

CAUSE NO. _____

IN THE MATTER OF
THE ESTATE OF

MINOR INCAPACITATED PERSON
 DECEASED

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IN THE COUNTY COURT
OF

HOCKLEY COUNTY, TEXAS

ANNUAL ACCOUNT

NOW COMES, _____, Guardian or Administrator of the above numbered and styled Estate, and presents herewith the Annual Account of said Estate, covering the period of _____ to _____.

Check One: Guardianship of the Estate Only Guardianship of the Person and Estate

**If you are unsure if you are the guardian of the person, estate or both, please call the Court at (806) 894-6856 x100.*

1. TYPE OF REPORT Initial Annual Final

2. WARD Name _____

Age _____ DOB _____

Address (no P.O. Box) _____

City _____ State _____ Zip _____

Cell _____ Other _____ Email _____

3. GUARDIAN Name(s) _____

If co-guardians,
both must
be listed

Age(s) _____ DOB(s) _____

Address (no P.O. Box) _____

City _____ State _____ Zip _____

Cell _____ Other _____ Email _____

CO-GUARDIAN Name(s) _____

Age(s) _____ DOB(s) _____

Address (no P.O. Box) _____

City _____ State _____ Zip _____

Cell _____ Other _____ Email _____

RECAPITULATION OF CASH ITEMS

Balance of Cash on hand on inventory or last annual account	\$ _____
Plus + Total receipts during the year	\$ _____
Less - Total disbursements during the year	<\$ _____ >
TOTAL (have your bank certify that this amount is on deposit)	\$ _____

VALUE OF ALL OTHER PROPERTY

Real Estate	\$ _____
Notes	\$ _____
Securities	\$ _____
Receivables (including all amounts disbursed without court approval requiring same)	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL	\$ _____

RECEIPTS

SOURCE FROM WHICH RECEIVED	AMOUNT
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL Receipts	\$ _____

DISBURSEMENTS

PURPOSE FOR WHICH EXPENDED	AMOUNT
Court Costs	\$
Bond	\$
Attorney Fees	\$
	\$
	\$
	\$
	\$
	\$
TOTAL Disbursements	\$

PROPERTY ADMINISTERED

A complete, accurate and detailed description of the property being administered, the condition of the property and the use being made thereof, and if rented, the terms upon and the price for which rented.

CLAIMS

List of all claims presented against the Estate within the period covered by this account, specifying which have been allowed, which have been paid, which have been rejected, which have been sued upon, and the condition of the suit.

NAME OF CLAIMANT	CLAIM FOR	STATUS	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

SECURITIES

List in detail a description of personal property of the Estate (including bonds, notes, stocks and other securities). Include the name of the obligor and obligee, or if payable to bearer, so state: the date of issue and maturity, the rate of interest, serial or other identifying numbers; in what manner the property is secured; and other dates necessary to identify the same full and how and where held for safekeeping.

OATH

I do solemnly swear that the foregoing Annual Account is a full, complete and accurate accounting of the above styled estate.

Guardian / Administrator

SUBSCRIBED AND SWORN TO BEFORE ME on _____, 20____

to certify which witness my hand and seal of office.

Printed Name _____

Notary Public, State of _____ County of _____

Commission Expires: _____

