

COMPLETING THE UPDATED INVENTORY

Use this form to give an updated listing of what the ward/minor ward/protected person owns or receives.

Use this form if you did not use the form included in your annual packet, or if the court has requested an updated inventory from you.

Choose the county
using the
drop-down list.

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

Check the box that answers the question. If "yes", complete an Updated Financial Information form.

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Enter the case
number.

Enter the ending date of this Annual Report or supplemental report.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF _____

Case No. _____

Ward/Minor Ward/Protected Person. **UPDATED INVENTORY**

The Updated Inventory listed below is as of the ending date of: _____.

Are there any changes to any of the accounts identified on your last filed Personal and Financial Information Form? (Check the appropriate box) ☐ Yes ☐ No. If the answer is "Yes", you must complete an Updated Financial Information form and file it with this form. **DO NOT SEND THE UPDATED FINANCIAL INFORMATION FORM TO THE INTERESTED PARTIES.**

1. PERSONAL PROPERTY: To protect personal information, only the last four digits of the account number should be provided on this form.

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card	New Account?	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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> yes <input type="checkbox"/> no	____	\$ _____

TOTAL: \$ _____

Section 1.

For each 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 the account, if there is a debit card, and if it is a new account.

Section 1. (cont.)

For other personal property, enter the present value of 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/minor ward/protected person owns or has an interest in real property. For each 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.

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

1. PERSONAL PROPERTY (Continued):

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:

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):
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.

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.

Section 4. For 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):

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: \$ _____

5. 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:

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
			\$
			\$

Section 5. for debt, check the box that answers the question if there are any credit cards or other debt.

For credit cards, enter the financial institution name, the name on the card the **last four digits of the account number** and the balance.

Section 5 (Cont.)

For other debt, enter the institution name, the name on the description of the debt, the **last four digits of the account number** and the balance.

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.

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 the penalties of perjury, that I have examined the Updated Inventory and to the best of my knowledge and belief, the information 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 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.

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

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List the names and addresses of the interested person(s)

Check the box if there are more names and addresses than these and list them on a separate page.

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.

Ward/Minor Ward/Protected Person
Choose the county Sanjity Court
Case No. _____

CERTIFICATE OF MAILING

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

Updated Inventory
Notice of Right to Object

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

☐ See attached (more names and addresses than above)

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

Enter the date the copies of the forms were sent.

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.

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Enter the name of the county.

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

Enter the case number.

List the documents you filed.

Enter the date filed.

Sign the form, and enter your printed name, the date signed, 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.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF _____ CASE No. _____

NOTICE OF RIGHT TO OBJECT

Ward/Minor Ward/Protected Person. _____

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: _____

* 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.

If there are no interested persons identified for a ward/incapacitated person/protected person, the court shall 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.