

STATE OF ALABAMA

COUNTY OF SHELBY

DELEGATION OF POWERS BY A PARENT OR GUARDIAN

I, Lanice Chandler, the mother
 (custodial parent) (relationship)
 of Jonathan Swords a minor, incapacitated person, pursuant to Code of Alabama, 1975,
 Section 26-2A-7, do hereby delegate to Michael Swords
 (person being given authority)
 of 29 Falcon Lane #44, authority to make decisions relating to the
 (address) Montevilla, AL 35115
 the physical custody, health, education, or maintenance of Jonathan Swords,
 (child)
 or the property of Jonathan Swords, including power to consent to medical treatment.
 (child)

This authority expires:

one year from the date of execution below

JUNE 1, 1997

unless revoked sooner.

I recognize that this delegation of authority does not relieve me of any primary responsibility that I may have for Jonathan Swords.
(child)

Dated: 8/20, 1996

Lanice Chandler
(Signed - Custodial Parent/Legal Guardian)

Address: 5227 Broken Bow Ln
Birmingham, AL 35242

Sworn to and subscribed before me on this the 20th day of August, 1996.

Jana C. Bray
Notary Public

My Commission Expires:

MY COMMISSION EXPIRES JULY 17 1999

08/20/1996-26987
09:03 AM CERTIFIED
OFFICE OF PROBATE

Inst # 1996-26987

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I, Michael Taylor Swords and _____
the undersigned, do hereby accept the appointment of GUARDIAN of the person and property of
Jonathan David Swords, a minor, age 17, under that certain Delegation
of Powers executed by Mrs. Janice Chandler, the mother and
of Jonathan David Swords date the 20th day of August, 1996

I
We further represent that the residence of said minor is 29 Falcon Lane
44, Montevallo, AL 35115, which is also our place of residence.

I
We further certify that we will, in our capacity as GUARDIANS, comply with and perform our
duties in the best interest of the minor child, all in accordance with Ala. Code, §26-2A-7 (1975, as
amended), and the Delegation of Powers hereinabove mentioned.

Mike Swords

STATE OF ALABAMA
_____ COUNTY

_____ and _____ being duly
sworn, depose and say that the facts averred in the above acceptance are true according to the best
of their knowledge, information and belief.

SWORN to and Subscribed before me this the 20th day of August, 1996.

Ina C. Bray

Notary Public

MY COMMISSION EXPIRES JULY 17 1998

Inst # 1996-26987

08/20/1996-26987
09:03 AM CERTIFIED
CHEROKEE COUNTY JUDGE OF PROBATE