

AFFIDAVIT CONTAINING CONTACT INFORMATION OF CERTAIN PERSONS

Date: _____ Cause No. _____

Name of Ward: _____

Type of Case: Guardianship Minor Other

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Adult Sibling's Information (required for each sibling) (If Applicable):

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Administrator of Nursing Facility or Facility of Ward's Residence (If Applicable):

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Operator of Residential Facility's Information (If Applicable):

Name: _____
(Last) (First) (Middle) (Maiden)

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Power of Attorney's Information (If Applicable):

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Person Designated Guardian by Written Declaration (per TEC §1104 (E), (If Applicable):

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward:

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Person Designated Guardian by Will Probated of Last Surviving Parent ((If Applicable))

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Person Designated Guardian by Written Declaration of Last Surviving Parent ((If Applicable))

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Relatives within the Third Degree of Consanguinity (if no adult children, siblings, or spouse):

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____

Email: _____
(Home) (Work) (Cell or other)

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Cell or other)

Email: _____

AFFIDAVIT CONTAINING CONTACT INFORMATION §1101.003

STATE OF TEXAS §

COUNTY OF BEXAR §

Before me, the undersigned authority, on this the _____ day of _____, 20____, personally appeared before me, _____, who is the Applicant for Guardianship in Cause No. _____ and after being duly sworn stated as follows:

Pursuant to §1101.003 of the Texas Estates Code, I, _____, as the Applicant in Cause No. _____, hereby provide to the Court the attached list of name(s), address(es), phone number(s), email address(es) and any other contact information in my possession for each person entitled to notice of an Application for Guardianship under §1051.104(a) of the Texas Estates Code.

Notary Public, State of Texas

My Commission Expires: _____