

STATE OF ALABAMA

COUNTY OF SHELBY

DELEGATION OF POWERS BY A PARENT OR GUARDIAN

1, Melissa (Chers	, theMother_	
(custodial parent)	(relationship)	
of Way; (child) 5+201ep [/ minor, [] incapacitat	ed person, pursuant to <u>Code of Alabama.</u>	1975. Section
26-2A-7, do hereby delegate to Genwayne	Stanley Tr (person being given authority)	
of 4721 Hollow Lane + lelena, A] (address) 35080	, authority to make decisions relating to	the physical
custody, health, education, or maintenance of Davic		, or the
property of David Stanley (child)	, including power to consent to medica	il treatment.
This authority expires:		
One year from the date of execu	tion below	
	, 20	
unless revoked sooner.		
I recognize that this delegation of authority does not	clieve me of any primary responsibility th	at I may
have for David Stanley (child)	•	
Dated: <u>Sept</u> 6	(Signed - Custodial Parent/Legal Gu	ardian)
	Address: RASBOY 226 Andolusia, A1	36420
Sworn to and subscribed before me on this the	2 day on September	<u>, 20</u>
	Nendy J. Mal	00
My Commission Expires:	Notary Public	

STATE OF ALABAMA

COUNTY OF SHELBY

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

nwe. Gilen Waune Stanky and
(guardian)
the undersigned, do hereby accept the appointment as GUARDIAN of the person and property of
(child)
of Powers executed by MCOSO (custodial parent) and
, dated this day of Springer
(custodial parent)
$20 \frac{\bigcirc \bigcirc}{\bigcirc}$
We further represent that the residence of said minor is 4721 Hollow Lane
HUNG H 5000 , 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: September 14,20 02 Men U. Marle J. (Signed - Guardian)
Address: 4721 Hollow In. Helena 4: 35080
Sworn to and subscribed before me on this the
My Commission Expires: \\ \(\oldsymbol{\old