

STATEMENT IDENTIFYING REAL PROPERTY
Pursuant to Mental Hygiene Law § 81.20 (a)(6)(vi)

Record and Index under:

Incapacitated Person: _____
Name

Address

Guardian of Property: _____
Name

Address

[] (check box if there is/are Co-Guardian(s) of Property and list below)

Adjudication of Incapacity:

_____ Date of Decision/Verdict _____ Date of Judgment

_____ Supreme _____
Court County Index Number

Surety: _____
Name Bond Number

REAL PROPERTY _____

Tax Map Designation/Municipality:

Section Block Lot _____
Name of Municipality

Check if: [] city [] town [] village)

Signed _____

Name of Guardian OR Co-Guardian of Property

State of New York)
County of _____) ss:

On the _____ day of _____ in the year 20____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary