

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X
IN THE MATTER OF

Index #: _____/____

STATEMENT OF
DEATH
Pursuant to MHL§81.44

AN INCAPACITATED PERSON/
PERSON IN NEED OF A GUARDIAN, NOW DECEASED

-----X

STATE OF NEW YORK)
COUNTY OF _____)ss:

_____, being duly sworn, deposes and says:

1. I am the Guardian of the (Person/Property) of the above-named person, having been appointed pursuant to the Order of Honorable _____ dated _____. My Commission was issued on _____.

2. The Incapacitated Person/Person in Need of a Guardian died on _____ as a resident of _____. **A copy of the Death Certificate is attached.**

3. He/She was buried/cremated and his/her remains were interred at _____.
(insert cemetery name and address)

4. There is approximately \$_____ in guardianship assets, subject to outstanding legal fees and Medicaid claim to be accounted for in my Final Account.

5. To the best of my knowledge, the Incapacitated Person/Person in Need of a Guardian had/did not have a Last Will and Testament. *(If a Last Will and Testament exists, please state the nominated Executor and location of the original Will.)*

6. The names and addresses of persons entitled to notice of proceeding pursuant to the Order and Judgment Appointing Guardian are as follows: *(attach additional sheets if necessary)*

Queens County Public Administrator
88-11 Sutphin Boulevard – 6th Floor
Jamaica, New York 11435

Signature of Guardian

Sworn to before me this
_____ day of _____, 20____

NOTARY PUBLIC