

PHYSICAL ADDRESS:
14 Northtown Drive
Jackson, MS 39211

MAILING ADDRESS:
P.O. Box 12913
Jackson, MS 39236

PHONE:

844.303.9505
601.957.9505



EMAIL: stegall@bellsouth.net WEB: www.StegallNotaryService.com

OWNER: Cooper D. Allen
Licensed Insurance Agent

Proud to be
MISSISSIPPI
OWNED & OPERATED

ORDER FORM for New or Renewal Commissions

PLEASE FOLLOW THESE 3 STEPS: *Note: Incomplete forms will be returned.*

- 1** STEP 1: APPLICATION → Complete Notary Application **AND** have signature **NOTARIZED**.
- 2** STEP 2: BOND → Sign "Principal" line at the "X", and Sign the Oath of Office at the "X", and have **NOTARIZED**. **DO NOT COMPLETE** the TOP PORTION of the BOND.
- 3** STEP 3: ORDER FORM → Mark all Items or Kit you wish to order below. Make check payable to **STEGALL NOTARY SERVICE**. Return **Order Form, Application, Bond, and Check or Credit Card Information** to: P.O. Box 12913, Jackson, MS 39236

\$10,000
Errors & Omissions
Insurance Policy
FREE with each
Bond Order!

POSTAL SHIPPING TO: PLEASE PRINT CLEARLY. (We ship via U.S. Postal Service)

Name: Lisa S. Edwards MS Driver's License No. _____

Name of Business at Mailing Address (if any): _____ Bus./Daytime Phone: _____

Mailing Address: 634 April Sound

City: Pearl State: MS Zip: 39208

Email Address: lishaedwds@gmail.com



STATE REGULATION:
Effective July 1, 2007, the Secretary of State is requiring all **NEW & RENEWING** Notaries to use a **Self-Inking Seal Stamp** containing **Name, Residence County, Expiration Date** and **State issued ID Number**.

Complete Notary Kit \$158.00
total includes s/h

INCLUDES:

- ★ Statewide Commission (4-year)
- ★ \$5000 4-year Surety Bond
- ★ State-Required Seal Stamp (self-inking)
- ★ MISSISSIPPI Notary Record Book
- ★ \$20,000 Notary Errors & Omissions Insurance
- ★ Shipping & Handling

TOTAL SAVINGS OF \$12.00

| INDIVIDUAL ITEM DESCRIPTION | UNIT PRICE | QTY. | TOTAL |
|--|------------|-------------------------|----------------|
| 1.* Notary Public Statewide Commission (4-year) | \$25.00 | 1 | \$ 0.00 |
| 2.* Notary Public Bond (\$5000, 4-year Surety) (Includes \$10,000 Errors & Omissions Insurance) | \$45.00 | 1 | \$ 0.00 |
| 3.* State-Required, Self-Inking Seal Stamp (see left) Shows Name, County, Expiration Date and Notary I.D. # | \$30.00 | 1 | \$ 0.00 |
| 4.* "Mississippi" Notary Official Record Book Required for new Notaries, but not for renewals with a book | \$12.00 | 1 | \$ 0.00 |
| 5. COMPLETE NOTARY KIT | \$150.00 | 1 | \$ 0.00 |
| 6. Notary Public Errors & Omissions Insurance | | | \$ 0.00 |
| a. \$10,000 4-year Policy | \$50.00 | | \$ 0.00 |
| b. \$15,000 4-year Policy | \$65.00 | | \$ 0.00 |
| 7. Notary Public Desk Plate | | | \$ 0.00 |
| a. Regular | \$12.00 | | \$ 0.00 |
| b. Personalized | \$17.00 | | \$ 0.00 |
| 8. Jurat Stamp | | | \$ 0.00 |
| a. Rubber Stamp | \$ 9.00 | | \$ 0.00 |
| b. Self-Inking Stamp | \$20.00 | | \$ 0.00 |
| * Required by Law | | | |
| | | SUBTOTAL | \$ 0.00 |
| Visit our website for pictures & descriptions www.StegallNotaryService.com | | Shipping & Handling | \$ 8.00 |
| | | TOTAL REMITTANCE | \$ 8.00 |

A Stegall Notary Service Exclusive!
MISSISSIPPI Notary Public Official Record Book
Beautiful navy blue faux-leather cover with gold embossed lettering. Offered exclusively by Stegall Notary Service.

Name on Credit Card: _____ Call for Credit Card Information
Credit Card No.: _____ Expiration Date: _____ CVV No.: _____

YOU COMPLETE 3 STEPS ABOVE, WE WILL HANDLE THE REST.
We will obtain your Notary Commission, file your Bond with the Secretary of State and send all your notary supplies to you promptly.

Mississippi



Western Surety Company

BOND AND OATH OF NOTARIES PUBLIC

KNOW ALL PERSONS BY THESE PRESENTS:

BOND No. _____

That we _____ as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Mississippi, as Surety, are held and firmly bound unto the State of Mississippi in the penal sum of \$5000

for the payment of which well and truly to be made, we, and each of us, bind ourselves, our and each of our heirs, executors and administrators jointly and severally, and firmly by these presents.

Dated: _____

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the above bounden Principal was duly appointed to the office of Notary Public on: _____

for the term of four years from: _____

NOW, THEREFORE, if the said Principal shall faithfully perform all the duties of said office during his continuance therein, then the above obligation to be void, otherwise to remain in full force and virtue.

Stegall Notary Service
P. O. Box 12913
Jackson, MS 39236
Phone: 1-601-957-9505
Mississippi License No.: 10362168

X Lisha S. Edwards PLEASE SIGN HERE
Principal

WESTERN SURETY COMPANY

By _____ Attorney-in-Fact
Mississippi License No. 7701000

OATH OF OFFICE

STATE OF MISSISSIPPI
County of Rankin } ss

I, Lisha S. Edwards, do solemnly swear that I will faithfully support the Constitution of the United States and the Constitution of the State of Mississippi, and obey the laws thereof; that I am not disqualified from holding office of Notary Public; that I will faithfully discharge the duties of the office upon which I am about to enter. So help me God.

X Lisha S. Edwards PLEASE SIGN HERE and HAVE NOTARIZED

Sworn to and subscribed before me this 25th day of June, 2021

My commission expires August 30, 2021

Debra Middleton Neeter
Notary Public
STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 45942
DEBRA MIDDLETON NEETER
Commission Expires
Aug. 30, 2021

Please have signature notarized before returning to Stegall Notary Service



MISSISSIPPI SECRETARY OF STATE
Jackson, Mississippi

NOTARY PUBLIC COMMISSION APPLICATION

This application must be typed or printed in ink. Fields marked with an asterisk (*) are required.

*This application is a ___ New Commission, or a X Re-Commission ---> Expiration date 7/21/21
(----- check only one ----->)

Notary ID Number: 26689
(Provided by Secretary of State)

*I, LISHA S. EDWARDS, hereby make application for appointment to the office of Notary Public.
(Name exactly as you wish it to appear on your certificate. No nickname or alias.)

Under penalty of perjury, I hereby certify that: I have read the Notary Public Regulations and instructions and understand the qualifications for appointment to the office of Notary Public (www.sos.state.ms.us/busserv/notaries); I am at least 18 years of age, and I have never been convicted of a disqualifying felony; I can read and write the English language; I am a Citizen, or other legal resident of the United States; and I have been a legal resident in the State of Mississippi for more than thirty (30) days and reside at the following physical address:

RESIDENCE

*Street Address: 634 April Sound *City: Pearl *MS Zip: 39208
*Telephone Number: 601 946-8206 *MS Driver License #: [Redacted]
*County of Residence: Rankin *Date of Birth: [Redacted] PIN: [Redacted]
(Last four digits of SSN)

Mailing address, if different: _____ City: _____ MS Zip: _____

*E-mail address: lishaedwards@gmail.com

NOTICE: After filing with the Secretary of State's Office, this document is a public record. The personal information contained in this application is used by the Secretary of State to determine your eligibility for the Office of Notary Public.

Please provide a business or employer address and telephone number as you would like it to appear in the online Notary Directory. If you do not provide this information you will be listed at your mailing or residence address.

BUSINESS Name: Madison County BOS Job Title: Court Reporter Phone: 601 855 5626
Street Address: 128 W North St City: Canton MS Zip: 39046
Mailing Address: PO BOX 1626 City: Canton MS Zip: 39046

I swear or affirm that the above information is true and correct. Lisha Edwards
* Applicant Signature

State of Mississippi, County of Rankin

Sworn to and subscribed before me this 25th day of June, 2021.

Debra Middleton Nester
*Notary Public

My Commission Expires: 8/30/21



14 Northtown Drive
Jackson, Mississippi 39211