

**\*\*THIS IS NOT A SUBSTITUTE FOR THE ADVICE OF AN ATTORNEY\*\***

**Cause Number** 322-744263-23  
*(Complete the heading so that it looks exactly like the Petition)*

<u>MORGAN MICHELLE MYERS,</u>	<u>IN THE 322ND DISTRICT COURT</u>
<u>PETITIONER</u>	<u>§§§§§</u>
<u>V.</u>	<u>OF TARRANT COUNTY</u>
<u>CHARLES DUSTIN MYERS,</u>	<u>§§§§§</u>
<u>RESPONDENT</u>	<u>STATE OF TEXAS</u>

**Affidavit**

THE STATE OF California  
 COUNTY OF Stanislaus  
(county where statement is being notarized)

The person who signed this affidavit, appeared in person, before me, the undersigned notary, and stated under oath:

My name is Danny Slade Burt.  
First                    Middle                    Last

I am of sound mind and capable of making this statement. I have personal knowledge of the facts written in this statement. I understand that if I lie in this statement, I may be held criminally responsible. This statement is true and correct.

Charles Myers runs a data service  
seen, his home that I subscribe to.  
The disruption of this service could  
(and has) caused an inability to make  
decisions that affect my finances.  
I depend on this service being timely  
and available. Mr. Myers should be  
allowed access to his business, especially  
as it could affect me adversely, if  
disruptions continue.



**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Stanislaus

Subscribed and sworn to (or affirmed) before me

on this 11 day of March, 20 24,  
by \_\_\_\_\_ Date \_\_\_\_\_ Month \_\_\_\_\_ Year(1) DANNY SLADE BURT \_\_\_\_\_

(and (2) \_\_\_\_\_),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.

Signature \_\_\_\_\_

Signature of Notary Public

Seal

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**Title or Type of Document: AFFIDAVIT Document Date: MARCH 11, 2024Number of Pages: 2 Signer(s) Other Than Named Above: N/A©2014 National Notary Association • [www.NationalNotary.org](http://www.NationalNotary.org) • 1-800-US NOTARY (1-800-876-6827) Item #5910

A CERTIFIED COPY  
ATTEST: 04/15/2024  
THOMAS A. WILDER  
DISTRICT CLERK  
TARRANT COUNTY, TEXAS  
BY: /s/ Catherine Saenz