

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF SUFFOLK

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In the Matter of the Guardianship of

**STATEMENT OF ASSETS AND
NOTICE OF CLAIM**

An Incapacitated Person

Index No.: _____

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

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.