SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF

 **STATEMENT OF ASSETS**

In the Matter of the Application of **AND NOTICE OF CLAIM**

***(NAME OF PETITIONER)***, Petitioner

Pursuant to Article 81 of the Mental Hygiene Index No.

Law for the Appointment of a Guardian of RJI No.

the Person and Property of

***(NAME OF ALLEGED INCAPACITATED PERSON)***,

an Alleged Incapacitated Person.

TO THE SUPREME COURT OF THE STATE OF NEW YORK,

COUNTY OF

 The undersigned Guardian of the above-named person hereby submits to this Court the following information as required by MHL § 81.44:

 1. Name of Guardian:

 2. Name of Incapacitated Person:

 3. Address of the incapacitated person at the time of death:

 4. A description of the nature and approximate value of guardianship property as of the date of death is: **[description]**

 5. The approximate amount and description of any known claims, debts or liens against the guardianship property **(e.g. Medicaid liens, tax liens, and administrative costs)** is: **[list]**

Dated: ***(Guardian’s signature)***  **[Type Name of Guardian]**

Sworn to before me this

 \_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Notary Public