REAL PROPERTY OF

The following statement is provided pursuan	t to Mental Hygiene Law § 81.20(a)(6)(vi)
Real Property Address:	
Block No:	Lot No:
Name and Address of Incapacitated Person:	
Date of Adjudication of Incapacity:	
Name of Court and County:	
Date of Court Order:	
Name and Address of Guardian of Property:	
Surety (name and address and bond #):	
Dated:, New York	[Name of Person Making this Statement] (Gaardian) nowledgment
STATE OF)	
COUNTY OF) SS.:	
appearedbasis of satisfactory evidence to be the indivi- within instrument and acknowledged to me to	, before me, the undersigned, personally, personally known to me or proved to me on the idual(s) whose name(s) is (are) subscribed to the hat he/she/they executed the same in his/her/their ure(s) on the instrument, the individual(s), or the) acted, executed the instrument.
(signature and office of individual taking ack	znowledgment)