

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

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In the Matter of the Guardianship of

**STATEMENT OF DEATH
OF INCAPACITATED PERSON**

Index No.: _____

An Incapacitated Person

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

1. Name of Guardian: _____
2. Name of Incapacitated Person: _____
3. Last address or residence of Incapacitated Person: _____

4. Date of Death of the Incapacitated Person: _____

5. Place of Death of the Incapacitated Person: _____
6. Name of Nominated of Appointed Personal Representative of Incapacitated Person's estate, if any (e.g. executor): _____

7. Names and addresses of persons entitled to notice of further guardianship proceedings as ordered by the court pursuant to MHL 81.16(c)(3)(Add additional pages, if necessary):
 - A. Name: _____
Address: _____
Relationship to Incapacitated Person: _____
 - B. Name: _____
Address: _____
Relationship to Incapacitated Person: _____
 - C. Name: _____
Address: _____
Relationship to Incapacitated Person: _____
 - D. Name: _____

Address: _____
Relationship to Incapacitated Person: _____

E. Name: _____
Address: _____
Relationship to Incapacitated Person: _____

Dated: _____, New York

_____, 20__

Signature of Guardian

State of New York)
) ss.:
County of _____)

On the 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 signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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