Designation of Guardian in Event of Later Incapacity or Need of Guardian

I, ____________________________________________________, make this Designation of Guardian, to operate if the need for a guardian for me later arises.

1. I designate __________________________________________ [name] to serve as guardian of my person, __________________________________________ [name] as first alternate guardian of my person, __________________________________________ [name] as second alternate guardian of my person, and __________________________________________ [name] as third alternate guardian of my person.

2. I designate ________________________________________ [name] to serve as guardian of my estate, [name] as first alternate guardian of my estate, __________________________________________ [name] as second alternate guardian of my estate, and __________________________________________ [name] as third alternate guardian of my estate.

3. If any guardian or alternate guardian dies, does not qualify, or resigns, the next named alternate guardian becomes my guardian.

4. I expressly disqualify the following [person/persons] from serving as guardian of my person: ____________________________________________________________ [name[s]].

5. I expressly disqualify the following [person/persons] from serving as guardian of my estate: ____________________________________________________________ [name[s]].

SIGNED on ______________________.

____________________________________
[Surname of declarant]

Witness

____________________________________
Witness

Self-Proving Affidavit

Before me, the undersigned authority, on this date personally appeared the declarant, and __________________________________________ [name] and __________________________________________ [name] as witnesses and, all being duly sworn, the declarant said that the above instrument was [his/her] Designation of Guardian and that the declarant had made and executed it for the purposes expressed in the designation. The witnesses declared to me that they are each 14 years of age or older, that they saw the declarant sign the designation, that they signed the designation as witnesses, and that the declarant appeared to them to be of sound mind.
__________________________
Declarant

__________________________
Affiant

__________________________
Affiant

SIGNED under oath before me on ____________________________.

__________________________
Notary Public, State of Texas

IF NO INDIVIDUAL IS EXPRESSLY DISQUALIFIED FROM APPOINTMENT THEN THIS NOTARY ACKNOWLEDGEMENT BELOW CAN BE COMPLETED IN LIEU OF WITNESSES AND A SELF-PROVING AFFIDAVIT:

STATE OF TEXAS )
COUNTY OF ____________ )

This instrument was acknowledged before me on ___________________ [date] by __________________________ [name of declarant].

__________________________
Notary Public, State of Texas