

**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
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<p>STATEMENT IDENTIFYING REAL PROPERTY 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>

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**