

DKT (83)



(ATTACH) DANNY SLADE BURT AFFIDAVIT

FILED ON: 03/26/2024

FEE: \$0.00

FILER/REQUESTOR: CHARLES DUSTIN MYERS

322-744263-23

****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>V.</u>	§	<u>OF TARRANT COUNTY</u>
<u>CHARLES DUSTIN MYERS,</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 Skide 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
from 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.

Affidavit

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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, 2024
by Date Month Year

(1) DANNY SLADE BURT

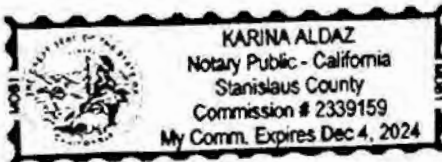
(and (2) _____),

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 DocumentTitle or Type of Document: AFFIDAVIT Document Date: MARCH 11, 2024Number of Pages: 2 Signer(s) Other Than Named Above: N/A

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