CAUSE NO. _____

IN THE GUARDIANSHIP OF	**§**	**IN THE COUNTY COURT**
	§	
_____.	**§**	**AT LAW NO. _____ OF**
	§	
AN INCAPACITATED PERSON	**§**	**BRAZOS COUNTY, TEXAS**

AFFIDAVIT OF CONTACT INFORMATION PURSUANT TO SECTION 1101.003 OF THE TEXAS ESTATES CODE

TO THE HONORABLE JUDGE OF SAID COURT:

I, _____, attorney for _____, Applicant in the above-entitled Cause, do hereby certify that the information pursuant to Section 1101.003 of the Texas Estates Code regarding the name, address, telephone number, email address and other contact information for each person entitled to notice is as follows:

1.) Name of person:
Relationship to proposed ward:
Address:
Phone number:
Email:
Date of Birth:

2.) Name of person:
Relationship to proposed ward:
Address:
Phone number:
Email:
Date of Birth:

Respectfully submitted:

By: _____
Name of attorney:
State Bar No.:
Email:
Address:
Phone number:
Attorney for:

AFFIDAVIT

STATE OF TEXAS §
§
COUNTY OF BRAZOS §

BEFORE ME, the undersigned authority on this day personally appeared _____, known to me to be the attorney for _____ and after being duly sworn by me, stated that all statements and facts described therein are true, correct and complete in every respect.

SIGNED on _____.

_____
Signature of attorney
Attorney for:

SUBSCRIBED AND SWORN TO BEFORE ME by _____, on the _____ day of _____, _____, to certify which witness my hand and seal of office.

_____
Signature of Notary Public