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

I,	, make this De	claration to appoint as guard	dian for my child or children,
listed as follows, in the e	event of my death or incap	pacity:	· • • • • • • • • • • • • • • • • • • •
	(add bla	anks as appropriate)	
as first alternate guardiai	n of the person of my (chi	ld or children),	y (child or children), as second alternate guardian of ian of the person of my (child or
as first alter	nate guardian of the estat	e of my (child or children),	rate of my (child or children), as second alternate rnate guardian of the estate of my
	or alternate guardian dies, ian of my (child or childre	, does not qualify, or resigns en).	s, the next named alternate
and to the undersigned a Children in the Event of expressed in the declarat	uthority that this instrume My Death or Incapacity, a	ent is my Declaration of App and that I have made and ex ration in the presence of the	
Declarant		_	
years of age or older, after declarant declared to use Declarant's Children in the purposes expressed in the	er being duly sworn, declar that this instrument is the he Event of Declarant's D e declaration. The declarant now sign our names as at	are to the declarant and to the declarant's Declaration of A eath or Incapacity and that t	, each being 14 ne undersigned authority that the appointment of Guardian for the the declarant executed it for the tion and we believe the declarant day of
Witness		Witness	
	before me by the above r 20	named declarant, and affiant	ts, this day of
			

Notary Public in and for the State of Texas
My commission expires:
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