

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X

In the Matter of the Guardianship of

**STATEMENT OF ASSETS AND  
NOTICE OF CLAIM**

An Incapacitated Person

Index No.: \_\_\_\_\_

-----X

TO THE SUPREME COURT (COUNTY COURT) OF THE STATE OF NEW YORK,  
COUNTY OF BRONX

1. Name of Guardian: \_\_\_\_\_
2. Name of the Incapacitated Person: \_\_\_\_\_
3. Last address or residence of the Incapacitated Person: \_\_\_\_\_  
\_\_\_\_\_
4. Date of Death of Incapacitated Person: \_\_\_\_\_

Please list the **approximate value** as of the date of death of the assets marshaled by the guardian and under the control of the guardian, please be specific, please itemize and use additional pages as necessary:

5. Describe the location and value of guardianship bank accounts:  
  
A. Bank: \_\_\_\_\_  
Approximate Current Value: \_\_\_\_\_  
  
B. Bank: \_\_\_\_\_  
Approximate Current Value: \_\_\_\_\_
6. List the type, location and value of any securities, stocks, bonds, mutual funds, certificates of deposit, interests in business, money owed to the Incapacitated Person, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List any value personal property of the guardianship, e.g., automobiles, valuable jewelry, art work, antiques, valuable home furnishings:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. List amount of any Medicaid claims against the guardianship: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
9. List any tax liens or taxes due (income, estate, property) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
10. List any other outstanding debts, claims, or liens against the guardianship assets (include unpaid bills from household expenses, credit card debt, funeral expenses, care providers, mortgages, coop/condo maintenance, loans, home equity loans: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
11. List the approximate amount of administrative cost anticipated necessary to end the guardianship (e.g. attorney fees, accountant fees, court examiner fees, guardian compensation, bond premiums):  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated: \_\_\_\_\_, New York

\_\_\_\_\_, 20\_\_

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

Sworn to before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 Notary Public, State of New York

TO:

\_\_\_\_\_, Court Examiner and

\_\_\_\_\_, Court-Appointed Personal Representative, or

If no Court-Appointed personal representative:

\_\_\_\_\_, Personal Representative  
Named in Incapacitated Person's will or trust, **and**

\_\_\_\_\_, Public Administrator or  
Chief County Fiscal Officer ,

\_\_\_\_\_ County Department of Social Services.