Cause No. _____

In the Guardianship of	**§**	**In County Court/County Court at Law**
_____ ,	**§**	**of**
☐ An Incapacitated Person ☐ A Minor	**§**	**Wilson County, Texas**

GUARDIAN'S FINAL
REPORT ON THE CONDITION AND WELL-BEING OF A DECEASED WARD

Please fill out this form completely, answering every question, except when directed otherwise. "Not applicable" is not a proper response and can delay processing and approval.

Check one: ☐ Guardianship of Person Only ☐ Guardianship of Person and Estate

On this day, the Guardian in this matter stated the following under penalty of perjury, declaring that each statement is true and correct.

1. WARD: Name: _____
   Date of Birth: _____
   Date of Death: _____
2. I am/We are filing a Final Report because the Ward died on _____.
3. I/We have attached a death certificate to this Final Report.
4. GUARDIAN(S): (If co-guardians, list one in each column. If there is only one guardian, leave the second column blank.)

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Address (no P.O. Box)	Address (no P.O. Box)
_____	_____
City/State/Zip: _____	City/State/Zip: _____
_____	_____

5. Please provide any additional information concerning the Ward that you would like to share with the Court: _____
   _____.
6. Please note two additional things:
   A. There may be fees required by the clerk. You can call the Wilson County Clerk's office to verify: 830-393-7308.
   B. If there is also a guardianship of the estate, a Final Account must be filed and approved by the Court.

Print the following page to fill out by hand.

Print this page to fill out by hand.

I, _____, with date of birth _____
(Write Name of Guardian of the Person)

and address _____, the Guardian of the Person

for _____, in _____
(Write Name of Ward) *(Write Name of County)*

County, Texas, declare under penalty of perjury that the foregoing Final Report is true and correct.

Executed on _____, 20_____.

_____
Signature of Guardian

If this Report is for Co-Guardians, also complete the following:

I, _____, with date of birth _____
(Write Name of Guardian of the Person)

and address _____, the Guardian of the Person

for _____, in _____
(Write Name of Ward) *(Write Name of County)*

County, Texas, declare under penalty of perjury that the foregoing Final Report is true and correct.

Executed on _____, 20_____.

_____
Signature of Guardian

Cause No. _____

In the Guardianship of	**§**	**In County Court/County Court at Law**
_____ ,	**§**	**of**
☐ An Incapacitated Person ☐ A Minor	**§**	**Wilson County, Texas**

ORDER ACCEPTING FINAL REPORT ON CONDITION AND WELL BEING OF WARD & CLOSING GUARDIANSHIP OF THE PERSON

On _____, 20___, the foregoing Report was considered, and the Court having examined said Report, **ORDERS** it entered of record. The Guardian and the sureties on his/her/their bond are hereby discharged and the guardianship of the person of this ward is hereby closed.

SIGNED _____.

_____
JUDGE PRESIDING
WILSON COUNTY, TEXAS