

**NOTICE: ASSUMPTION OF
GUARDIANSHIP AUTHORITY
BY STANDBY GUARDIAN
AND ACCEPTANCE**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Ward/Incapacitated Person

Case No. _____

**NOTICE:
ASSUMPTION OF GUARDIANSHIP AUTHORITY
BY STANDBY GUARDIAN AND ACCEPTANCE**

I, _____, state under oath:

1. That I was appointed as the standby guardian for _____ on _____.

2. That the current guardian, _____ is unable to continue to serve due to:

The death of the guardian

The guardian is unwilling to serve because of : _____

The guardian no longer has the ability to act because : _____

The guardian has resigned (written resignation copy is attached which was accepted by the court on _____)

By court order the guardian was removed on _____.

3. I understand that I must comply with Neb. Ct. R. § 6-1443.01 before I can act on behalf of the ward and/or incapacitated person.

4. Please mark one of the following (A, B, or C) and complete the additional questions, if any, for the section you marked:

A) _____ I **do** have possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) and the estimated value is: \$_____.

B) _____ I **do not** have possession or control of the ward's/incapacitated person's money, assets,

possessions or income (including social security or other benefits). The person who has possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) is _____

AND

1. ____ I **have** talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) **AND**

a. ____ I **am** satisfied that the funds are being handled properly.

b. ____ I **am not** satisfied that the funds are being handled properly because:

2. ____ I have not talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits)

because:

C) ____ The ward's/incapacitated person receives no money, assets, possessions or income (including social security or other benefits).

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I, _____ accept appointment as guardian of _____
Name of guardian(s) Name of ward/incapacitated person

and swear that I will 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 complete all background checks as required by Neb. Rev. Stat. § 30-2602.02 and Neb. Ct. Rule § 6-1449.

_____ 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).

_____ I shall file with the court an Inventory and Affidavit of Due Diligence form (CC 16:2.9) of the ward's/incapacitated person's assets.

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

Acknowledgments after Letters are issued:

_____ I shall file with the court an Acknowledgment of Financial Institution form (CC 16:2.6) showing that I gave a copy of my Letters to all financial institutions where the ward/incapacitated person has accounts. I shall also file with the court a (confidential) Personal and Financial Information for Guardianships and Conservatorships form (CC 16:2.23) with full account numbers and printouts of all assets and account numbers.

_____ 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).
3. Annual Accounting (CC 16:2.44).

And, if I have possession of the ward's/incapacitated person's assets:

4. 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 showing "No withdrawals without court order."
5. 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.
6. 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 acknowledge all of the documents, except the 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 shall notify the court of the change of address of the ward/incapacitated person within three days of the change.

_____ I shall not move the ward/incapacitated person 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 three 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 receive cash back from a debit transaction without a court order.

_____ I have reviewed the above with my attorney (*if I have one*) and I have received all forms necessary to comply with the above and I have no further questions of my attorney. (*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>. At the top of the page*)

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)

State of _____)
) ss.
County of _____)

The foregoing instrument was acknowledged before me by

_____, this
 Name
____ day of _____, _____.
Day Month Year

Notary Public (Signature of Person Taking Acknowledgment)

My commission expires: _____

NOTICE OF RIGHT TO OBJECT

TO THE STANDBY GUARDIAN: As standby guardian, you must complete and mail this form to all interested persons and file it with the court.

You are notified that _____, standby guardian, has filed the following in the above referenced case on _____.
Date document(s) filed

Notice: Assumption of Guardianship Authority by Standby Guardian and Acceptance

Other:

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 from which can be obtained on the Nebraska Supreme Court website, <https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-17.pdf>.

Signature(s) of Standby Guardian(s)

Date _____

Print or Type Name of Standby Guardian(s)

Bar Number and Firm Name (attorneys only)

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

City/State/ZIP Code of Standby Guardian(s)

Phone

E-mail Address

Ward/Incapacitated Person

Case No. _____

CERTIFICATE OF MAILING

TO THE STANDBY GUARDIAN OR THEIR ATTORNEY: You need to complete and file this form with the court showing that you mailed the required documents marked below to all the interested persons you list below.

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

Assumption of Guardianship Authority by Standby Guardian and Acceptance
Notice of Right to Object (CC 16:2.16)

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)

Signature(s) of Standby Guardian(s) or Their Attorney

Date _____

Print or Type Name of Standby Guardian(s) or Their Attorney

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Standby Guardian(s) or Their Attorney

City/State/ZIP Code of Standby Guardian(s) or Their Attorney

Phone

E-mail Address

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 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.