

Note: File only upon death of incapacitated person

No. _____

IN THE MATTER OF
THE GUARDIANSHIP OF
_____,
AN INCAPACITATED PERSON

IN THE STATUTORY
PROBATE COURT NO. TWO
OF TARRANT COUNTY,
TEXAS

GUARDIAN OF THE PERSON'S FINAL REPORT

I, _____, represent that I am the guardian of
_____ who is referred to herein as the Incapacitated Person
or "IP" and that my Final Report to the Court is as follows:

1. The IP died on _____ (date of death).
2. The IP died at _____ (place of death).
Please attach death certificate if available.
3. Did the IP have a Will? Yes or No. Has a personal representative been appointed? Yes or No.
If yes, list name _____ address _____
_____ and phone: _____.
4. Is any of the IP's personal property still in your possession? Yes or No. If no, to whom
did you distribute the Ward's personal property? name _____
address _____
_____ and phone: _____.

I swear that the answers set forth above are correct to the best of my knowledge and that I
am giving such answers subject to the penalties of making a false affidavit. I hereby
request the Court to close this guardianship, to discharge me as guardian of the person and
to release me and the sureties on my bond.

Signature

Street Address

City, State, Zip Code

Telephone number

SWORN TO AND SUBSCRIBED before me by _____
_____ on this ____ day of _____, 20__.

Notary Public, State of _____