

# INSTRUCTIONS FOR CERTIFICATE OF MAILING SUPPLEMENTAL ANNUAL REPORTING FORMS

The purpose of this form is to provide verification to the court that you or your attorney mailed supplemental annual report forms or documents that were not included in the annual filing.

This form will normally be used when you have received a Notice of Corrective Action informing you that items were missing from the annual reporting you filed.

## HEADING

- i. Enter the county where the action is filed.
- ii. Enter the case number assigned by the clerk of the court.
- iii. Enter the name of the ward/minor ward/protected person.

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

IN THE MATTER OF \_\_\_\_\_ Case No. \_\_\_\_\_

\_\_\_\_\_  
Ward/Minor Ward/Protected Person

ADDRESS INFORMATION FOR \_\_\_\_\_

## BODY OF FORM

- a. **TO THE GUARDIAN AND/OR CONSERVATOR OR THEIR ATTORNEY:** You need to complete the Certificate of Mailing form and file it with the court showing that you mailed the required documents to all the interested persons you list.

- i. Enter the date you are swearing that you filed the required forms and mailed the copies along with the Notice of Right to Object to the interested persons.

i. \_\_\_\_\_ that on \_\_\_\_\_, I mailed \_\_\_\_\_  
\_\_\_\_\_ company, if any, at the addresses set forth

- ii. Check the boxes that correspond to the forms or documents that you are now mailing.

ii.  Updated inventory;  
 Annual Report of Guardian on Condition of Ward;  
 Copy of the last bank statement and/or brokerage s

- iii. List all of the interested persons\* and their addresses on the lines provided.

iii. NAME(S) OF INTERESTED PERSON(S) ADDRESS(ES)  
\_\_\_\_\_  
\_\_\_\_\_

- iv. **IF** there are more names and addresses for interested persons\* than the spaces on the form provide room for, check the box next to “See Attached” and attach a sheet with the name and address of each additional person.

iv.  See attached (more names and addresses than above)

**a. SIGNATURE SECTION**

**If this is a co-guardianship and/or co-conservatorship both must sign.**

For the second signature block to appear, check the (a.) “yes” box on the question located below the first signature block:

a. Is this a Co-guardianship and/or Co-conservatorship?  Yes  No

- i. The guardian(s) and/or conservator(s) will sign their name(s)
- ii. Enter the date.
- iii. Print the guardian(s) and/or conservator(s) name(s).
- iv. Enter the guardian(s) and/or conservator(s) street address(es).
- v. If this form is completed by an attorney, there is a space for the bar number and firm name
- vi. Enter the city, state, and zip code of the guardian(s) and/or conservator(s) address(s).
- vii. Enter the guardian(s) and/or conservator(s) telephone number(s) with area code.
- viii. Enter the email address(es).

<input type="checkbox"/> i. Signature of Guardian and/or Conservator	<input type="checkbox"/> ii. Date:
<input type="checkbox"/> iii. Print or Type Name	<input type="checkbox"/> iv. Address
<input type="checkbox"/> v. Bar Number and Firm Name (Attorneys Only)	<input type="checkbox"/> vi. City, State and Zip Code
<input type="checkbox"/> vii. Telephone	<input type="checkbox"/> viii. E-mail address

\* Pursuant to Neb. Rev. Stat. § 30-2601, 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 may 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.