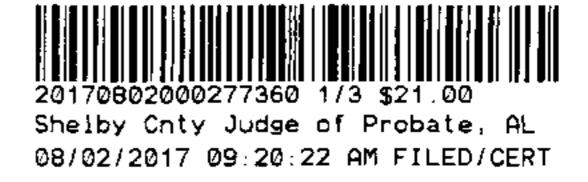
Affidavit For Delegation of Parental Authority Ala. Code § 26-2A-7



My name is: Timothy W. Strickland
My address is: 1/4 Mooney Rd. Columbiana Ala. 35051
Columbiana Ala. 35051
My telephone is:
The name of the student for whom I am delegating parental responsibility is as follows:
Name of student: Ashlyu Strickland
Custodial Parent: I am the legal custodial parent of this student and I am authorized to execute this Delegation of Parental Authority and so indicate by my initials:
Yea, I am the legal custodial parent <u>I.W.S.</u> (Initial or Sign)
Reasons for Delegation: Ala. Code § 26-2A-7 authorizes a custodial parent to delegate parental responsibility on a temporary basis where emergency or other compelling circumstances exist. A Delegation of Parental Authority is not appropriate to enable a student to zone jump from one school district to another.
Please explain in detail the emergency reasons or other compelling reasons why you are delegating rather than discharging your parental responsibilities:
Father, working out of town.

(Use separate sheet if necessary)

Good Standing: Please state wheth disciplinary conditions) at the stude	_	standing (no outstanding
Yes, in good standing	ng: (Initial)	
No, not in good star	nding: (Initial)	20170802000277360 2/3 \$21.00 Shelby Cnty Judge of Probate, AL 08/02/2017 09:20:22 AM FILED/CERT
Expected duration of this Delegation From: $8/2/7$	on of Parental Authority: To:	J.B. der
	Im StM (Signature	e)
STATE OF ALABAMA)	
Shelby COUNTY	;)	
the foregoing instrument, and this day that, being informed same voluntarily on the day	nd who is known to me, and of the contents of said the the same bears date.	instrument, he executed the
Given under my han August, 2017	d and official seal this _	day of

[NGPARIAL BEAL]

My commission expires: 5-5-20

Notary Public

08/02/2017 09:20:22 AM FILED/CERT

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, Junice and Reith Durkee
the undersigned do hereby accept the appointment of Guardian of the person and property
of Ashlyn Strickland, a minor, age 10, under that certain
Delegation of Powers executed by
and any of August 2017. I/We further represent that the residence of said minor is 4860 Using 47 Shelly al 35143.
which is also my/our place of residence.
I/We further certify that I/we will, in my/our capacity as Guardian(s), comply with and perform my/our duties in the best interest of the minor child, all in accordance with Section 26-2A-7, Code of Alabama, 1988, and the Delegation of Powers hereinabove mentioned.
Hamil Purle
Januse Durkee
STATE OF ALABAMA) SHELBY COUNTY)
I, the undersigned, a Notary Public for said County and State, do herby certify that Valice and Leith Diffe whose name is signed to the foregoing Delegation of Powers and who is known to me, acknowledged before me on this day that, being informed of the contents of said Delegation of Powers, he executed the same voluntarily on the day the same bears date.
August under my hand and seal this the 2^{10} day of
Susan H. Dooding Notary Public 1111111 GOODWING
My Commission Expires: 5-5-20 (SEAL)