LIMITED POWER OF ATTORNEY

I, Season Williams, the <u>mother</u> of <u>Mickayla Williams</u> a minor, <u>Code of Alabama</u>, 1975, Section 26-2A-7, do hereby delegate to <u>Arthur C. and Delioris Williams</u>, of <u>105 Joyce Lane</u>, <u>Ashland City</u>, <u>Tennessee 37015</u>, authority to make decisions relating to the physical custody, health, education, or maintenance of <u>Mickayla Williams</u>, or the property of <u>Mickayla Williams</u>, including power to consent to medical treatment. This authority expires:

One year from the date of exeuction below unless revoked sooner.

I recognize that this delegation of authority does not relieve me of any primary responsibility that I may have for <u>Mickayla</u> Williams.

Dated: 18. 2, 1994

SEASON WILLIAMS

Address: 606 Hillsboro Lane Helena, AL 35080

Sworn to and subscribed before me this the 2^{-1} day of 2^{-1} , 1999.

Notary Public

My Commission Expires: 5-17-97

Inst # 1994-35974

12/07/1994-35974
01:09 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MEL 8.50