Nebraska State Court Form
REQUIRED
CC 16:2.9 Rev. 04/2020
Neb. Ct. R. § 6-1443

FILE THIS FORM WITH THE COURT AND SEND A COPY TO INTERESTED PERSONS.

THIS BOX DOES NOT PRINT ON THE FORM

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

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

IN THE MATTER OF

Case No. _____

_____ ,
Ward/Minor Ward/Protected Person.

INVENTORY, AFFIDAVIT OF DUE DILIGENCE, AND CERTIFICATE OF MAILING

1. PERSONAL PROPERTY:

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card?	New Account?	Last 4 digits of account	Balance
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$

TOTAL : $ _____

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 RealProperty?

☐ 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.

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**
		__ __ __ __	$
		__ __ __ __	$

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**
		__ __ __ __	$
		__ __ __ __	$

6. AFFIDAVIT OF DUE DILIGENCE:

I swear or affirm **under the penalties of perjury**, that I have exercised due diligence in preparing this inventory and it contains all property owned by the above-named ward/minor ward/protected person as of the date below, 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: _____

Only complete the next section if there is a co-guardian or co-conservator.

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: _____

State of _____)
) ss.
County of _____)

This document was acknowledged before me by _____ ,
this _____ day of _____ , 20_____ .

_____ Notary commission expires: _____
Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any).: _____

Ward/Minor Ward/Protected Person

Choose the county County Court

Case No. _____

FILE THIS FORM WITH THE COURT.
AND SEND A COPY TO INTERESTED PERSONS.
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CERTIFICATE OF MAILING

I swear or affirm, **under the penalties of perjury**, that I have filed the original 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:

Inventory and Affidavit of Due Diligence
Waiver of Notice
Notice of Right to Object
Certificate of Mailing

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: _____

Only complete the next section if there is a co-guardian or co-conservator.

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: _____

Nebraska State Court Form
REQUIRED
CC 16:2.16 Rev. 04/2020
Neb. Ct. R. §6-1433(D)(3)

FILE THIS FORM WITH THE COURT AND SEND A COPY TO INTERESTED PERSONS.
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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: _____

Only complete the next section if there is a co-guardian or co-conservator.

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: _____

Nebraska State Court Form
REQUIRED
CC 16:2.10W Rev. 04/2020
Neb. Ct. R. § 6-1433(D)(1);
Neb. Rev. Stat. §§ 30-2647, 30- 2628, 30-2221

SEND A COPY OF THIS FORM TO INTERESTED PERSONS. DO NOT FILE WITH THE COURT.

THIS BOX DOES NOT PRINT ON THE FORM

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case No. _____

_____,
Ward, Minor Ward, Protected Person

WAIVER OF NOTICE

You are an interested person in this case. You will receive copies of all filings. If you do not want to continue to receive copies of the filings listed below, complete this form and return it to the court and mail a copy to the guardian/conservator and his or her attorney:

Annual Report
Application for approval of annual report
Application for approval of fees
Orders and notices of hearing on any of the above filings.

If you change your mind and want to start receiving these filings, you will need to file and comply with a Request for Notice.

☐ I do **not** want to continue to receive copies of the filings listed on this Waiver of Notice for **this** case.

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

If completed by an attorney:
Bar Number: _____

Mail this form to:

The Choose the county County Court
(Addresses for Nebraska County Courts can be found at https:// supremecourt.nebraska.gov/ directories/county-court-contacts)

_____
Address

_____
City, State, and ZIP Code

_____
Email Address