

COMPLETING THE NOTICE OF NEWLY DISCOVERED ASSETS

The purpose of this form is to report any assets NOT listed in the latest inventory.

Only list the NEW assets.

This inventory must be filed within 30 days of discovering the new assets.

If you complete this form on the computer, the county, case number and name of the ward, minor ward, or protected person will automatically fill in on other pages.

Page 1 of 6

Choose the county using the drop-down list.

Enter the name of
the ward,
minor ward, or
protected person.

Enter the case
number.

TO THE GUARDIAN/CONSERVATOR: This form must be filed within 30 days of discovery of any assets not listed in the latest inventory on file. **ONLY LIST THE NEW ASSETS** in the appropriate section of the form.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF _____ Case No. _____

Ward/Minor Ward/Protected Person.

NOTICE OF NEWLY DISCOVERED ASSETS

1. PERSONAL PROPERTY: ONLY LIST THE NEW ASSETS

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card	Last 4 digits of account number	Balance
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	____	\$ _____

TOTAL: \$ _____

Section 1.
For each **NEW** checking account, savings account, and certificate of deposit, enter the name of the financial institution, the title on the account, the **last four digits of the account number**, and the balance. Check the box for the type of account and if there is a debit card.

Section 2. For jointly held property, enter the type of any **NEW** property, who it is owned with, and the present value. of the property.

1. PERSONAL PROPERTY (Continued): **ONLY LIST THE NEW ASSETS**

TYPE OF PROPERTY	PRESENT VALUE
Stocks, Bonds and Other Securities (Attach List of Brokerage Firms)	
Vehicles	
Household goods and furnishings	
Other: _____	
TOTAL: \$ _____	

2. JOINTLY HELD PROPERTY: **ONLY LIST THE NEW ASSETS**

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE
TOTAL: \$ _____		

3. Does the ward/minor ward/protected person own or have an interest in Real Property?
☐ Yes ☐ No. If yes, complete below:

REAL PROPERTY (List location by address and value): **ONLY LIST THE NEW ASSETS**
Note: legal property descriptions may be obtained from the Register of Deeds in the county that the property is located. For longer descriptions, reference the location and legal description on a separate page.

LOCATION/ADDRESS	LEGAL DESCRIPTION	VALUE

NOTICE: You must file your Letters of Guardianship and/or Conservatorship with the Register of Deeds in any county where the ward/minor ward/protected person has real property or an interest in real property.

Section 1. (cont.) For other personal property, enter the present value of any **NEW** stocks, bonds, other securities, vehicles, household goods and furnishings, and other types of personal property.

Section 3. For Real Property, check the box that answers if the ward owns or has an interest in real property. For each **NEW** property, enter the address, the legal description, and the value.
 The legal descriptions may be obtained from the Register of Deeds in the county where the property is located.

NOTICE – when the Letters of Guardianship and/or conservatorship are issued, you must file them with the Register of Deeds in the county where the real property is located.

Check the box to answer if the Letters have been filed with the Register of Deeds.

For debt, check the box that answers if there are any **NEW** credit cards or other debt. In the first section, enter the financial institution name, the name on the card, the **last four digits of the account number** and the balance.

Section 4. For **NEW** income, enter the monthly amount received for each type of income. If the type of income isn't listed, use the "other" section and list what the source is. If the income is from wages, list the employer's name.

Have the Letters of Guardianship and/or Conservatorship been filed with the Register of Deeds in each county where each parcel is located? ☒ Yes ☐ No

4. INCOME (Monthly): ONLY LIST THE NEW SOURCES OF INCOME

SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name: _____	
Social Security	
Supplemental Security income	
Veterans Administration benefits	
Pension/Annuity	
Interest Income	
Dividend Income	
Other: _____	
Other: _____	

TOTAL: \$ _____

Are there any credit cards or other debt of the ward's/minor ward's/protected person's name?
☐ Yes ☐ No. If yes, complete below: **ONLY LIST THE NEW DEBT**

CREDIT CARD(S) of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Name on the Card	Last 4 digits of account number	Balance as of Last Statement
		____	\$ _____
		____	\$ _____

For debt (cont.) If there is any **NEW** other debt, enter the financial institution name, the description of the debt, the **last four digits of the account number** and the balance.

Page 4 of 6

OTHER DEBT of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Description	Last 4 digits of account number	Balance as of Last Statement
			\$
			\$

I swear or affirm, under penalties of perjury, that I have examined the Notice of Newly Discovered Assets and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____ Date: _____
Printed Name: _____
(of guardian and/or conservator)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____

If completed by an attorney:
Bar Number: _____

Is there more than one guardian and/or conservator? yes ☒ no ☐

Signature: _____ Date: _____
Printed Name: _____
(of co-guardian and/or co-conservator)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____
If completed by an attorney:
Bar Number: _____

Sign and date the form. Enter your printed name, your address, telephone number, and your email address.

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.

TO THE GUARDIAN AND/OR CONSERVATOR OR THEIR ATTORNEY:
You need to complete the Certificate of Mailing form and file it with the court showing that you mailed the required documents to all the interested persons you list.

Enter the case information including the name, county, and case number.

Enter the date the
copies of the
forms were sent to
the interested
person(s).

Sign and date the form. Enter your printed name, your address, telephone number, and your email address.

Check the box if there is a co-guardian or co-conservator. If “yes” is checked, the second signature block appears.

Ward/Minor Ward/Protected Person

Choose the county _____ Jury Court

Case No. _____

CERTIFICATE OF MAILING

I swear or affirm, under the penalties of perjury, that I have filed the required forms with the court and that on _____, I mailed copies of the forms to all interested persons and bonding company, if any, at the addresses set forth below:

Notice of Newly Discovered Assets
Notice of Right to Object (CC 16.2.16)

NAME(S) OF INTERESTED PERSON(S)	ADDRESS(ES)

☐ See attached (more names and addresses than above)

Signature: _____ Date: _____

Printed Name: _____
(of guardian and/or conservator)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____

Is there more than one guardian and/or conservator? yes ☒ no ☐

Signature: _____ Date: _____

Printed Name: _____
(of co-guardian and/or co-conservator)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____

COMPLETING THE NOTICE OF RIGHT TO OBJECT

Page 6 of 6

Enter the name of the county.

Enter the name of the ward, minor ward, or protected person.

List the documents that were filed.

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF _____ Case No. _____

Ward/Minor Ward/Protected Person. NOTICE OF RIGHT TO OBJECT

You are notified that _____
List documents filed _____
have been filed in the above referenced case on _____
Date document(s) filed.

If you object to the contents or accuracy of these filings, you may file an objection and request a hearing before the court. You have 10 days from the date these documents were filed with the court to complete and file the Objection form which can be obtained on the Nebraska Supreme Court website, <https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-17.pdf>.

Signature: _____ Date: _____
Printed Name: _____
(of guardian and/or conservator)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____
If completed by an attorney:
Bar Number: _____

Is there more than one guardian and/or conservator? yes ☒ no ☐

Signature: _____ Date: _____
Printed Name: _____
(of co-guardian and/or co-conservator)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____
If completed by an attorney:
Bar Number: _____

Enter the case number.

Enter the date filed.

Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address.

Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.

* Pursuant to [Neb. Rev. Stat. § 30-2601](#), interested persons are defined as:

- children and spouses;
- future heirs if the ward/incapacitated person/protected person would die without leaving a valid will (brothers and sisters who are adults, grandparents, etc.);
- a trustee of any trust executed by the ward/incapacitated person/protected person;
- if there are no individuals defined as “interested persons” above, include any person or organization named as a “devisee” in the ward’s/incapacitated person’s/protected person’s most recent will;
- after death of the ward/incapacitated person/protected person, interested person also includes the personal representative of a deceased ward’s/incapacitated person’s/ protected person’s estate, the deceased ward’s/incapacitated person’s/protected person’s heirs in an intestate estate, and the deceased ward’s/incapacitated person’s/protected person’s devisees in a testate estate;
- any governmental agency paying benefits on behalf of the ward/incapacitated person/protected person; and
- any person designated by order of the court to be an interested person.

If there are no interested persons identified for a ward/incapacitated person/protected person, the court may appoint a guardian ad litem (Nebraska Supreme Court Rule § 6-1449(B)). The cost of the guardian ad litem may be taken from the assets of the ward/incapacitated person/protected person.