PERSONAL REPRESENTATIVE GENERAL INFORMATION SHEET

_____

CAUSE NUMBER

ESTATE NAME: _____ ☐ INCAPACITATED PERSON ☐ MINOR ☐ DECEASED

YOUR FULL NAME: _____

LAST FIRST MIDDLE MAIDEN

HOME ADDRESS: _____

STREET CITY STATE ZIP CODE

TELEPHONE: HOME _____ WORK _____

RELATIVES 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 on 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