

DECLARATION OF APPOINTMENT OF GUARDIAN FOR OUR CHILD  
IN THE EVENT OF MY DEATH OR INCAPACITY

Texas Estate Code Section 1104.153

We, \_\_\_\_\_ and \_\_\_\_\_, make this Declaration to appoint a guardian for our child, \_\_\_\_\_, in the event that both of us are either dead or incapacitated.

As guardian of his/her/their person(s), we appoint \_\_\_\_\_. As first alternate guardian of his/her/their person(s), we appoint \_\_\_\_\_. As second alternate guardian of his/her/their person(s), we appoint \_\_\_\_\_.

We direct that the guardian of his/her/their person(s) serve without bond.

As guardian of his/her/their estate(s), we appoint \_\_\_\_\_. As first alternate guardian of his/her/their estate(s), we appoint \_\_\_\_\_. As second alternate guardian of his/her/their estate(s), we appoint \_\_\_\_\_.

If any guardian or alternate guardian dies, does not qualify or resigns, the next named alternate guardian becomes the guardian of the person or of the estate, as applicable.

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

\_\_\_\_\_  
Date: \_\_\_\_\_

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

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Witness: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Witness: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

SELF-PROVING AFFIDAVIT

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this date personally appeared Declarants \_\_\_\_\_ and \_\_\_\_\_ and Witnesses \_\_\_\_\_ and \_\_\_\_\_ and, all being duly sworn, each Declarant stated that the above instrument was his or her Declaration of Appointment of Guardian for the Declarant's Child in the Event of Death or Incapacity and that the Declarants have made and executed it for the purposes expressed in the Declaration. The Witnesses declared to me that they are each 14 years of age or older, that they saw the Declarants sign the Declaration, that they signed the Declarations as Witnesses, and that the Declarants appeared to be of sound mind.

\_\_\_\_\_  
\_\_\_\_\_, Declarant

\_\_\_\_\_  
\_\_\_\_\_, Declarant

\_\_\_\_\_  
Affiant's Name: \_\_\_\_\_

\_\_\_\_\_  
Affiant's Name: \_\_\_\_\_

Subscribed and sworn to before me by the above-named Declarants and Affiants on this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

(seal)

Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_