

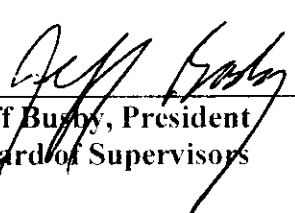
**ORDER: SPREAD ON THE MINUTES SWORN STATEMENT IN PROOF OF LOSS
FOR WEEMS SCHOOL FROM MASIT**

Motion was made by Chad McLarty, duly seconded by David Rikard, to spread on the minutes Sworn Statement in Proof of Loss for Weems School from MASIT.

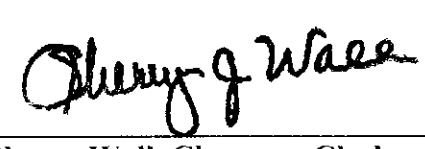
The vote on the motion was as follows:

Supervisor Kevin Frye, voted yes
Supervisor Jeff Busby, voted yes
Supervisor David Rikard, voted yes
Supervisor Chad McLarty, voted yes
Supervisor Mike Roberts, voted yes

After the vote, President Busby, declared the motion carried, this the 1st day of October, 2018.



Jeff Busby, President
Board of Supervisors



Sherry Wall, Chancery Clerk

SWORN STATEMENT IN PROOF OF LOSS

\$1,000,000,000.00		LAF2017
AMOUNT OF POLICY AT TIME OF LOSS		POLICY NUMBER
09/01/2017	04/01/2018	
DATE ISSUED	DATE EXPIRES	AGENT

To MASIT of 793 N. President Street, Jackson Ms. 39202

At the time of loss, by the above indicated policy of insurance, you insured Lafayette County Board of Supervisors against loss by fire to the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

- Time & Origin:** A property loss occurred about the hour of 2:07 AM on the 14th day of March 2017. The cause and origin of the said loss were: undetermined.
- Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatsoever. Vacant/Storage
- Title & Interest:** At the time of the loss, the interest of your insured in the property described herein was as owner. No other person or persons had any interest therein or encumbrance thereon, except.
- Changes:** Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location, or exposure of the property described, except: none.
- Full Amount of Insurance** applicable to the property for which claim is presented: \$ 1,000,000,000.00
- Full Replacement Cost** of the said property at the time of the loss was: \$ N/A
- The full **Cost of Repair or Replacement** is: \$ 380,637.89
- Applicable Depreciation** is: \$ 223,154.77
- Actual Cash Value** is: (Line 7 minus Line 8) \$ 157,519.12
- Less Deductibles** and/or participation by the insured: \$ 15,000.00
- Net Claim** is: (Line 9 minus Line 10) \$ 142,519.12

Remarks: RCV Loss	\$380,637.89
Less Depreciation	\$223,154.77
ACV Loss	\$170,174.55
Asbestos Abatement	\$12,495.00
Total ACV Loss	\$182,699.56
Less Deductible	\$15,000.00
Net ACV Loss	\$167,699.55
Less Vacancy Penalty	\$25,150.43
Net Payment	\$142,519.12

The said loss did not originate by any act, design, or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

_____ INSURED SIGNATURE	_____ WITNESS SIGNATURE
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NOTARY: State of _____ County of _____ ; SS

Subscribed & sworn to before me this _____ day of _____, 20__

SEAL:

Notary Public _____