

STATEMENT IDENTIFYING REAL PROPERTY  
Pursuant to Mental Hygiene Law §81/20 (a)(6) (vi)

Record and Index: \_\_\_\_\_

**Incapacitated Person** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Guardian of Property** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

[  ] Check box if there is/are Co-Guardians of the property and List Below

**Guardian of Property** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Guardian of Property** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Adjudication of Incapacity: Supreme Court**

**Nassau County**

\_\_\_\_\_  
Index Number

\_\_\_\_\_  
Date of Order and Judgment

\_\_\_\_\_  
Date of Decision/Verdict

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

Bond Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Real Property**

**Address**

\_\_\_\_\_  
\_\_\_\_\_

**Tax Map Designation:**

**Name of Municipality:** \_\_\_\_\_

**Section** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian Co-Guardian

\_\_\_\_\_  
Name of Guardian Name of Co-Guardian

**State of New York County of \_\_\_\_\_ } ss:**

On this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me came

\_\_\_\_\_  
Name of Guardian Name of Co-Guardian

to me know to be the individuals described herein, and who executed the foregoing instrument and acknowledged that he/she/they executed same.

\_\_\_\_\_  
**Notary Public**