

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 Al. 35137, 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: 451 Lenox Road
Brooklyn, NY 11243

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

My Commission Expires:

Genevieve Touchard
Notary Public, State of New York
No. 24-4067003
Qualified in Kings County
Commission Expires June 11, 1998

Inst # 1997-36566
11/07/1997-36566
10:56 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
11:00
002 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 Manigault, a minor, age 6, under that certain Delegation
of Powers executed by Geraldine Manigault and
_____ date the 17 day of Nov, 1997

We further represent that the residence of said minor is 79 Old 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 17 day of November, 1997.

Melba G. Smith
Notary Public
July 31, 2001

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

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