

Duane L. Coker & Associates, P. C.

Attorneys at Law

Applicant for Guardianship (Continued)

If you do not want to be the Guardian, do you have a recommendation for a Guardian? _____

Is there a guardianship of any kind in Texas or any other state? _____ If yes, please describe:

The person who needs a Guardian (Proposed Ward)

Legal Name:

First

Last

MI

Present Address:

Street

City

State

Zip

Home Telephone:

Cellular Phone:

Age:

Social Security Number:

Occupation:

Name and address of any person who holds Power of Attorney and description of Power of Attorney, if any. Please attach.

Legal Name: _____

Permanent Address: _____
Street City State Zip

Description of Power of Attorney: _____

Proposed Ward's Relatives:

Spouse:

Full Name: _____

Permanent Address: _____
Street City State Zip

Telephone Number: _____

Parents

Full Name: _____

Permanent Address: _____
Street City State Zip

Telephone Number: _____

Full Name: _____

Permanent Address: _____
Street City State Zip

Telephone Number: _____

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The Person who needs a Guardian (Continued)

Siblings/Adult Children (Use additional sheet if necessary)

Full Name: _____

Permanent Address: _____
Street City State Zip

Telephone Number: _____ Relationship: _____

Full Name: _____

Permanent Address: _____
Street City State Zip

Telephone Number: _____ Relationship: _____

Proposed Ward's Physician(s)

Name of Physician: _____

Office Address: _____
Street City State Zip

Telephone Number: _____ Date of last examination: _____

Do we have a Doctors Letter: _____ Date of letter: _____

Estate

Complete this section **only** if you seek Guardianship of the Estate:

Real Estate: (Give address or location and general description.) _____

Approximate value: \$ _____

Income: (pension, SSI, retirement) amounts per month \$ _____

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Estate (continued)

Cash (bank notes, stocks, bonds, investments) amounts: \$ _____

Personal Property (Vehicles, boats, collections, household goods): _____

Approximate Value: \$ _____