

CAUSE NO. \_\_\_\_\_

GUARDIANSHIP OF \_\_\_\_\_, § IN THE COUNTY COURT  
§  
§ OF  
§ AN INCAPACITATED PERSON § TOM GREEN COUNTY, TEXAS

GUARDIAN'S FINAL REPORT ON  
THE CONDITION AND WELL-BEING OF AN ADULT

On this day, the undersigned, known to me to be the Guardian in this matter, personally appeared before me, and after being duly sworn, stated the following:

1. INDIVIDUAL: Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

2. GUARDIAN: Name: \_\_\_\_\_  
Relation to Individual: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_

3. FINAL REPORTS ONLY (Otherwise, go to #4)

We are filing a Final Report because of: \_\_\_ our resignation  
\_\_\_ the Individual's death  
\_\_\_ Other: (please explain below)

\_\_\_\_\_  
\_\_\_\_\_

If because of your resignation, has a successor been appointed: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

If because of Individual's death:

a. Date and Place of Death: \_\_\_\_\_

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b. Has a Personal Representative been appointed?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Court: \_\_\_\_\_

4. Residence of Individual at time of death:

\_\_\_ Individual's home      \_\_\_ Guardian's home      \_\_\_ relative's home

(explain below)

\_\_\_ nursing home      \_\_\_ Hospital/medical      \_\_\_ foster/boarding

facility

home

other: \_\_\_\_\_

\_\_\_\_\_

5. Was the Individual under a physician's regular care at the time of death?

Yes  No

The Individual was treated or evaluated by:

Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Describe treatment: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, the guardian of the person for  
\_\_\_\_\_ in Tom Green County, Texas, declare under  
penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_

\_\_\_\_\_  
Guardian of the Person

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ORDER APPROVING GUARDIAN'S FINAL REPORT

On this day, came on to be considered the Guardian's Final Report on the Condition and Well-Being of an Adult, and the Court, having considered the same, finds as follows:

1. the Report complies with §Subchapter C, Section 1163.103, *Texas Estates Code*;
2. the Report contains nothing extraordinary which would warrant an unscheduled visit by an officer of the Court; and
3. the Report should be approved pursuant to §Subchapter C, Section 1163.104, *Texas Estates Code*.

It is therefore ORDERED, ADJUDGED AND DECREED that:

1. the Guardian's Final Report on the Condition and Well-Being of an Adult be and it is hereby APPROVED;
2. The Guardian and sureties on their bond are discharged and the guardianship is closed.

SIGNED this \_\_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING