

CAUSE NO. _____

| | | |
|-------------------------|---|---------------------|
| IN THE GUARDIANSHIP OF | § | IN THE COUNTY COURT |
| | § | |
| NAME OF WARD | § | AT LAW NO. 2 OF |
| | § | |
| AN INCAPACITATED PERSON | § | WISE COUNTY, TEXAS |

INVENTORY, APPRAISEMENT AND LIST OF CLAIMS

The following is a full, true, and complete Inventory and Appraisement of all personal property and of all real property situated in the State of Texas, together with a List of Claims due and owing to this Estate as of _____, the date of qualification of the Guardian, which have come to the possession or knowledge of the undersigned.

INVENTORY AND APPRAISEMENT

| <u>I. COMMUNITY PROPERTY</u> | <u>VALUE</u> |
|-------------------------------------|---------------------|
| A. REAL PROPERTY: | |
| Parcel #1 | \$ _____ |
| ADDRESS: | |
| LEGAL DESC: _____ | |
| WARD'S OWNERSHIP INTEREST: _____ | |
| B. HOUSEHOLD FURNISHINGS | \$ _____ |
| C. MOTOR VEHICLES: | |
| Vehicle #1 | \$ _____ |
| Description: _____ | |
| D. CASH IN BANKS: | |
| Account #1 | |
| Institution: _____ | |
| Account type: _____ | |
| Account/CD No. _____ | \$ _____ |
| E. INSURANCE: | |
| Policy #1 | |
| Insurer: _____ | \$ _____ |
| Policy No. _____ | |

F. **SECURITIES:**
Security #1 \$ _____
Description: _____

G. **MISCELLANEOUS**
Item #1: _____ \$ _____

TOTAL COMMUNITY PROPERTY \$ _____

II. **SEPARATE PROPERTY** **VALUE**

*[
A. **REAL PROPERTY:**
Parcel #1 \$ _____
ADDRESS:
LEGAL DESC: _____
WARD'S OWNERSHIP INTEREST: _____

B. **HOUSEHOLD FURNISHINGS** \$ _____

C. **MOTOR VEHICLES:**
Vehicle #1 \$ _____
Description: _____

D. **CASH IN BANKS:**
Account #1
Institution: _____
Account type: _____
Account/CD No. _____ \$ _____

E. **INSURANCE:**
Policy #1
Insurer: _____ \$ _____
Policy No. _____

F. **SECURITIES:**
Security #1 \$ _____
Description: _____

G. **MISCELLANEOUS**
Item #1: _____ \$ _____

TOTAL SEPARATE PROPERTY \$ _____

III. **JOINTLY-OWNED PROPERTY:**

Item #1: \$ _____

Description of Property: _____

Estate's Interest: _____

Nature of Property: _____

TOTAL VALUE OF JOINTLY-OWNED PROPERTY \$ _____

LIST OF CLAIMS OWED TO ESTATE

Choose one:

No claims are due and owing to the Estate.

The following claims are due and owing to the Estate:

SOURCE

VALUE

Debtor: _____ \$ _____

Address: _____

Type of Debt: _____

Description of Debt: _____

TOTAL CLAIMS OWED TO ESTATE \$ _____

TOTAL VALUE OF ESTATE

The total value of the Estate of _____, An Incapacitated Person,
is \$ _____.

The Guardian asks the Court that foregoing Inventory, Appraisement and List of Claims
be approved and entered of record.

Respectfully submitted,

Printed Name: _____

Guardian of the

Person Estate or Person & Estate of
_____, an Incapacitated

Person

BY: _____
_____, Attorney for Guardian
Address: _____

Telephone: _____
Telecopier: _____
State Bar No.: _____

STATE OF TEXAS §

COUNTY OF WISE §

I, _____, having been duly sworn, hereby state on oath that the Inventory, Appraisalment and List of Claims is a true and complete statement of property and claims of the Estate that have come to my knowledge.

Name of Guardian: _____

SWORN TO and SUBSCRIBED BEFORE ME by _____,
this _____ day of _____, _____, to certify which witness my hand and seal of
office, in the capacity therein stated.

Notary Public, State of Texas