

(Please file this Statement of Real Property pursuant to Mental Hygiene Law § 81.20 (a) (6) (vi) with the land records office of the county in which the real property is located.)

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____ X

In the Matter of the Guardianship of,

Statement of Real Property
Mental Hygiene Law § 81.20 (a) (6) (vi)

Guardianship Index No: _____

(NAME of Incapacitated Person)

An Incapacitated Person X

NOTICE IS HEREBY GIVEN that an owner of real property in this county, one *(Name of Incapacitated Person)*, has been adjudicated by the Supreme Court, Westchester County, on *(Date of adjudication of incapacity)* to be incapacitated and in need of a Guardian as provided in Article 81 of the Mental Hygiene Law and which judgment was entered (date) in the office of the Clerk of Westchester County.

The Incapacitated Person is:

The Property owned by the Incapacitated person is:

Address: _____

City/Town/Village: _____

New York, zip code _____

Block _____ Lot _____

Being the same premises conveyed to *(Name of Incapacitated Person)* by deed dated _____, and recorded in the Office of the County Clerk for the County of Westchester on _____ (date) in liber _____ of deeds at page _____.

The name, address and telephone number of the Guardian is:

The name, address and telephone number of the surety of the Guardian (s), if any, is:

Dated: _____

Guardian (s)

State of New York, County of _____ } ss:

On this _____ day of _____ before me came personally
came

Name of Guardian

Name of Co-Guardian (if any)

to me know to be the individual(s) described herein, and who executed the foregoing instrument and
acknowledged that he/she/they executed same.

Notary Public