

STATE OF ALABAMA

COUNTY OF SHELBY

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, Katherine Masley, and _____
(guardian) (guardian)

the undersigned, do hereby accept the appointment as GUARDIAN of the person and property of
Michael B McCulloch, a minor, age 11, under that certain Delegation
(child)

of Powers executed by Mildred McCulloch and
(custodial parent)

_____, dated this August²⁵ day of 1998,
(custodial parent)

19 98

We further represent that the residence of said minor is 64 Blantleyville Rd
Maylene AL 35714, 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.

Dated: 8-25, 19 98 Katherine Masley
(Signed - Guardian)

Address: _____

19 98 Sworn to and subscribed before me on this the 25 day of August.

Jim Ellen Dix
Notary Public

My Commission Expires: Nov. 15, 2000

08/25/1998-33140
03:06 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 CRH 11.00

1051 1998-33140

STATE OF ALABAMA

COUNTY OF SHELBY

DELEGATION OF POWERS BY A PARENT OR GUARDIAN

I, Mildred McCullough, the mother
(custodial parent) (relationship)
of Michael B. McCullough [] minor, [] incapacitated person, pursuant to Code of Alabama,
1975, Section 26-2A-7, do hereby delegate to Katherine Masley,
(person being given authority)
of 64 Briantleyville Rd, Maylene, authority to make decisions relating to the
(address)
the physical custody, health, education, or maintenance of Michael McCullough
(child)
or the property of _____, including power to consent to medical treatment.
(child)

This authority expires:

[X] one year from the date of execution below

[] August 25, 1998

unless revoked sooner.

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

Dated: August 25, 1998 Mildred McCullough
(Signed - Custodial Parent/Legal Guardian)

Address: _____

Sworn to and subscribed before me on this the 25 day of August,
1998.

Don Ellen Nix
Notary Public

My Commission Expires: 11/15/2000

08/25/1998-33140
03:06 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
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