20220531000218300 1/2 $25.00
Shelby Cnty Judge of Probate, AL
05/31/2022 10:31:35 AM FILED/CERT

Notice of Termination of Temporary Guardianship

I, Sharon Waltz, of 118 Windstone Parkway, Chelsea, AL 35043, as the custodial parent of:

Jonas Hogan Dunning	DOB: 05/25/2005
Drake Jeremiah Dunning	DOB: 08/14/2007

Do hereby terminate temporary guardianship of the above listed children from:

William Wright (Grandfather)
118 Windstone Pkwy, Chelsea, AL. 35043
(205) 260-8186

Janet Wright (Grandmother)
118 Windstone Pkwy, Chelsea, AL. 35043
(205) 580-3059

All parties are in agreement of this termination of temporary guardianship, beginning 5/18/2022.

Signature: Sharon Waltz
Sharon Waltz

Signature: William Wright
William Wright

Signature: Janet Wright
Janet Wright

20210623000305160 1/1 $22.00
Shelby Cnty Judge of Probate, AL
06/23/2021 11:06:08 AM FILED/CERT

Temporary Guardianship Agreement

I, Sharon Waltz (print your full name), of 118 Windstone Parkway (street)
Chelsea, AL 35043 (city, state, zip), as the custodial parent of:

List the full names of each child	List each child's birth date
Jonas Hogan Dunning	05/25/2005
Drake Jeremiah Dunning	08/14/2007

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual (s) to whom you are granting temporary custody	List each person's relationship to the child(ren)
William Wright	Grandfather
Janet Wright	Grandmother

Contact information of temporary guardians listed above:

Address: 118 Windstone Parkway, Chelsea, AL 35043

Phone numbers: (205) 260-8186, (205) 580-3059

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, Sharon Waltz, *hereby grant temporary guardianship of the above children, whom I have legal custody of to* William Wright and Janet Wright:

☐ From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

☑ For as long as necessary, beginning on 7/23/2021 (mm/dd/yyyy)

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: Sharon Waltz Date: 7/22/2021

Signature: _____ Date: _____

Notarization:

On this 22nd (date) day of June (month), 2021 (year), Sharon Waltz (name of parent)
personally appeared before me in Trussville (city), Alabama (state) and, in my presence,
has/have satisfactorily identified him/her/themselves as the signer(s) of this Temporary Guardianship Form.

Name of Notary Official: William E Bright Jr *Affix Notary Seal Here*

Signature: _____ Commission Expires: 7/7/22

20220531000218300 2/2 $25.00
Shelby Cnty Judge of Probate, AL
05/31/2022 10:31:35 AM FILED/CERT