

(4) Pay - Equal Quarterly Installments

#### OPTION #1

#### OPTION #2

\$137,065 Excluding Terrorism \$138,340 <u>Including Terrorism</u>

\$34,266, 25 September 1, 2010 \$34,266, 25 December 1, 2010 \$34,266, 25 March 1, 2011 \$34,266, 25 June 1, 2011 \$34,585 00 September 1, 2010 \$34,585 00 December 1, 2010 \$34,585 00 March 1, 2011 \$34,585 00 June 1, 2011

#### OPTION#3

\$142,500 Including Terrorism, Earthquake & Flood

\$35,625 00 September 1, 2010 \$35,625 00 December 1, 2010 \$35,625 00 March 1, 2011 \$35,625 00 June 1, 2011



OneBeacon Am tree Insurance Company 1 B alon Lune Canton  $M \, X \, 02071 \, (050)$ 

Insured Name and Address CLAY COUNTY BOARD OF SUPERVISIORS Quote Number 1144850-2

#### POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act (the Act) as amended that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism as defined in Section 102(1) of the Act. The term "act of terrorism means any act that is certified by the Secretary of the Treasury in concurrence with the Secretary of State and the Attorney General of the United States to be an act of terrorism to be a violent act or an act that is dangerous to human life property, or infrastructure to have resulted in damage within the United States or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

COVERAGE TO BE PROVIDED BY THE POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM AS DEFINED IN THE ACT MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT IN ACCORDANCE WITH A FORMULA ESTABLISHED UNDER THE ACT UNDER THE FORMULA THE UNITED STATES GOVERNMENT WOULD PAY 85% OF COVERED TERRORISM LOSSES THAT EXCEED THE STATUTORILY IMPOSED DEDUCTIBLE FOR WHICH THE INSURANCE COMPANY IS RESPONSIBLE THE PREMIUM TO BE CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT

THE ACT CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES EXCEEDS \$100 BILLION IN ANY ONE CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION. YOUR COVERAGE MAY BE REDUCED

#### SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

The prospective premium required for your terrorism coverage is  $\$^{\frac{1}{275}}$  If you wish to reject this offer of coverage you should check the box below sign this notice and send it to your agent. An exclusion of terrorism losses as defined by the Act will then be made part of your policy

If you wish to reject this offer of coverage you should check the box below sign this notice and send it to your agent. An exclusion of terrorism losses as defined by the Act will then be made part of your policy.

I hereby reject the offer of terrorism coverage = 1 understand that I will have no coverage for losses arising from acts of terrorism as defined in the Act

Possibility of Additional or Return Premium

The premium shown above is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act. The federal program established by the Act is scheduled to terminate at the end of 12/31/14. If the federal program terminates or if the level or terms of federal participation change the estimated premium shown above may not be appropriate.

If this policy contains a Conditional Exclusion continuation of coverage for certified acts of terrorism, or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion. If this policy does not contain a Conditional Exclusion coverage for certified acts of terrorism will continue. In either case when disposition of the federal program is determined we will recatculate the estimated premium shown above and will charge additional premium or refund excess premium if indicated.

If we notify you of an additional premium charge, the additional premium will be due as specified in such notice

CI D 130 01 08

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Page | of 2



If your policy includes Property Coverage in one or more of these states CA, CT, GA, HI, IA, IL, MA ME, MO, NC, NJ NY OR, RI VA, WA, WI, or WV the following statement applies

The terrorism exclusion makes an exception for (and thereby continues your coverage for) property fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage that rejection does not apply to fire losses resulting from an act of terrorism. The coverage in your policy for such fire losses will continue. If such a loss occurs and is certified under the Act the loss will be rembursed by the United States under the formula detailed above.

The portion of your policy premium altributable to terrorism (fire only) coverage in all of the states listed above in which your policy provides property coverage is  $\$_0^0$ . This amount is included in your policy premium and cannot be rejected

Policyholder/Applicant s Signature

OneBeauon Amelica Insurance Company

Insurance Company

Print Name

Date

If you have any questions about this notice please contact your agent

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CLD 130 01 08

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Page 2 of 2

## **Clay County Board of Supervisors**

## **CLIENT AUTHORIZATION TO BIND COVERAGE**

After careful consideration of your proposal dated August 19 2010 we accept your insurance program subject to the following changes

Please check the desired coverages

OneBeacon Quote
🔲 Include TRIA
🛄 Exclude TRIA

In addition, we request that you attempt to obtain quotes or additional information on the following coverage considerations

We confirm the values schedules and other data contained in the proposal are from our records and acknowledge it is our responsibility to see that they are maintained accurately

Property Schedule contained in Proposal is correct
 Equipment/inland Marine Schedule contained in Proposal is correct
 Automobile Schedule contained in Proposal is correct

It is understood this proposal provides only a summary of the details the policies will contain the actual coverages

Please note that signing this document does not immediately bind coverage with non admitted carriers (see A M Best page). You will receive notification from us in the form of a binder or confirmation of insurance that will show when coverage is effective.

Please check here if you wish to only receive your policies in electronic form. Forward policies in electronic form to the following e mail address \_\_\_\_\_\_

Agent Signature

Client Signature

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Dated

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Dated

## IN THE MATTER OF PAYING THE CLAY COUNTY MISSISSIPPI CONSTABLES ACCORDING TO SB2860 BASED UPON THEIR GROSS FEE INCOME

There came on this day for consideration the matter of paying the Clay County Mississippi Constables according to SB2860 based upon their gross fee income

It appears to this Board that the attached exhibit A reflects the gross fee income of constables Sherman Ivv and Lewis Stafford for the month of August 2010 submitted by the Justice Court Clerk and

It appears that the attached exhibit B represents the calculations of estimated contributions due the Public Employees Retirement System for each constable and the net fee income to be paid each constable

After motion by <u>M-Deans</u> and second by <u>M Davin</u> this Board doth vote unanimously to have the Chancerv Clerk transfer <u>#459.25</u> to the payroll clearing account to be remitted to the Public Employees Retirement System on behalf of the Clay County Constable and to pay Sherman Ivy <u>1650</u> and Lewis Stafford <u>#2064</u> as net fee income after Public Er ployees Retirement System deduction withheld for the month of <u>August</u> 2010

SO ORDERED this the <u>26</u> day of <u>August</u> 20<u>10</u> <u>Moy mine</u> PRESIDENT

## Clay County, Ms Calculation of Estimated Contributions/Wages For Constables As of August 20, 2010

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## Calculation

	Lewis Stafford	Sherman Ivy
Gross Fee Income *	\$2,320 00	\$1,855 00 (Input)
Minimum Withholding Rate	11%	11%
Estimated Contributions	\$255 20	\$204 05
Estimated Contributions	\$255 20	\$204 05
Divided by PERS EE/ER	21_00%	_21 00%
Estimated Wages To Be Reported To PERS	\$1 215 24	<u>\$971 67</u>
Estimated Wages	\$1,215 24	\$971 67
Multiplied by PERS EE Rate	<u> </u>	9 00%_
Estimated PERS EE Contributions	\$109 37	\$87.45
Estimated Wages	\$1,215 24	\$971 67
Mulitiplied by PERS ER Rate	12 00%	12 00%
Estimated PERS ER Contributions	\$145_83	\$116.60

## \*\*Summary of Wages and Contributions to be reported to PERS For Constables \*\*

Estimated Wages	\$1,215 24	\$971 67
Estimated PERS EE Contributions	\$109 37	\$87 45
Estimated PERS ER Contributions	\$145 83	<u>\$116 60</u>
Total Estimated Contributions	\$255 20	\$204 05

## \*\*Funds to be Paid to Constables\*\*

Gross Fee Income	\$2,320 00	\$1,855 00
Less Total Estimated PERS EE/ER Contril	\$25 <u>5</u> 20	<u>\$204 05</u>
Net Gross	\$2,064 80	\$1,650 95

Need an order to transfer to Payroll Clearing fund \$ 459 25 to remit with Retirment Contributions

711

Exhibit A

## IN THE MATTER OF MOVING INTO EXECUTIVE SESSION TO DISCUSS A PERSONNEL ISSUE

Mr Davis made the motion and Mr Lummus seconded the motion to move into executive session to discuss the personnel issue A unanimous vote was taken after called for by the President

Mr Davis made the motion to return to open session and Mr Horton seconded the motion A unanimous vote was taken

No action was taken on the issue discussed in executive session and the Board voted to recess until 9 a m on August 26<sup>th</sup>, 2010

Aloy Mike

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NO \_\_\_\_\_

## IN THE MATTER OF PERMITS FOR HEAVY HAULING ON COUNTY ROADS

There came on this day for consideration the matter of permits for heavy hauling on county roads

It appears that the questions of the requiring of a bond for hauling is being considered with District 4 wanting a bond and the other Supervisor's Beats not wanting that requirement for their beats

Mr Deanes made the motion to table any action until an Attorney General's opinion can be obtained Mr Horton seconded the motion and a unanimous vote was taken

SO ORDERED this the 26<sup>th</sup> day of August<sub>2010</sub> <u>Hloy</u> PRESIDENT

This Board doth recess until 9 a m on August 30, 2010

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<u>Floy Maker</u> PRESIDENT

**BE IT REMEMBERED** that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, Mississippi, on the 30<sup>th</sup> day of August, 2010, at 9 00 o'clock a m, and present were, Floyd McKee, President of the Board, R B Davis, Vice-President, Shelton Deanes, Luke Lummus and Lynn Horton Also present at said meeting were Harmon A Robinson, Clerk of the Board, and Laddie Huffman, Sheriff, when and where the following proceedings were had and determined, to-wit

NO \_\_\_\_\_

# IN THE MATTER OF LIABILITY, FIRE AND CASUALTY INSURANCE FOR 2010-2011

There came on this day for consideration the matter of liability, fire and casualty

insurance for 2010-2011

It appears to this Board that two quotes were received on August 26, 2010 and

taken under advisement and they were, to wit,

- 1 Galloway Chandler McKinney Insurance representing Travelers Insurance Company the quote being \$178,684 00
- 2 Lyon Insurance representing Beacon One Insurance the quote being \$137,065 00

It also appears that Shelton Deanes District Four Supervisor has recused himself from any discussions of this matter and has left the Boardroom during these deliberations and voting

Mr McKinney then asked to present an amended quote being somewhat lower than their original quote, President McKee said he would not entertain said amendment and asked the Board to vote on the quotes as received at the August 26, 2010 meeting Mr McKee moved to accept the Lyon Insurance quote and Mr Davis seconded the motion The President called for a vote and the votes were as follows, to with,

Mr Horton	No
Mr McKee	Yes
Mr Lummus	No
Mr Davıs	Yes

Their being a tie vote Mr McKee moved that the Board go into closed session to determine the issue of whether or not to declare an executive session under Section 25-41-7(2) and Mr Lummus seconded the motion and a unanimous vote was taken to close

the meeting for a preliminary determination of the necessity of an executive session

The vote being seconded, to wit,

Mr Horton	Yea
Mr McKee	Yea
Mr Lummus	Yea
Mr Davis	Yea

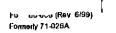
While in the closed determination, Mr McKinney sent word to the Board that Galloway Chandler McKinney wished to withdraw their quote

The Board then moved to open session before determination was made and proceeded to take open action on the question of insurance coverage for 2010-2011 The vote was unanimous to move back into open session following Mr Lummus' motion and second of Mr Davis

Mr Davis moved that the bid of Lyon Insurance of \$137,065 00 be accepted and Mr McKee seconded the motion A unanimous vote was taken to accept Lyon's quote with Mr Deanes not taking part in said vote

SO ORDERED this the 30<sup>th</sup> day of August, 2010 <u>*Hloyn Mik-*</u> PRESIDENT

_		·		OUCTION OF ASS.		5110
		<u>Herman M. B. Church.</u>	Schoo	ol Dist <u>West_Point</u>	Road Dist _	<u>J110</u>
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COUNTY in suppo County, and said the Stat	OF It ap ort of s IT IS Mississ d change IT IS te Tax (	PISSIPPI Clay opearing to the Board or said application that t 5, THEREFORE, ORDERED by sippi, that a total red es being for the year <u>c</u> is FURTHER ORDERED, that	O f Supervisor he assessmer y the Board uction of th COT the Clerk o of this Boar	nt should be changed of of Suppervisors of ne assessment on said of this Board certify rd is hereby authorize	roll of \$ 1570	order to
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			10	Killon S.K.	hu-	
			 Ølerk	of the Board of Super	visors of said Count	ty
			710			



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## PETITION FOR REDUCTION OF ASSESSMENT

PLEASE SUBMIT IN DUPLICATE

#### STATE OF MISSISSIPPI

TAX ASSESSOR \_\_\_\_\_<u>Teretha Rupert</u>

COUNTY CT AV

	CLAY			
$\langle$		PERSONAL LE ONE)	2009	ROLL

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Form 60-605 (Rev. 6/99).

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FILL IN ALL BLANKS

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Formerly 71-026	5	PETITIO	N FOR RE	DUCTION OF ASS	ESSMENT	
Property	of_Pola	aris Industries	Sch	ool Dist West Point	Road Dist	
STATE OF	MISSIS	SIPPI				
COUNTY C	erC1	Lay		-		
Now com	es <u>Ter</u> e	tha Rupert (Tax Assessor Affiant Taxpa		and applies for a re	duction in the as	ssessments
agaınst	the pe	etitioners on the _	Personal	Assessment R	oll for the year?	2009
PER ATTA	CHED FO	RM 60-606	TOTAL.			
			AFFIDAVI	T FOR CHANGE		
STATE OF	MISSIS	SIPPI				
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-		1 1		S CERTIFICATE		
I	· Ho	Muon Alle	×45 a-	, Clerk of the H	Board of Supervis	ors of
(	<u>Xa</u> y	County, State	e of Mississ	sippi, do hereby cert	ify that the for	egoing
ıs a tr	ue and	. /	/	er of said Board of S		
the day		of Augu	20	$\frac{10}{10}$ as the same ap	ppears on Page	of
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	City	of	theat	in said County	l.A	
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			Clerk	of the Board of Super	Sors of said Coun	ty

## PETITION FOR REDUCTION OF ASSESSMENT

PLEASE SUBMIT IN DUPLICATE

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\*Remember for change of assessment as per Title 2/-35 143 MLss Code of 1972 <u>Hem number from node shown in parenthesiss</u> (1) Duplicate semesment (2) Clerical error (3) Calculation error (4) Fromeous assessment (5) Incorrect screege (5) Building were not on the land (7) <u>EO TEMNOVE DENALTY</u> (8)

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Farm 60-606 (Rev 6/99) Formerly 71-026A

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PETITION	FOR	REDUCTION	OF	ASSESSI
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		PETITION	FOR REI	DUCTION OF ASS	ESSMENT	
property	of <u>Mr</u>	Herman M. B. Church	Scho	ol Dist <u>West Point</u>	Road Dist	5110
STATE OF	MISSIS	SIPPI				
COUNTY C	F	<u>Y</u>				
Now com	es <u>Te</u>	retha Rupert		and applies for a re	duction in the as	sessments
agaınst	the p	(Tax Ass aso Affian Taxpayer etitioners on the		Assessment R	coll for the year	2009
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COUNTY O		SIPPI	<u> </u>			
Page	Line	Parcel	Land	Improvements	Total Value	Change
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AFFIANT_				TAXPAYER		
Witness	my sign	ature this the	_day of		. 20	
TAX ASSE	SSOR		<u></u>		<u> </u>	
STATE (		ISSIPPI Clay		D OF SUPERVISORS		
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in suppo	rt of s	aid application that th	he assessmer	it should be changed o	r reduced	
<b>.</b> .		THEREFORE ORDERED by				1 00
and said	Mississ change	ippi that a total redu s being for the year $\underline{\mathfrak{S}}$	etion of th	e assessment on said	roll of \$ <u>757</u>	
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ORDEREED AND ADJUDGED this the <u>D</u> day of <u>Hught</u> 20 <u>D</u> <u>Hugh</u> <u>Mik</u> (President of Board of Supervisors)						
			CLERK S	CERTIFICATE	- <b></b>	
		farmon A. Kab	MOR	, Clerk of the B	oard of Superviso	ors of
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(	Minute Book of said Board, now on file in the office of said Clerk in the 					
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Form 60-606 (Rev 6/99) Formerty 71-026A

Page

## PETITION FOR REDUCTION OF ASSESSMENT

PLEASE SUBMIT IN DUPLICATE

#### STATE OF MISSISSIPPI

Line

1

TAX ASSESSOR Teretha Rupert

Owner

REAL / PERSONAL 2009 ROLL LETRCLE ONE) ASSESSMENT AS ON ROLL AMOUNT REASONS Parcel Number ог FOR IMPROVEMENTS LAND TOTAL CHANGE CHANGE\* Mt Herman Missionary Baptist Church 082D415B 01200 00 -0-1598 1598 1598 7

COUNTY

CLAY

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TOTAL CARRIED TO FORM 60-605

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Form 50-605 (Rev	6/99)	
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Please Submit in Duplicate

FILL N ALL BLANKS

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Formerly 71-021	5	PETITIC	N FOR RE	DUCTION OF ASS	ESSMENT	
Property	of_Pola	arıs Industries	Sch	Nool Dist West Point	Road Dist	
STATE OF	MISSIS	SIPPI		_		
		tha Rupert		- _and applies for a re	duction in the as	ssessments
against	the pe	-	Personal	Assessment R	oll for the year	2009
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Witness	my sıgn	ature this the	day of	rendition	. 20	
TAX ASSE	SSOR				<u> </u>	
County, and said the Stat Orig_nal and dire and the	It app It of s IT IS Change: IT IS e Tax Cs Assess Cted to Tax Col. n if a	aid application that THEREFORE ORDERED ipp1, that a total r s being for the year FURTHIR ORDERED that ommission The Cler ment Roll in his off change the copy in	or Superviso the assessme by the Board eduction of t Auton at the Clerk k of this Boa ice and the his possession proper credit	ORDER ors from evidence both ent should be changed o of Suppervisors of the assessment on said of this Board certify the ard is hereby authorize Tax Collector of this on to conform with the therefor including d and and of Mary of Mary of president of	r reduced roll of \$ 32, two copies of this d and directed to a County is hereby an provisions of this istrict taxes, and	order to charge the ithorized oreder Homestead
	,/	1 1		S CERTIFICATE		
I	<u> </u>	• •		Clerk of the B		
County, State of Mississippi do hereby certify that the foregoing						
is a true and correct transcript of an order of said Board of Supervisors, passed on the day $30$ of $440$ at $20$ $10$ as the same appears on Page of						
Minute	Minute Book of said Board, now on file in the office of said Clerk in the					
	City			in said County (s/the day of	Karetest	10
WIT	nness m	ny nang ang officia		of the Board of Superv	Alla -	

Form 60-606 (Rev 6/99) Formerly 71-026A

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723

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## PETITION FOR REDUCTION OF ASSESSMENT

1

CLAY

REAL /

PERSONAL

2009 ROLL

COUNTY

.

PLEASE SUBMIT IN DUPLICATE

#### STATE OF MISSISSIPPI

TAX ASSESSOR <u>Teretha Rupert</u>

(CIRCLE ONE) ASSESSMENT AS ON ROLL AMOUNT REASONS Parcel Number OF FOR Owner Page Line MARROMEMENTES \$KAX8 TOTAL CHANGE CHANGE\* INV - MISC-22235 533000 505 67176 22235 89411 7 Polaris Industries TOTAL CARRIED TO FORM 60-605

Reason f ch g of sessmont as par Title 27 35 143 Mi Code of 1972 <u>Itam number from onds shown in paraphenes</u> (1) D plicate s ment (2) Clericel s of (3) Calculation error (4) Erronous assessmont (3) incorrect ac g (6) Building was not on the land (7) <u>CO TEMOVE PETALLY</u> (8)

as he did render a rendition for 2009

## COPY

#### ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI
COUNTY OF
IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM
ORDER
This day came on for hearing and consideration by the Board of
Supervisors of Class County, Mississippi,
petition of Thetha Rogert, Tax anna
for adjustment(s) in the homestead exemption(s) previously granted to
said taxpayer(s) on the page and line on said $200$ Homestead
(year) Exemption Supplemental Roll as shown in said petition
And it appearing to the Board of Supervisors from the evidence, both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted
IT IS THEREFORE ORDERED by the Board of Supervisors of

County Mississippi, that the

adjustment(s) on the other side of this form be adopted for the year

0

IT IS FURTHER ORDERED that the Clerk of this Board certify two copies of this order to the State Tax Commission for its approval or disapproval, and if the foregoing order be approved by the State Tax Commission, the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession, to conform with the provisions of this order

Ordered and adjudged this the 10 20 / signed\_

1/	. 11	S CERTIFICATE
1. star	non A. Kohi	fur Clerk of the Board of
Supervisors of	Clay	County, Mississippi do

hereby certify that the foregoing is a true and correct transcript of

an order of said Board of Supervisors
Witness my fand and official seal this the day of
2010
Clerk of the Board of Supervisors
724

## PETITION ON

Τ. είλο ο Εξοποι(R. Σ04) 1 157

## HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YLAR 2009

MARK THE TYLE OF ADJUSTMENT ONLY ONE TYLE OF ADJUSTMENT FER LACE. ONLY ONE MUNICIPALITY FER PACE

ADDITION ( )

DELETIONS ( )

COUNTYCLAY		x	\$C110(	OL DISTRIC	IWEST	POINT	N	AUNICIPALITY
NAME	PARC L1 NUMBLR	NO OI ACRE	VALUE OL LAND	VALUL OI BUILDING	RI GULAR VALUI ALLOWLD	ADDITIONAL VALUL ALLOWED	MUNICII AL \$ AMOUN F L XI MP1	REASON FOR ADJUSTMENT
Chandler Emma Lee	010-08-00600 00							Ноиве допе
Heard Walter Robert	014-22-01000 00							Both applicants deceased
Holcombe Albert E	084D-17A-00200 00							Deeded property away
Parker John H	089-25-02700 00							John Parker deceased change Elsie Parker
Reed Wendelle W	086-13-03011.00		<u> </u>		 		<u> </u>	Applicant sold property
Williams Eddie Lee	092C-26A-01400.00						<u> </u>	Deeded property away
					<b> -</b>		<b> </b>	
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					· <b></b>			

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#### INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to ADD<sup>#</sup> an entry to the Homestead Exemption Supplemental Roll fill out the above information as it SHQULD appear on the original supplemental roll.

If this place is being used to **DELETE**<sup>11</sup> in entry from the Homestead Exemption Supplemental Rolf till out the above information **EXACTLY** is it uppears on the original supplementit rolf

	TOR MSTC USE ONEY Total Net Effect of adjustments
ļ	(Initial & date)

~1 15 <u>ت</u>

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rm 61-002-52 1 1-000 Rev 12/04 Firm inty 72-003

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#### CORRECTION/DELETION of t**he**

HOMESTEAD	EXEMPTION	APPLICATION
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DELETION ( <sub>X</sub>) CORRECTION ( FOR MSTC LSE ONLY

ENTER N ORMATION EXACTLY AS IT APPEARS	ON THE ORIGINAL APPLICATION		· · ·	
ACCT NO		COUNTY	CLAY	
		_	YEAR	<u> 2.209</u>
NAME 1 <u>Chandler</u> (last name)	Emma	Lee_		
(last name)	(first name)	(middle name)		(social security no)
FOR A CORRECTION, ENTER				• • •
EOR A DELETION, ENTER TH	IE INFORMATION EXA	CTLY AS ON THE ORK	<u>SINAL APPLICAT</u>	1 <u>0N.</u>
MUNICIPALITY			SCHOOL DISTRICT	est_Point
NAME I <u>Chandler</u>	Emma	Lee	SSN_	
	FIRTS)	(MIDDLE)		
NAME 2			SSN	
(LAST) (I	FIRTS)	(MIDDLE)		
A DOD FEE			EXEMPTION	CODE NO
ADDRESS 10175	Stand Una Rd.			
	(REEI)			4 Dr Cert
Projrio	¥-	40754	2 Over 65	5 DAV
<u>Prairie</u>	(STATE)	<u>39756</u>	J J Letter	6 Comb Reg & Add
PARCEL NUMBER(S)		(+==)		
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4				
<sup>™</sup>				

)

#### AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED\_

(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county. I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27.33.1 et seq. Mississippi Code of 1972

Witness my signat	ure and official seal This the 30 day of AUGust 20 10
	SIGNED Million A. Kolowin

FOR MSTC	APPROVED	REJECTED
LSE ONLY	Why rejected	

Form 61-002-02 1 1-000 Rev 12/04 Firm iny 2-cu		ON/DELETION f the			FOR MSTC L	SEONLY
HOME		IPTION APPLICA	TION			
DELETION	( <sub>X</sub> )	CORRECTION	()	L		
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<u> </u>				YE	AR	2009
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(last name)		(first name)		le name)		(social security no )
FOR A CORRECTION, F	NTER ONLY	THE INFORMATIC	<u>ON TO BE CO</u>	RRECTED		
OR A DELETION. ENT	ER THE INFO	RMATION EXACT	LY AS ON T	HE ORIGIN/	L APPLICAT	ION_
IUNICIPALITY				SCI DIS	HOOL STRICT	st_Point
NAME 1 Heard	Walter		Robert		SN	
LASTI	(FIRTS)		(MIDDLE)	°	214	
NAME 2 <u>Heard</u>	<u>Isabel</u>	la		s	SN_42	<b></b>
	(11(13)		(MIDDLE)		EXEMPTION	CODE NO
ADDRESS <u>11474 Mo</u>	<u>On Heard Ra</u> (STREET)	<u> Ma</u>			1 Regular 2 Over 65 3 Letter	
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AUTHORIZATION (FOR A CORRECTION) Being a duly authorized ager correction of this lawfally fil Mississippi Code of 1972 ar notified of this correction	led Homestead E	xemption Application	detailed above	is needed to ful	ly comply with S	ection 27 33 1 et seq
		SIGNED	·	<u></u>		

(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county 1 do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq. Mississippi Code of 1972

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	Witness my signature and official sea	Havio Malune
FOR MSTC USE ONLY	APPROVED	REJECTED

	RECTION/DELETION of the D EXEMPTION APPLI		FOR MSTC USE ONLY
	X) CORRECTIO		
N R N CRMATION XACTLY AS IT APPEARS	S ON THE ORIGINAL APPLICATION	COUNTY	
ACCT NO		-	YEAR 2010 2009
NAME 1	Albert	Е	
(last name)	(first name)	(middle nan	ne) (social security no )
FOR A CORRECTION, ENTER			•
FOR A DELETION. ENTER TI		ACTLY AS ON THE O	
MUNICIPALITY			DISTRICT West Point
NAME L <u>dolcombe</u>	Albert		
NAME 2 Jolcombe		·····	
		•	EXEMPTION CODE NO
ADDRESS <u>4051 Hary 50 E</u>			1 Regular 4 Dr Cert 2 Over 65 5 DAV
West Point	<u>Ms.</u> (STATE)	<u>39773</u> (ZIP)	3 Letter 6 Comb Reg & Add
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#### **ALTHORIZATION**

#### (FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED

L

(FOR A DELETION)

(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county. I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27.33.1 et seq. Mississippi Code of 1972

	Witness my signature and official sea	This the 30 day of August 20 10
	SIGNEI	Kano to Kahan
FOR MSTC USE ONLY	APPROVED	REJECTED

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003	CORRECTION/DE of the STEAD EXEMPTIO		FOR MSTC USE ONLY
	( ) CO		
ENTER INFORMATION EXACTLY AS IT A	PPEARS ON THE ORIGINAL AP		TY_CLAY
			YEAR 2010-2005
NAME 1_Parker	Joh	RH_	•
(last name)	(first	name) (midd	le name) (social security no )
FOR A CORRECTION, EN	NTER ONLY THE I	NFORMATION TO BE CO	PRECTED.
FOR A DELETION, ENT	ER THE INFORMAT	TON EXACTLY AS ON T	HE ORIGINAL APPLICATION.
MUNICIPALITY			SCHOOL DISTRICT WEST POINT
			DISTRICT WEST DRIVE
NAME 1 Parker	John	н	SSN
(LAST)	(FIRTS)	(MIDDLE)	
NAME 2 Parker	Elsıe	Lenior	SCN I
	(FIRTS)		SSN
		(	EXEMPTION CODE NO 2
ADDRESS 8977 Deck	er Rd		
	(STREET)		1 Regular 4 Dr Cert
West Point	Ms	s 39773	2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
(CITY)	(STATE		
PARCEL NUMBER(S)		a	REASON FOR CORRECTION/DELETION
IF A PARCEL NUMBER IS TO BE C		OGRAPHICAL ERROR	REASON FOR CORRECTION/DELETION
LIST CORRECTED NUMBER BELC	)W		
1 089-25-02700 00			John Parker is deceased
			Changed Homestead to wife
2			Changed homestead to write
3			Elsie Lenoir Parker
4			
5			
· · · · · · · · · · · · · · · · · · ·			
AUTHORIZATION			

(FOR A CORRECTION) Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

Joutlet Kupert SIGNED\_

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(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental RoH of allowed exemption for this county according to Section 27 33 1 et seq. Mississippi Code of 1972

	IA	
Witness my signature and official seal	This the day of	 20

		SIGNED		
FOR MSTC USE ONLY	APPROVED		REJECTED	

Form 61-002-02 1 1-00 Form rty 2-003		of	N/DELETION the PTION APPLIC:				FOR MST	CL	SEONLY
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				(	COUNT	<b>r</b> C	LAY		<u> </u>
ACCINO _		<u> </u>					YEAR2	010	2009
NAME 1	Reed		Wendell		W	Jr_			
(las	t name)		(first name)		(middle	name)		-	(social security no )
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MUNICIPALI	TY						SCHOOL DISTRICT	Wee	<u>t Point</u>
NAME 1 Ree	ed	Wendel	1 1	W Jr			SSN		
(LAST)	)	(FIRTS)		(אום					
NAME 2 Ree	ed.	Patric:	la				SSN		
(_AST)		(FIRTS)	<u> </u>	(MID	DLE)				
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#### AUTHORIZATION

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(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27.33. Let seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction.

SIGNED

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1

(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq. Mississippi Code of 1972

	Witness my signature a	nd official seal This the 30 day of August 20/0
		SIGNED JAHAN Likalin-
FOR MSTC USE ONLY	APPROVED	REJECTED

Form ny 72 <b>-003</b>		0	ON/DELETION f the		FOR MSTC USE ONLY
	HOMES	TEAD EXEN	IPTION APPLICAT	ION	
	DELETION	( <sub>X</sub> )	CORRECTION	( )	
NTER INFORMA	TION EXACTLY AS IT AP	PEARS ON THE OF	IGINAL APPLICATION		
				COUNT	YCLAY
					YEAR 2010 2009
NAME 1_J	2111.ams		Eddle	Lee J	
	last name)		<u>Eddie</u> (first name)	(middle	e name)
FOR A CO	RRECTION. EN	TER ONLY	THE INFORMATIO	N TO BE COR	RECTED
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MUNICIPA	LITY		·		SCHOOL West Point DISTRICT
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	Williams	Eddle	L	<u>Lee Ir.</u>	SSN
ļ					
NAME 2_					SSN
<u>ا</u> (۱	.4SD	(FIRTS)		(MIDDLE)	
ADDRESS	P O Box	1070			EXEMPTION CODE NO
		(STREET)			1 Regular 4 Dr Cert
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West	Point		Ms	39773	3 Letter 6 Comb Reg & Add
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AUTHOR	IZATION				

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED\_

(FOR A DELETION)

USE ONLY

Why rejected \_

(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county 1 do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq. Mississippi Code of 1972

	Witness my signature	and official seal This the Boday of Alignet 20 10
		SIGNED ALITADE A Kohani
FOR MSTC	APPROVED	REJECTED

#### ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI COUNTY OF IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM ORDER This day came on for hearing and consideration by the Board of Supervisors of County, Mississippi, Anen petition of Takfor adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said  $\cancel{2009}$  Homestead (year) Exemption Supplemental Roll as shown in said petition And it appearing to the Board of Supervisors from the evidence, both oral and documentary, offered in support of said adjustment(s) that the exemption(s) should be adjusted IT IS THEREFORE ORDERED by the Board of Supervisors of County, Mississippi, that the adjustment(s) on the other side of this form be adopted for the year IT IS FURTHER ORDERED, that the Clerk of this Board certify two copies of this order to the State Tax Commission, for its approval or disapproval, and if the foregoing order be approved by the State Tax Commission, the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order Ordered and adjudged this the signed **CLERK'S CERTIFICATE** LIOL-I, Clerk of the Board of Supervisors of County, Mississippi, do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors Witness my hand and official seal, this the day of 20 10 hus Clerk of the Board of Supervisors 732

## **PETITION TO ADJUST EXEMPTION ON**

F (1.20) 0 1 1 000 (R \ 2.04 1 1 15 2 005

## **HOMESTLAD EXEMPTION SUPPLEMENTAL ROLL**

**YEAR 2009** 

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MARK THE TYLE OF ADJUSTMENT ONLY ONE TYPE OF ADJUSTMENT PER LACE. ONLY ONE MUNICIPALITY FER PACE

ADDIFION ( )

DELETIONS (X)

COUNTY	CLA
C 1 D1 IN L Y	

COUNTYCLAY			SCHOO	DI DISTRIC	r_ CLAY C	OUNTY	M	IUNICIPALITY
NAME	PARCEI NUMBER	NO OI ACRL	VALUE OI LAND	VALUE OF BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWLD	MUNICIPAL \$ AMOUNT E XI MPT	REASON FOR ADJUSTMENT
Criddle Loretta Dendy	024-02-02500 00	10	785	2549		3342	<b>-</b> -	Sold Property
Cummings Frances	074-09-01200 00	60	1949	-0-	-0-	1949		Sold Property
Washington General	101-28-00500 00	9	892	2844		3536		Both Applicants are deceased
Washington Ricky D	101-28-00501 00	1	650	4273	4923	-0-	-0-	Applicant move to California
Owens Josie Brisco	101-21-02800_00	1 60	782	4940	-0-	5722	-0-	Applicant no longer lives in house
				_				
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						:		· · · · · · · · · · · · · · · · · · ·
					'			

#### INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to **ADD** an entry to the Homestead Exemption Supplemental Koll-full out the above information as it **SHOULD**<sup>\*</sup> appear on the original supplemental roll

If this page is being used to **DELLIE**<sup>10</sup> an entry from the Homestead Exemption Supplemental Rolf-fill out the above information **LNAEILY**<sup>10</sup> as it appears on the original supplemental rolf

<u>FOR MSTC USEONEY</u> Total Net Effect of adjustment (Initial & date)

1

CORRECTION	DELEINON
of th	e

**HOMESTEAD EXEMPTION APPLICATION** 

DELETION CORRECTION (y) (

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

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COLINTY	

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			YEAR	2010-2009
NAME1Criddle	Lorette	Dendy		
(last name)	(first name)	(middle name)		(social security no)
FOR A CORRECTION, ENTER	ONLY THE INFORMATIC	N TO BE CORRECT	ED.	
EOR A DELETION. ENTER TH	E INFORMATION EXACT	LY AS ON THE ORI	GINAL APPI	JCATION_
MUNICIPALITY			SCHOOL DISTRICT	CLAY COUNTY
NAME I Criddle	Lorette	Dendy	SSN	
	(RTS)	(MIDDLE)		
NAME 2	IRT\$)		SSN	
(LA31) (P	IK [ 3]	(MIDDLE)	FYEMP	TION CODE NO
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	TREET)		1 Reg	ular 4 Dr Cert
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Montpelier (CITY)	Ms (state)	39755 (ZIP)	-  3 Lett	er 6 Comb Reg & Add
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#### AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED

## (FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

	Witness my signature and offic	IGNED_AMER August 20/0
FOR MSTC LSE ONLY	APPROVED	REJECTED

Form 61-002-02 1 1-000 Rev 12/04 Formerty 72-003	c	ON/DELETION of the MPTION APPLICA	TION		FOR MSTC USE ONLY
DELETION		CORRECTION		L	
ENTER INFORMATION EXACTLY AS IT	APPEARS ON THE OF			<del>_</del>	
ACCT NO			COL	INTY	CLAY
					YEAR_2010 2009
NAME 1 <u>Cummings</u> (last name)		<u>Frances</u> (first name)			
FOR A CORRECTION, F				iddie nam CORREC	
FOR A DELETION ENT	ER THE INFO	RMATION EXACT	LY AS ON	THE O	RIGINAL APPLICATION.
MUNICIPALITY					SCHOOL DISTRICTCLAY_COUNTY
NAME 1 Cummings	Franc (FIRTS)	<u>:es</u>	Redmond (MIDDLE)		SSN
NAME 2					
(LAST)	(FIRTS)		(MIDDLE)		EXEMPTION CODE NO 2
ADDRESS 2021 Van	ULL Rd				
	(SIREEI)				1 Regular 4 Dr Cert 2 Over 65 5 DAV
Pheba		Mg _(STATE)	<u>39755</u> (ZIP)	<b>;</b> _	3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE LIST CORRECTED NUMBER BELG		TO TYPOGRAPHICAL ER	ROR		REASON FOR CORRECTION/DELETION
1	)				SOLD_LAND
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5					
AUTHORIZATION					

(FOR A CORRECTION) Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

		SIGNED
Supervisors of t	lected and/or acting Clerk of the B his county has requested and appro	board of Supervisors for the above named county I do hereby certify that the Board of wed the DELETION of the lawfully filed Homestead Exemption Application detailed above for this county according to Section 27 33 1 et seq Mississippi Code of 1972
	Witness my signature	e and official seal This the 30 day of Juffat 20/0 SIGNED
FOR MSTC USE ONLY	APPROVED	REJECTED

Form 61-002-02 1 1-000 Rev 12/04 Formerry 72-003		ON/DELETION		FOR MSTC USE ONLY
HOMES	TEAD EXEM	PTION APPLICA	TION	
DELETION	( <sub>X</sub> )	CORRECTION	( )	
NTER INFORMATION EXACTLY AS IT AP	PEARS ON THE OR	GINAL APPLICATION		
			COUNT	YCLAX
ACCT NO				
				YEAR
NAME 1		General	_	
(last name)		(first name)	(mıddi	e name) (social security no )
FOR A CORRECTION EN	ITER ONLY J	HE INFORMATIC	N TO BE CO	RRECTED
		RMATION EXACT	LY AS ON TH	E ORIGINAL APPLICATION
MUNICIPALITY				DISTRICT CLAX COUNTY
				DISTRICTCLAY_COUNTY
NAME 1 Washington	Genera	1		SSN
(LAST)	(FIRTS)		(MIDDLE)	
	01			
NAME 2 Washington	Obera (FURTS)	<u> </u>	Brown (MIDDLE)	SSN
	(10(10)		(MIDDLE)	EXEMPTION CODE NO 2
ADDRESS				
	(STREET)			1 Regular 4 Dr Cert
Pheba		¥-	20265	2 Over 65 5 DAV
<u>t (CITY)</u>		<u>Ms</u> (STATE)	<u>39755</u>	3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S)				
IF A PARCEL NUMBER IS TO BE CO	RRECTED DUE	TO TYPOGRAPHICAL ERI	OR	REASON FOR CORRECTION/DELETION
LIST CORRECTED NUMBER BELOW	v			
1101-28-00500_00	I			Both applicants are deceased
<u> </u>				<u></u>
2				prior to the year 2010
3				
				4
4				
4	_			
4				

#### AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been which is the taxpate to the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED\_

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(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq. Mississippi Code of 1972

Witness my signal	signed Signed
APPROVED	REJECTED

FOR MSTC	APPROVED	REJECTED
USE ONLY	Why rejected	

	ORRECTION/DEL of the EAD EXEMPTION		FOR MSTC LSE ONLY
DELETION	( <sub>X</sub> ) Cor	RECTION ( )	·
NTER INFORMATION EXACTLY AS IT APPE	ARS ON THE ORIGINAL APPL	CATION	
ACCT NO		COL	UNTYCLAY
			YEAR 2009
NAME 1	Ric	ky	D
(last name)	(first n	ame) (m	niddle name) (social security no )
FOR A CORRECTION_ENT	ER ONLY THE INF	ORMATION TO BE	
FOR A DELETION, ENTER	THE INFORMATIC	N EXACTLY AS ON	N THE ORIGINAL APPLICATION
MUNICIPALITY			SCHOOL DISTRICT CLAY COUNTY
NAME 1 <u>Washington</u>	Ricky (FIRTS)	D(MIDDLE)	
NAME 2 <u>Washington Ni</u> (LAST)	ta (FIRTS)		
ADDRESS Street One			EXEMPTION CODE NO
Pheba	(STREET)		1 Regular 4 Dr Cert 2 Over 65 5 E AV
(CITY)	(STATE)	<u></u>	5 3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE CORI LIST CORRECTED NUMBER BELOW	RECTED DUE TO TYPOGE	RAPHICAL ERROR	REASON FOR CORRECTION/DELETION
1			Applicant toved to
2		·	California
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5			

#### AUTHORIZATION

ı

(FOR A CORRECTION) Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED\_

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county. I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq. Mississippi Code of 1972

Witness my signature and official seal This the <u>May of August</u> 20_1	0_
Then I de	
SIGNED I AMA A PONO	

FOR MSTC	APPROVED	REJECTED
USE ONLY	Why rejected	

	CORRECTION/ of the ESTEAD EXEMPT	: ION APPLICAT			FOR MSTC I	USE ONLY
DELETION					·	
ENTER INFORMATION EXACTLY AS IT	FAPPEARS ON THE ORIGINAL	APPLICATION	COUNT	YCLAY	Y	
ACCT NO					YEAR	2009
NAME 1 Owens	J	osie	E	Srisco		
(last name)	(fi	rst name)	(middl	e name)		(social security no )
FOR A CORRECTION, I	ENTER ONLY THE	INFORMATION	N TO BE CO	RRECTE	<u>D.</u>	
FOR A DELETION, ENT	FER THE INFORM	ATION EXACTI	Y AS ON T	HE ORIG	INAL APPLICAT	ION.
MUNICIPALITY					SCHOOL DISTRICT_CLAY	COUNTY
NAME 1 Owens	Josie	Brisco	-		SSN	
(LAST)	(FTRTS)		(MIDDLE)			
NAME 2					SSN	
(LAST)	(FIRTS)		(MIDDLE)		DUEL OPTION	
ADDRESS_279_Stre					EXEMPTION	CODE NO2
	(STREET)					4 Dr Cert
Pheba	Ms		39755			5 DAV 6 Comb Reg & Add
(מדד)	(ST/	ATE)	(21P)			
PARCEL NUMBER(S)					REASON FOR CO	ORRECTION/DELETION
IF A PARCEL NUMBER IS TO BE LIST CORRECTED NUMBER BEL		POGRAPHICAL ERRO	JK,			
<sup>1</sup> <del>101-21 02800 00</del>			<u> </u>		Applicant n	o longer lives
2					in the hous	e-no electricity
3						
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1

## AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED		

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972 1

Witness my signature and official seal This the 30 day of day of 20/0
SIGNED Miller - & Koloni

FOR MSTC	APPROVED	REJECTED
USE ONLY	Why rejected	

#### COPY

#### ORDER OF THE BOARD OF SUPERVISORS

STATE OF MISSISSIPPI

COUNTY OF

IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM

ORDER

This day came on for hearing and consideration by the Board of

Supervisors of County, Mississip petition of \_

tor adjustment(s) in the nomestead exemption(s) previously granted to

said taxpayer(s) on the page and line on said 2009 Homestead (vear) Exemption Supplemental Roll as shown in said petition

And it appearing to the Board of Supervisors from the evidence, both oral and documentary offered in support of said adjustment(s) that the exemption(s) should be adjusted

IT IS THEREFORE ORDERED by the Board of Supervisors of County Mississippi that the

adjustment(s) on the other side of this form be adopted for the year

2009

IT IS FURTHER ORDERED that the Clerk of this Board certify two copies of this order to the State Tax Commission for its approval or disapproval and if the foregoing order be approved by the State Tax Commission the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his otfice and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order

Ordered and adjudged this the

20 day of signed

**CLERK'S CERTIFICATE** Clerk of the Board of Ĩ la s Supervisors of County, Mississippi do hereby certify that the foregoing is a true and correct transcript of an order of said Board of Supervisors 30 15 day of Witness my hand and official seal, this the 10 20 Clerk of the Board of Supervisors

## **PETITION TO ADJUST EXEMPTION ON**

1 m 6 80 0 1 1 000 rR 5 204

1 i nh 7 465

HOMESTEAD EXEMPTION SUPPLEMENTAL ROLL

YEAR <u>2009</u>

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MARK THE FYPE OF ADJUSTMENT. ONLY ONE TYPE OF ADJUSTMENT PER LACE. ONLY ONE MUNICIPALITY FER PACE

ADDITION ( )

DELETIONS (X)

COUNTYCLAY		SCHOOL DISTRICT				M	MUNICIPALITY WEST POINT		
NAME	PARCEI NUMBER	NO OI ACRI	VALUI OI LAND	VALUE OI BUILDING	REGULAR VALUE ALLOWED	ADDITIONAL VALUE ALLOWED	MUNICIPAL \$ AMOUNT EXLMPT	REASON FOR ADJUSTMENT	
Kelley Katrina	083B211C 08800 00	-0-	750	2587	3337		69 00	Applicant moved	
				<b>-</b> - <i>u</i> <b>-</b>					

#### INSTRUCTIONS

PAGE& LINE NUMBERS ARE NOT REQUIRED

If this pluc is being used to 'ADD in entry to the Homesterd Exemption Supplemental Roll-full out the above information as it SHOULD appear on the original supplemental roll.

If this page is being used to **DELETE** fan entry from the Homestead Exemption Supplemental Roll-full out the above information **LNACTLY** as it appears on the original supplementation!

FOR MSIC USL ONLY
Total Net Lifect
of adjustments
(Instral & date)

Form 61-002-02 1 1-000 Rev 12/04 Formerty 72-003	CORRECTION/DELETION of the		FOR MSTC USE ONLY
HOME	STEAD EXEMPTION APPLI	CATION	
DELETION	( <sub>X</sub> ) CORRECTIO	ON ()	···· <b>···</b>
ENTER INFORMATION EXACTLY AS IT	APPEARS ON THE ORIGINAL APPLICATION	COUNT	YCLAY
		-	YEAR_ 2010 2009
Kelley	Katrina		
NAME 1 (last name)	(first name)	(middle	e name) (social security no )
	ENTER ONLY THE INFORMA	,	
FOR A DELETION, ENT	TER THE INFORMATION EXA	CTLY AS ON TH	E ORIGINAL APPLICATION
MUNICIPALITY		_	SCHOOL DISTRICT_WEST POINT
NAME 1 <u>Kelley</u>	Katrina		SSN_
(LAST)	(FIRTS)	(MIDDLE)	
NAME 2 Kelley	Leon		SSN 4
(LAST)	(FIRTS)	(MIDDLE)	
ADDRESS 133 H111	Street		EXEMPTION CODE NO
	(STREET)		1 Regular 4 Dr Cert
West Point	Ms	39773	2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
( <b>CIT</b> Y)	(STATE)	(21P)	
PARCEL NUMBER(S)			REASON FOR CORRECTION/DELETION
IF A PARCEL NUMBER IS TO BE LIST CORRECTED NUMBER BEL	CORRECTED DUE TO TYPOGRAPHICA OW	LERROR	
1 083B211C 08800	00		Applicant moved to new
2			location and receives
3			homestead on new parcel
4			
5			
AUTHORIZATION		<u> </u>	

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i.

(FOR A CORRECTION) Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been nonfied of this correction

		SIGNED
C	lected and/or acting Clerk of the Board o	of Supervisors for the above named county I do hereby certify that the Board of e DELETION of the lawfully filed Homestead Exemption Application detailed above s county according to Section 27 33 1 et seq Mississippi Code of 1972
	Witness my signature and o	a lit
FOR MSTC USE ONLY	APPROVED	REJECTED

#### COPY

#### ORDER OF THE BOARD OF SUPERVISORS

STAFE OF MISSISSIPPI COUNTY OF IN THE MATTER OF THE HOMESTEAD EXEMPTION GRANTED TO THE TAXPAYER(S) LISTED ON THE OTHER SIDE OF THIS FORM ORDER This day came on for hearing and consideration by the Board of Supervisors of County, Mississippi, petition of for adjustment(s) in the homestead exemption(s) previously granted to said taxpayer(s) on the page and line on said DOT Homestead Exemption Supplemental Roll as shown in said petition And it appearing to the Board of Supervisors from the evidence both oral and documentary offered in support of said adjustment(s) that the exemption(s) should be adjusted IT IS THEREFORE OF DERED by the Board of Supervisors of County, Mississippi, that the adjustment(s) on the other side of this form be adopted for the year IT IS FURTHER ORDERED that the Clerk of this Board certify two copies of this order to the State Tax Commission for its approval or disapproval and it the foregoing order be approved by the State Tax Commission the Clerk of this Board is hereby authorized and directed to change the copy of the Homestead Exemption Supplemental Roll in his office and the Tax Collector of this County is hereby authorized and directed to change the copy in his possession to conform with the provisions of this order Ordered and adjudged this the 20 10 signed **CLERK'S CERTIFICATE** 𝔅 ← Clerk of the Board of I Supervisors of County, Mississippi do hereby certify that the foregoing is a frue and correct transcript of an order of said Board of Supervisors Witness my hand and official seal this the 20lerk of the Board of Supervisors

7 - 7

## **PFTITION TO ADJUST EXEMPTION ON**

1

1 CEAD 0 FE000 (K 2014 I 157-00

#### HOMESTFAD EXEMPTION SUPPLEMENTAL ROLI

YEAR 2009

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MARK THE FYLE OF ADJUSTMENT ONLY ONE TYLE OF ADJUSTMENT PER LACE. ONLY ONE MUNICIPALITY HER FACT

ADDITION ( )

DELETIONS (X)

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SCHOOL DISTRICT WEST POINT COUNTY MUNICIPALITY \_\_\_\_\_ NO VALUE VALUE REGULAR ADDITIONAL MUNICIPAL PARCEL NAME OI -OI. VALUE VALUE \$ AMOUNT REASON FOR ADJUSTMENT 0E NUMBER LAND BUILDING ALLOWED ALLOWED EXLMPT ACRE. 2 770 380 1150 ----\_--improvement gone Calvert Mary Helen 065-06-00300 00 Applicant is deceased 10 264 -0-\_\_\_ 294 ---063C-02A-00200 00 Kerr Julia Elizabeth applicant(Jessie) deceased 5904 490 5904 ----091B-19B-00101 00 \_\_\_\_ King Jessie

#### INSTRUCTIONS

PAGE & LINE NUMBERS ARE NOT REQUIRED

If this page is being used to "ADD ' an entry to the Homestead Exemption Supplement if Rolf-filt but the above information as it "SHOULD - appear on the original supplement if roll

If this page is being used to **DLLETE** in entry from the Homesterd Exemption Supplement if Rolf fill out the above information **EXACTEY**<sup>a</sup> as it appears on the original supplement foll

	FOR <u>MS1C</u> USE ONLY Lotal Net Effect of adjustments	-
		-
ì	(Initial & date)	-

Form 61-002-02 1 1-000 Rev 12/04 Formerly 72-003 CORRECTION/DELETION of the HOMESTEAD EXEMPTION APPLICAT			TION		FOR MSTC	USE ONLY	
	DELETION	( <sub>X</sub> )	CORRECTION	()	L	_	
ENTER INFORMAT	RON EXACTLY AS IT AP	PEARS ON THE OR	GINAL APPLICATION	COUNT	<b>Y</b> CL4		
ACCT NO	<u> </u>			COUNT		EAR _2010	2009
NAME 1	KING		JESSIE				
	ast name)		(first name)	(middle	e name)	-	(social security no)
FOR A COR	RECTION, EN	TER ONLY	THE INFORMATIO	N TO BE COI	RRECTEI	ጉ	
FORADEL	ETION, ENTE	R THE INFO	RMATION EXACT	LY AS ON TH	ie origi	NAL APPLICAT	TION.
MUNICIPA					Ĩ	SCHOOL DISTRICT	West Point
NAME 1 K	ling	Jessi	e			SSN_	
(LA		(FIRTS)		(MIDDLE)			
NAME 2 K	ling	Gladn	ey	R		SSN	
	sī)	(FIRTS)		(MIDDLE)		-	
						EXEMPTION	CODE NO <u>3</u>
ADDRESS_	<u>P.O.Box</u>	<u>752</u> (STREET)				t Regular	4 Dr Cert
						2 Over 65	5 DAV
	est Point		(STATE)	39773		3 Letter	6 Comb Reg & Add
	est Point		(STATE)	(Z2P)	ł		
PARCEL N		ODECTED DITE	TO TYPOGRAPHICAL ERR	∩ <b>∍</b>		REASON FOR C	ORRECTION/DELETION
	ED NUMBER BELOW				Ì		
1_091B	19B 00101	00				Applicant	(Jessie) deceased
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3						- <b></b>	, ,
4							
l° ———						_,	

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#### AUTHORIZATION

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(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County 1 do hereby attest to the fact that the correction of this lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been available to the fact that the dot of the section 27 33 1 et seq notified of this correction

SIGNED

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

	Witness my signature and official se	Hang Illing
FOR MSTC USE ONLY	APPROVED	REJECTED

Formerly 72-003 CORRECTION/DELETION of the			FOR MSIC USE ONLY
HOME	STEAD EXEMPTION AI	PPLICATION	
DELETION	(X) CORRE	CTION ( )	
ENTER INFORMATION EXACTLY AS IT A	PPEARS ON THE ORIGINAL APPLICAT	COUNT	CLAY
ACCT NO			YEAR
NAME 1	Mary	Hele	n
(last name)	(first name	e) (middle	name) (social security no )
FOR A CORRECTION. EI			RECTED.
MUNICIPALITY			SCHOOL DISTRICT
NAME I <u>Calvert</u>	Mary	Helen (MIDDLE)	SS
NAME 2			SSN
(LAST)	(FIRTS)	(MIDDLE)	EXEMPTION CODE NO 1
ADDRESS <u>2279 Subd</u>	(STREET)		1 Regular 4 Dr Cert 2 Over 65 5 DAV
Cedar Bluff		<u>39741</u>	3 Letter 6 Comb Reg & Add
PARCEL NUMBER(S) IF A PARCEL NUMBER IS TO BE C LIST CORRECTED NUMBER BELO		HICAL ERROR,	REASON FOR CORRECTION/DELETION
1065-06-00300.00	)		Improvement gone
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AUTHORIZATION			

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Witness my signature and official seal This the 2

10 নহুত বা 20 SIGNED

	·	
FOR MSTC	APPROVED	REJECTED
USE ONLY	Why rejected	
1 1		

Form 51-002-02 1 1-000 Rev 12/04 Formerly 2-003 CORRECTION/DELETION of the HOMESTEAD EXEMPTION APPLICATION				FOR MSTC USE ONLY			
DELETION	( <sub>X</sub> ) C	ORRECTION	N (	)	· <u>····</u> ····		
ENTER INFORMATION EXACTLY AS IT	APPEARS ON THE ORIGINAL	PPLICATION			CLAY	- <b></b>	
		<u> </u>			YEAR	2009	
NAME 4 VOT	Т.,	1	<b>21</b> 2226-4	. <b>L</b>			
NAME 1_Kerr(last name)		st name)	<u>ciizauei</u> ()	niddle nam	le)	-	-
FOR A CORRECTION, F		-	•		•		
FOR A DELETION, ENT	TER THE INFORMA	TION EXAC	TLY AS (	N THE O	RIGINAL AP	PLICAT	ION
MUNICIPALITY					SCHOOL DISTRIC		
NAME I Kerr	Julia	Eliz	abeth		[ i		
	(Fucis)		(MIDDLE				
NAME 2				<b></b> _	SSN		
(LAST)	(FIRTS)		(MIDDLE	)	EVEN	PTION	CODE NO 2
ADDRESS 6495 Pea	Ridge Rđ				EAENL	FIION	
	(STREET)						4 Dr Cert
							5 DAV
West Point	M		<u> </u>	Z <b>a</b>	-  <sup>,</sup>	euer	6 Comb Reg & Add
PARCEL NUMBER(S)							DRRECTION/DELETION
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1 063C 02A 00200	00				Applu	ant_r	-deceased
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#### AUTHORIZATION

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SIGNED

(FOR A DELETION)

\_\_\_\_

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Witness my signature and official seal This the	O day of	August 20/0
	1	001-
SIGNED	Mar	Effigur

This Board doth adjourn until 9 a m on September 7th, 2010

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Hloyd Mit-