

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

-----x  
In the Matter of the Guardianship of

**STATEMENT OF DEATH  
OF INCAPACITATED PERSON**

\_\_\_\_\_  
An Incapacitated Person

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

-----x

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

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 or 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