

# PERSONAL REPRESENTATIVE GENERAL INFORMATION SHEET

\_\_\_\_\_  
CASE NUMBER

ESTATE NAME: \_\_\_\_\_  INCAPACITATED PERSON  MINOR  DECEASED

YOUR FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE: HOME (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

## RELATIVE WHO WILL ALWAYS KNOW HOW TO CONTACT YOU:

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## INFORMATION NEEDED FOR GUARDIANSHIPS ONLY:

YOUR RELATIONSHIP TO THE WARD: \_\_\_\_\_

WARD'S ADDRESS (IF DIFFERENT FROM YOURS)  NURSING HOME  GROUP HOME  OTHER

NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE: (\_\_\_\_) \_\_\_\_\_ WARD'S DATE OF BIRTH: \_\_\_\_\_

## YOU MUST NOTIFY THE COURT, IN WRITING, OF ANY CHANGE IN YOUR ADDRESS

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE

STATE OF TEXAS

COUNTY OF BEXAR

Before me, the undersigned authority on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared the above named personal representative, known to me to be the person who signed and stated his/her oath that the facts contained herein are true and correct to the best of his/her knowledge.

LUCY ADAME-CLARK  
CLERK PROBATE COURT NO. \_\_\_\_\_  
BEXAR COUNTY, TEXAS

BY \_\_\_\_\_  
DEPUTY