

NOV.-05' 97 (WED) 12:59 CORR/MED. RECORD, DEPT  
11-05-97 11:59AM

TEL: 2124238648  
TO 912124238648369 P002

P. 002

STATE OF ALABAMA  
COUNTY OF SHELBY

DELEGATION OF POWERS BY A PARENT OR GUARDIAN

I, Geraldine Manigault, the MOTHER  
(custodial parent) (relationship)  
of Samantha Manigault [ ] minor, [ ] incapacitated person, pursuant to Code of Alabama 1975,  
Section 26-2A-7, do hereby delegate to Angela Adams or Derrick G. Manigault,  
(person being given authority)  
of P.O. Box 81 Saginaw MI 49743, authority to make decisions relating to the  
(address)  
the physical custody, health, education, or maintenance of Samantha Manigault  
(child)  
or the property of Samantha Manigault including power to consent to medical treatment.  
(child)

This authority expires:

one year from the date of execution below

11/15/98 19 98

unless revoked sooner.

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

Dated: 11/5/97

19 97

Geraldine Manigault  
(Signed - Custodial Parent/Legal Guardian)  
Address: 751 Lenox Hall  
Brooklyn, NY 11203

Sworn to and subscribed before me on this the 5th day of November  
19 97.

Genevieve Fouchard  
Notary Public, State of New York  
No. 20000000000000  
Qualified in Bronx County  
Commission Expires June 11, 1998

My Commission Expires:

Inst \* 1997-36566  
11/07/1997-36566  
11:56 AM CERTIFIED  
10:56 AM JUDGE OF PROBATE  
SHELBY COUNTY JUDGE OF PROBATE  
11.00  
GDP: NEL

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

We, Angela D. Adams and \_\_\_\_\_  
the undersigned, do hereby accept the appointment of GUARDIAN of the person and property of  
Samantha Mangault, a minor, age 6, under that certain Delegation  
of Powers executed by Geraldine Mangault and  
date the 17 day of NOV, 1997

We further represent that the residence of said minor is 19 1/2 Hwy 31  
13th Ave S.E. Alabaster, AL 35007, 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.

Angela Adams

STATE OF ALABAMA  
Shelby COUNTY

Angela Adams 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.

Angela Adams

SWORN to and Subscribed before me this the 1 day of November, 1997.

Megan G. Smith  
Notary Public  
grey 31. 2001

11/07/1997-36566  
10:56 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 MEL 11.00

9997-36566  
Inst