Nebraska State Court Form
REQUIRED
CC 16:2.6 Rev. 11/2020
Neb. Ct. R. § 6-1443(A)(2)

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

IN THE MATTER OF

_____, Case No. _____
Ward, Minor Ward, Protected Person

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**
	☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	_ _ _ _	$
	☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	_ _ _ _	$
	☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	_ _ _ _	$

_____
(Signature and Title of Certifying Official)

State of_____)
) ss.
County of_____)
This document was acknowledged before me by _____,
this_____day of_____, 20_____.

_____ Notary commission expires: _____
Notary Public
(Signature of Person Taking Acknowledgment – **CANNOT be the same as the Certifying Official signing above**)
Title:_____Serial Number (if any).: _____