**PLEASE CHECK APPROPRIATE BOX □ WHERE INDICATED**

**AND FILL IN BLANKS WHERE INSTRUCTED**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**In the Matter of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of Incapacitated Person Index No.**

**□ Dutchess County □ Orange County □ Putnam County**

**□ Rockland County □ Westchester County**

**NOTICE OF FINAL ACCOUNTING**

The Incapacitated Person listed above passed away on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Final Accounting of the Guardian for the Incapacitated Person, a copy of which is attached hereto, will be filed within the next 5 days with the Court Examiner and in the County Clerk’s office in:

**□ Dutchess County Clerk □ Putnam County Clerk □ Orange County Clerk**

 **22 Market Street 20 County Center, Room 209 4 Glenmere Cove Rd.**

 **Poughkeepsie, NY 12601 Carmel, NY 10512 Goshen, NY 10924**

 **(845)486-2131 (845)225-3641 (845)291-2690**

**□ Rockland County Clerk □ Westchester County Clerk**

 **1 S. Main Street 110 Dr. Martin Luther King, Jr., Blvd.**

 **New City, NY 10956 Room 330**

 **(845)638-5070 White Plains, NY 10601**

 **(914)995-3070**

As an interested person, you are entitled to file written objections to the Final Accounting within 45 days of service on you of the Final Accounting. Objections must be in the form of a sworn affidavit, in which any item in the final account to which objection is made is specifically identified and detailed reasons for the objection given. Copies of all documentary evidence supporting the objection must be attached, as exhibits, to the affidavit. Your name, address and telephone number, or that of any attorney representing you, must appear at the conclusion of the objections.

1. A copy of the objections must be mailed (certified mail, return receipt requested) to the Court Examiner and the Guardian at the address listed in the Final Accounting and to all other interested persons, whose names and addresses are listed in the Final Accounting.
2. The original of the objections, plus an affidavit of mailing of the copy of the objections to the guardian and all other interested person, must be filed in the county clerk’s office designated above.
3. A copy of this Notice of Final Accounting and the objections filed in the county clerk’s office, plus a copy of the affidavit of mailing to the guardian and all other interested persons, MUST be mailed (certified mail, return receipt requested) to the following Court Examiner at the address below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. An affidavit of mailing to the Court Examiner must be filed in the county clerk’s office designated above.

**THE ABOVE FOUR (4) STEPS MUST BE COMPLETED WITHIN 45 DAYS OF YOUR RECEIPT OF THE COPY OF THE FINAL ACCOUNT.**

The Court Examiner will audit the Final Accounting and report to the 9th Judicial District Guardianship Accounting Part.

**NO ASSETS OF THE INCAPACITATED PERSON MAY BE DISTRIBUTED OR TURNED OVER TO SURROGATE’S COURT UNTIL THE FINAL ACCOUNTING SUBMITTED BY THE GUARDIAN HAS BEEN APPROVED BY THE GUARDIANSHIP ACCOUNTING PART.**