

Note: File only upon the death of incapacitated person

NO. _____

**IN THE MATTER OF THE
GUARDIANSHIP OF**

**HUNT COUNTY
COUNTY COURT AT LAW NO. 1 OR 2**

AN INCAPACITATED PERSON

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).
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 a guardian of the person, and to release me and the sureties on my bond.

Signature: _____

Street Address: _____

City, State Zip Code: _____

Telephone number: _____

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

Notary Public, State of Texas