

**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 \_\_\_\_\_