

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

IN THE GUARDIANSHIP OF

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IN THE COUNTY COURT

OF

MINOR INCAPACITATED PERSON

LUBBOCK COUNTY, TEXAS

**INVENTORY, APPRAISEMENT, AND LIST OF CLAIMS**

Date Guardianship Order granted: \_\_\_\_\_

The following is a full, true and complete Inventory and Appraisement of all real property situated in the State of Texas and of all personal property of the Estate of \_\_\_\_\_, together with a List of Claims due and owing to the Estate, as of the date the guardianship was ordered, which have come into the possession or knowledge of the undersigned.

*All of the property listed below is the ward's.*

**Inventory and Appraisement**

**SCHEDULE A**

**REAL PROPERTY**

Item	Description	Value on Date Guardianship Granted
	TOTAL	

SCHEDULE B

**STOCKS AND BONDS**

Item	Description	Unit Value	Value on Date Guardianship Granted
TOTAL			

SCHEDULE C

**MORTGAGES, NOTES AND CASH**

Item	Description	Value on Date Guardianship Granted
TOTAL		

SCHEDULE D

**INSURANCE PAYABLE TO ESTATE**

Item	Description	Value on Date Guardianship Granted
TOTAL		

SCHEDULE E

**JOINTLY-OWNED PROPERTY**

Item	Description	Value on Date Guardianship Granted
TOTAL		

**SCHEDULE F**

**MISCELLANEOUS PROPERTY**

Item	Description	Value on Date Guardianship Granted
TOTAL		

**List of Claims**

There are no claims due or owing to the Estate other than those shown on the foregoing Inventory and Appraisement.

WHEREFORE, the undersigned, the Guardian of the Estate of \_\_\_\_\_, Ward, prays that the above and foregoing Inventory, Appraisement and List of Claims be approved.

\_\_\_\_\_  
Guardian of the Estate

THE STATE OF TEXAS

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KNOW ALL MEN BY THESE  
PRESENT:

COUNTY OF LUBBOCK

I, \_\_\_\_\_, having been duly sworn, hereby state on Oath that the foregoing Inventory, Appraisement, and List of Claims are a true and complete statement of all the property and claims of the Estate of \_\_\_\_\_, Ward, that have come to my knowledge.

\_\_\_\_\_  
Guardian of the Estate

SUBSCRIBED AND SWORN TO BEFORE ME on \_\_\_\_\_, 20 \_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Printed Name \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

Commission Expires \_\_\_\_\_