Inst # 1997-31465

STATE OF ALABAMA

COUNTY OF SHELBY

DELEGATION OF POWERS BY A PARENT OR GUARDIAN

I, Sarah Benita Mims (custodial parent), the mother (relationship)

of Rachel R. Mims [✓] minor, [ ] incapacitated person, pursuant to Code of Alabama, 1975, Section 26-2A-7, do hereby delegate to Jansy O. Lawley (person being given authority)

of 3589 Hwy 22, Montevallo, AL, 35115 (address) authority to make decisions relating to the physical custody, health, education, or maintenance of Rachel R. Mims (child)

or the property of Rachel R. Mims (child), including power to consent to medical treatment.

This authority expires:

[✓] one year from the date of execution below

[ ] _____, 19____

unless revoked sooner.

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

Dated: 9-30, 1997

Sarah Benita Mims
(Signed - Custodial Parent/Legal Guardian)

Address: P.O. Box 1463
4575 Hwy 31 Lot 1
Calera, AL. 35040

Sworn to and subscribed before me on this the 30th day of September, 1997.

Lisa C. Bray
Notary Public

My Commission Expires:

MY COMMISSION EXPIRES JULY 17 1999

09/30/1997-31465
08:40 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MEL 11.00

Inst # 1997-31465

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

We, Tansy Denise Lawley and _____, the undersigned, do hereby accept the appointment of GUARDIAN of the person and property of Rachel Renee Mims, a minor, age 15, under that certain Delegation of Powers executed by Sarah Benita Mims and _____ date the _____ day of _____, 19__.

We further represent that the residence of said minor is 3589 Hwy 22 Montevallo, Alabama 35115, which is also our place of residence.

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.

Tansy Denise Lawley

_____

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 30th day of September, 1997

Ina C. Bray
Notary Public

MY COMMISSION EXPIRES JULY 17 1999

09/30/1997-31465
08:40 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
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