STATE OF ALABAMA

COUNTY OF SHELBY

REVOCATION OF DELEGATION OF POWERS BY A PARENT OR GUARDIAN

TO WHOM IT MAY CONCERN:	CIOI33 Main Street 1 CIOI33 Main Street 1 Address) (Address)	R, R
I, Mart To Lec_ (Custodial Parent)	, Po. Box 8/8 Columbiana (1/9.3523-) (Address)	Pap
do hereby revoke any and all powers given to	(Person having received authority)	
Delegation of Powers of Guardians on behalf of _	Krystel Wee As the (Child)	14975
custodial parent granted by court decree, I retain a		000
(Child)	D.O.B. 4-20.85, to be effective this	ਦ #
8th day of May		Inst
Witness	Custodial Parent	
Witness	Date May 8, co	

Sworn to and subscribed before me on this the ______ day of _____ day of ______ **30**0D.

Notary Public

My Commission Expires:

CHER! B. DAVIS Notary Public, State of Alabama My Commission Expires Sept. 22, 2003

05/08/2000-14975 08:49 AM CERTIFIED SHELBY COUNTY JUBGE OF PROBATE 001 SMA 8.50