***(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