

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU**

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In the matter of the Application of

As Guardian for the Personal Needs and Property  
Management of

An Incapacitated Person  
-----X

<p><b>STATEMENT IDENTIFYING REAL PROPERTY</b> Pursuant to Mental Hygiene Law §81.20 (a)(6)(vi)</p> <p>Record and Index: _____</p> <p>Section: _____</p> <p>Block: _____</p> <p>Lot: _____</p>
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**Incapacitated Person** \_\_\_\_\_

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

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

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

**Phone #** \_\_\_\_\_

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

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

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

**Phone #** \_\_\_\_\_

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

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

**Phone #** \_\_\_\_\_

**Adjudication of Incapacity:**

**Supreme Court**

**Nassau County**

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

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

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

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

Address: \_\_\_\_\_

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

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

**Real Property**

**Address**

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

**Tax Map Designation:**

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

Section \_\_\_\_\_

Block \_\_\_\_\_

Lot \_\_\_\_\_

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

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

\_\_\_\_\_  
Name of Guardian

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

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

On this \_\_\_ 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(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

Signature and office of individual taking acknowledgment

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

Record and Return to:

\_\_\_\_\_

**STATEMENT IDENTIFYING REAL PROPERTY**

Pursuant to Mental Hygiene Law §81.20 (a)(6)(vi)

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

**Incapacitated Person**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

**Guardian of Property**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

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

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Name

\_\_\_\_\_

Address

**Adjudication of Incapacity:**

\_\_\_\_\_

Date of Decision/Verdict

Date of Judgment

\_\_\_\_\_

Court

County

Index Number

**Surety:**

\_\_\_\_\_

Name

Telephone

Address

Bond Number

**Real Property**

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

Tax Map Designation/Municipality: \_\_\_\_\_

Section

Block

Lot

Name of Municipality

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

Dated: \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_  
Name of Guardian OR Co-Guardian of Property

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

On this \_\_\_ 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(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

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

**RECORD AND RETURN TO:** \_\_\_\_\_

**\*Tax Lot Identification required for recording**