

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF NEW YORK

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RE: Guardianship of

INDEX NO:

STATEMENT OF DEATH

PER M.H.L. §81.44

(Note: Include names and addresses of all persons)

Deceased Incapacitated Person,

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c/o Nursing Home
Bronx, NY

Date of Death: January 24, 2015

Place of Death: _____

Court Examiner: _____

Public Administrator, New York County
31 Chambers Street
New York, NY 10007

EXECUTOR named in will: _____

N.Y.C. Department of Social Services
150 Greenwich Street
New York, N.Y. 10007

Guardian: _____

All persons entitled to Notice of further Guardian proceedings per M.H.L. §81.16(c)(3): (Names and addresses):

