

APN# _____



00138367202109706140030038

Recording Requested by/Mail to:

Name: Amy Burgans - Clerk - Treasurer

KAREN ELLISON, RECORDER

Address: P.O. Box 218

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Public Official Name Scheduled Bond

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

 Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

 Judgment – NRS 17.150(4)

 Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES



Western Surety Company

PUBLIC OFFICIAL NAME SCHEDULE BOND

Bond No. 65519939

Name of Insured Amy Burqans

WESTERN SURETY COMPANY, as Surety, in consideration of an agreed premium is held and firmly bound unto the Obligee, for the faithful discharge of the duties of any Officer or Employee who is named in the schedule attached, or added thereto, by written acceptance of the Surety, while in the service of the Insured, not exceeding the sum specified in said schedule or written acceptance of the Surety after the 2nd day of June, 2021.

THIS BOND IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

1. Automatic coverage is granted for the first thirty days' service of any Officer or Employee succeeding one listed in the Schedule of Employees, in the same amount, but in no event for more than Twenty-Five Hundred and No/100 Dollars (\$2,500.00).

Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty days' period the Insured has requested in writing that the Officer or Employee be added to the schedule, and the Surety by written acceptance has consented thereto.

2. Coverage on any Officer or Employee may be increased or decreased upon written request of the Insured, and agreed to in writing by the Surety.

3. The Surety's liability under this bond and all continuations thereof shall not be cumulative, and regardless of the number of years this bond is continued in force, and, regardless of the number of annual premiums that may be payable on paid, the Surety's aggregate liability on account of any and all acts committed by any one Officer or Employee during the effective period of this bond shall not exceed the largest single amount for which the Officer or Employee causing said loss is or has been covered in the schedule, whether said loss occurred during the term of any one or more years, nor shall the liability exceed the amount in effect as to the Officer or Employee when the loss occurred.

Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Officer or Employee immediately upon the termination of such Officer's or Employee's services, or immediately on the date specified in written notice given by the Insured to the Surety as to any and all Officers or Employees or after thirty days' written notice given by the Surety to the Insured at the above stated address of its intent to cancel this bond in its entirety, or as to any Officer or Employee.

5. None of the specifications of this bond shall be altered or waived, except in writing by the Surety executed by the Chairman of the Board, its President, Vice President, Secretary, Assistant Secretary or Treasurer.

6. The liability of the Surety hereunder is subject to the terms and conditions of the following Riders attached hereto:

Dated this 3rd day of June, 2021.

WESTERN SURETY COMPANY

By Paul T. Bruflat
Paul T. Bruflat, Vice President

SCHEDULE OF EMPLOYEES

Item Number	Name	Position	Location	Amount	Premium
1	Amy Burgans	Treasurer		\$100,000.00	\$750.00

 ***** End of Schedule *****



WESTERN SURETY COMPANY
 By Paul T. Brufat
 Paul T. Brufat Vice President