

STATE OF ALABAMA)
COUNTY OF SHELBY)

LIMITED POWER OF ATTORNEY

I, Leon Horton, the father
(custodial parent/legal guardian) (relationship)

Samantha Horton a () minor, () incapacitated person,
(child/incapacitated person)

pursuant to Code of Alabama 1975, §26-2A-7, do hereby delegate to _____
(person)
 Donna Smith, of 96 Silver Lane, Alabaster, AL 35007
being given authority) (address)

_____, authority to make any decision relating
to the physical custody, health, education, or maintenance of _____
(child/incapa-

Samanta Horton including power to consent to medical treatment. This
citated person)

authority expires:

() one year from the date of execution below

() _____, 19____.
(specified date within one year)

unless revoked sooner.

I recognize that this delegation of authority does not relieve me of any
primary responsibility that I may have for Samantha Horton
(child/incapacitated person)

Dated: December 3, , 1992 .

Leon Horton
(Signed - Custodial Parent/Legal
Guardian)

Address: Highway 42
Shelby, AL 35043

SWORN to and subscribed before me on
this date:

Betty Horton
Notary Public

Inst # 1992-28853

12/03/1992-28853
11:05 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 6.50