

**ACCEPTANCE OF
APPOINTMENT OF
TEMPORARY GUARDIAN AND
TEMPORARY CONSERVATOR**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case No. _____

Ward/Incapacitated Person/Protected Person

**ACCEPTANCE OF APPOINTMENT
OF TEMPORARY GUARDIAN AND
TEMPORARY CONSERVATOR**

I, _____, accept appointment as temporary guardian and temporary
(Name of guardian(s) and conservator(s))
conservator of the assets of _____, and swear that I will perform,
(Name of ward/incapacitated person/protected person)
according to law, all duties for the ward/incapacitated person/protected person as temporary guardian
and temporary conservator.

Signature(s) of Guardian(s) and Conservator(s)

Date _____

Print or Type Name of Guardian(s) and Conservator(s)

Bar Number and Firm Name (attorneys only)

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

City/State/ZIP Code of Guardian(s) and Conservator(s)

Phone(s)

E-mail Address(es)