

DELEGATION OF PARENTAL AUTHORITY

TO WHOM IT MAY CONCERN:

Pursuant to Code of Alabama 1975, Section 26-2A-7, I do hereby delegate to

Tammy Jacobs 664 Autumn Dr. Vincent, AL 3517
(Person being given authority) (Address)

a limited power of attorney granting physical custody and authority to make any decision relating to the physical custody, health, education, or maintenance of my child(ren), listed below:

Destiny Shyann Acton 10-11-96

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

Name Date of Birth

including the power to grant permission or consent, including permission or consent to medical treatment, surgery, trips, and participation in athletic events. No power is given to consent to marriage or adoption of my child(ren). This authority expires one year from the date of signature shown below unless it is cancelled, verbally or in writing, sooner.

Dated: 2-1-10 Brandi Nickles
(Signed - Custodial Parent)

Address: 5025 Arrow Ave (10TB)
Anniston AL 36206

Thomas B. Mullin (Optional)
Notary (Witness) Expires Sept. 7, 2012