

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

-----X  
In the Matter of the Guardianship of

Index No.: \_\_\_\_\_

An Incapacitated Person  
-----X

**STATEMENT OF ASSETS AND  
NOTICE OF CLAIM**

TO THE SUPREME COURT (COUNTY COURT) OF THE STATE OF NEW YORK,  
COUNTY OF \_\_\_\_\_

1. Name of Guardian: \_\_\_\_\_
2. Name of Incapacitated Person: \_\_\_\_\_
3. Last address or residence of Incapacitated Person: \_\_\_\_\_  
\_\_\_\_\_
4. Date of Death of Incapacitated Person: \_\_\_\_\_

Please list the **approximate value** as of the date of death of the assets marshaled by the guardian and under the control of the guardian, please be specific, please itemize and use additional pages as necessary:

5. Describe the location and value of guardianship bank and/or brokerage accounts:
  - A. Bank : \_\_\_\_\_  
Approximate Current Value: \_\_\_\_\_
  - B. Bank: \_\_\_\_\_  
Approximate Current Value: \_\_\_\_\_

6. List the type, location and value of any securities, stocks, bonds, mutual funds, certificates of deposit, interests in business, money owed to the Incapacitated Person, etc.

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

7. List any valuable personal property of the guardianship, e.g., automobiles, valuable jewelry, art work, antiques, valuable home furnishings:

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

8. List amount of any Medicaid claims against the guardianship: \_\_\_\_\_

\_\_\_\_\_

9. List any tax liens or taxes due (income, estate, **property**) \_\_\_\_\_

\_\_\_\_\_

10. List any other outstanding debts, claims, or liens against the guardianship assets (include unpaid bills from household expenses, credit card debt, funeral expenses, care providers, **mortgages, coop / condo maintenance**, loans, home equity loans: \_\_\_\_\_

\_\_\_\_\_

11. List the approximate amount of administrative costs anticipated necessary to end the guardianship (e.g. attorney fees, accountant fees, court examiner fees, guardian compensation, bond premiums):

\_\_\_\_\_

Dated: \_\_\_\_\_, New York

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of New York

To: \_\_\_\_\_,  
Court-Appointed Personal Representative, or

If no Court-Appointed personal representative:

\_\_\_\_\_,  
Personal Representative Named in Incapacitated Person's will or trust, **and**

\_\_\_\_\_,  
Public Administrator or Chief County Fiscal Officer.