

## COMPLETING THE FINANCIAL INSTITUTION RECEIPT OF ORDERS

Give this form to the bank so they can inform the court you gave them a copy of the Order of Appointment.

Each bank in which the ward/minor ward/protected person has accounts will complete one of these forms and attach a printout of each account listed.

**It is very important that you file these completed forms with the court.**

**The Letters of Guardianship and/or Conservatorship will not be issued until this, and all other requirements listed on the Order of Appointment have been filed.**

Choose the county using the drop-down list.

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

Enter the case number.

**STOP!**  
**DO NOT COMPLETE ANYTHING ELSE ON THIS FORM.**

A bank official will complete the form, sign it, and have it notarized on page 2.

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the court

IN THE MATTER OF \_\_\_\_\_  
Ward, Minor Ward, Protected Person

Case No. \_\_\_\_\_

FINANCIAL INSTITUTION  
RECEIPT OF ORDER

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Financial Institution)  
solemnly swear that on \_\_\_\_\_, we received a copy of the Order  
(Date)

Appointing Guardian and/or Conservator. I acknowledge all assets of the above ward/minor ward/protected person held at this financial institution, are listed below.

Attach a printout of each account listed.  
The printout should include only the last 4 digits of the account and should be redacted to remove any personal identifying information (SS#, DOB, full account #).

Title on Account	Type of Account (please check one)	POD/TOD?	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"/> 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"/> 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"/> yes <input type="checkbox"/> no	_____	\$ _____

\_\_\_\_\_  
(Signature and Title of Certifying Official)

Page 2 of 2 will be completed by the person notarizing the form.