## PERSONAL REPRESENTATIVE GENERAL INFORMATION

(Please Print All Information)

Cause No	Estate Name:				
Guardianship	Deceased _	Your relationshi	p to the above n	amed: _	
Your Full Name: _					
II	(Last)	(First)	(Middle)		(Maiden)
Home Address:	(Street)		(City)	(State)	(Zip Code)
Bus. Address:					
	(Street)		(City)	(State)	(Zip Code)
Tel. No. Home (	)		Business (	_)	
				:	
Social Security No.	•		Drivers' Lic	- State	#
Spouse Full Name:					
opouse i uni i (unii).	(Last)	(First)	(Middle)		(Maiden)
Bus. Address:					
Tal No Homa (	(Street)		(City)	(State)	(Zip Code)
			Dlace of Birth	•	
Date of Dirtii.			1 lace of birth		
RELATIVES WHO	WILL ALV	WAYS KNOW HO	W TO CONTA	CT YOI	Ţ•
		WATS KNOW HE			<u>J.</u>
Home Address:				· ()_	
Tiome radiess	(Street)		(City)	(State)	(Zip Code)
Name:			Phone	: ()_	
Home Address:					
	(Street)		(City)	(State)	(Zip Code)
Name:			Phone	: ()_	
Home Address:	(Street)		(City)	(State)	(Zip Code)
	(Sueet)		(City)	(State)	(Zip Code)
		(signature)			
STATE OF TEXA	S	8			
COUNTY OF	-	8			
Before me,	, the under	signed authority,	on this	day of	
personally appeared	d		, known to	me to b	e the person who named an e best of their knowledge.
stated on their oath	that the fact	ts contained herein	are true and cor	rect to th	e best of their knowledge.
		•	ublic, in and for	the State	e of Texas / Clerk County
		Court			

YOU MUST NOTIFY THE COURT, IN WRITING, OF ANY CHANGE IN YOUR ADDRESS