

**ACCEPTANCE OF
APPOINTMENT OF GUARDIAN –
NO AUTHORITY OVER THE
ESTATE OF THE WARD**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case No. _____

Ward/Incapacitated Person

**ACCEPTANCE OF APPOINTMENT OF
GUARDIAN – NO AUTHORITY OVER
THE ESTATE OF THE WARD**

I, _____ accept appointment as guardian of
Name of guardian(s)

_____, an incapacitated person, and swear that I will
Name of ward/incapacitated person

perform, according to law, all duties as guardian. I acknowledge my responsibilities as guardian by **initialing** all of the following:

Acknowledgments before Letters are issued to establish my authority to serve as guardian:

_____ I shall file with the court the Guardian/Conservator General Information Form (CC 16:2.4) and an Address Information Form (CC 16:2.5).

_____ Within 30 days of my appointment I shall file with the court an Inventory and Affidavit of Due Diligence form (CC 16:2.9) of the protected person's assets.

_____ If the court requires a bond, I shall file proof of that bond with the court.

Acknowledgments after Letters are issued:

_____ Within 90 days of my appointment I shall complete a guardianship/conservatorship training class and file proof of completion with the court.

_____ I shall file my Letters of Guardianship with the Register of Deeds in any county where the ward/incapacitated person has real property or an interest in real property.

_____ One year after my appointment and every year thereafter, I shall file with the court:

1. Annual Report of Guardian on Condition of Ward (CC 16:2.14).
2. Updated Inventory (CC 16:2.45).

_____ I acknowledge all of the documents, except the confidential Personal and Financial Information for Guardianships and Conservatorships form, shall be sent to all interested persons along with Notice of Right to Object Form (CC 16:2.16).

_____ I acknowledge that I shall file with the court a Certificate of Mailing (CC 16:2.24) showing I mailed all of the documents to all interested persons by first class mail, postage pre-paid.

_____ I acknowledge that if I become the representative payee for the ward/incapacitated person or have control over other assets of the ward/incapacitated person, I shall file an accounting with the court.

_____ I acknowledge that if I obtain possession of the ward's/incapacitated person's assets then I will need to file the following:

- a. Certificate of Proof of Possession (CC 16:2.13). If any funds are restricted, the bank or depository must indicate a restriction to the account on the certificate: "No withdrawals without court order."
- b. Copies of all bank statements and/or brokerage statements for the dates covered by the accounting. If full account numbers, social security numbers, dates of birth or other personal information appear on the bank statements and/or brokerage statements, I shall black out all but the last four digits before sending them to the interested persons.
- c. Personal and Financial Information for Guardianships and Conservatorships form (CC 16:2.23) showing complete account numbers of accounts, etc. listed on inventory and Certificate of Proof of Possession. This form contains confidential information and is not shared with the parties except by court order.

_____ I shall notify the court and interested persons within 7 days of becoming the representative payee for the ward/incapacitated person.

_____ I shall notify the court of the change of address of the ward/incapacitated person within 3 days of the change.

_____ I shall not move change a ward's/incapacitated person's place of abode to a location outside of the State of Nebraska without court permission.

_____ I shall notify the court of the ward's/incapacitated person's death within 3 days.

_____ I shall file with the court a Notice of Newly Discovered Asset form (CC 16:2.18) within 30 days after I become aware of any additional assets, gifts, awards, settlements or inheritances over

\$500.00 not disclosed in the most current inventory.

_____ I shall not make any ATM withdrawals and/or get cash back from a debit transaction without a court order.

_____ I have reviewed these requirements with my attorney (if I have one) and have received all forms necessary to comply with my duties. I have no further questions of my attorney at this time. (If you do not have an attorney, please indicate “not applicable” and go to next acknowledgment.)

_____ I have received the forms needed to comply with the above requirements. *(If you do not have an attorney, you may get the forms from the clerk’s office or on the Nebraska Supreme Court website, <https://supremecourt.nebraska.gov/programs-services/guardianship-conservatorship#forms>.)*

Signature(s) of Guardian(s)

Date _____

Print or Type Name of Guardian(s)

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s)

City/State/ZIP Code of Guardian(s)

Phone of Guardian(s)

E-mail Address of Guardian(s)