**CAUSE NO. \_\_\_\_\_\_\_\_\_**

**IN THE GUARDIANSHIP OF § IN THE COUNTY COURT**

 **§**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § AT LAW**

 **§**

**AN INCAPACITATED PERSON § POLK COUNTY, TEXAS**

**Final Report on Location, Condition, and Well-Being of Ward and**

**Application to Discharge Guardian**

 **[Name of Guardian]**, guardian of the person **[name of ward]**, **[a/an] [partially]** incapacitated person, files this Final Report on Location, Condition, and Well-Being of Ward for the period **[date]** through **[date]** pursuant to §1163.101 Texas Estate Code and respectfully shows Court the following:

 Guardian informs this Court that Ward died **[Date]**. A copy of Ward’s death certificate is attached as Exhibit **[exhibit number/letter]** and incorporated by this reference.

 Guardian requests that the Court discharge Guardian due to the termination of the guardianship.

 Guardian prays that this Court acknowledge this Final Report and order it to be entered of record, discharge [name of guardian] as guardian of the person of **[name of ward]**, and grant such further relief to which Guardian may be entitled.

 Respectfully Submitted

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

 [Name]

 [Address]

 [Telephone]

 [Fax]

 BEFORE ME, the undersigned authority, on this day personally appeared **[name of guardian]**,guardian of the person of **[name of ward], [a/an] [partially]** incapacitated person, who being first duly sworn, states on oath that the foregoing final report is a true, correct, and complete statement of the present location, condition, and ell-being of **[name of ward], [a/an] [partially]** incapacitated person, as of this date.

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

 [Name]

 Guardian

Signed under oath before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

 Notary Public, State of Texas

**[Attach Exhibits]**