

No. \_\_\_\_\_ G

**GUARDIANSHIP OF** § **COUNTY COURT AT LAW**  
\_\_\_\_\_, § **NO. 3**  
**AN INCAPACITATED PERSON** § **SMITH COUNTY, TEXAS**

**FINAL REPORT OF TEMPORARY GUARDIAN OF THE PERSON**

Now comes \_\_\_\_\_, Temporary Guardian of the Person of \_\_\_\_\_ and presents the following information as of \_\_\_\_\_[date]:

1. Guardian's current name and address: (street, city, state, zip code, county):

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

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Describe each reason the temporary guardianship of the person expired:

A. If the Ward has died, what was the date and place of death?

\_\_\_\_\_

B. If the Ward was found by the Court to have full capacity, or sufficient capacity with supports and services, to care for himself/herself, what is the date of the Order? \_\_\_\_\_

C. The following alternatives to guardianship have been established to meet the needs of the ward: \_\_\_\_\_

\_\_\_\_\_

D. A permanent guardian appointed by the court has qualified to serve as the ward's guardian. Name of guardian: \_\_\_\_\_

Date of Qualification: \_\_\_\_\_

3. Have all remaining estate assets been delivered to the person legally entitled?

Name of Person: \_\_\_\_\_ (Attach proof of delivery/receipt.)

4. Is there any additional information you wish to provide to the court?  Yes  No

If so, please state or attach the information to this report.

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**Email a death certificate, or in the alternative, an obituary to the Court.**

*Print the following page to fill out by hand.*

**Print this page to fill out by hand.** The signature below does not require a notary.

I, \_\_\_\_\_, the Guardian of the Person for  
(Write Name of Guardian of the Person)

\_\_\_\_\_, in \_\_\_\_\_  
(Write Name of Ward) (Write Name of County)

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

Executed on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Guardian

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

I, \_\_\_\_\_, the Guardian of the Person for  
(Write Name of Guardian of the Person)

\_\_\_\_\_, in \_\_\_\_\_  
(Write Name of Ward) (Write Name of County)

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

Executed on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Guardian

**RETURN TO: Karen Phillips, Smith County Clerk**  
**Attn: Probate Dept.**  
**200 E. Ferguson, Ste. 300**  
**Tyler, Texas 75702**  
*(enclose required filing fee of \$12.00)*