

# COMPLETING THE CERTIFICATE OF MAILING APPLICATION FOR WITHDRAWAL OF FUNDS

Use this form is to tell the court that you or your attorney mailed the Application for Withdrawal of Funds and the Notice of Hearing to the interested person(s).

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Choose the county using the drop-down list.

Enter the name of the ward, minor ward, or protected person.

Enter the date the copies of the forms were sent to the interested person(s).

Check the box if there are more names and addresses than these and list them on a separate page.

Enter the case number.

List the names and addresses of the interested person(s).

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the court

IN THE MATTER OF \_\_\_\_\_ Case No. \_\_\_\_\_  
Ward/Minor Ward/Protected Person. **CERTIFICATE OF MAILING APPLICATION FOR WITHDRAWAL OF FUNDS**

I swear or affirm, under the penalties of perjury, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on \_\_\_\_\_.

Application for Withdrawal of Funds (CC 16.2.19)  
notice of hearing (received from the court after filing the Application)

NAME(S) OF INTERESTED PERSON(S)	ADDRESS(ES)
_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)

Sign on next page.

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Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address.

Continued from first page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
(of guardian and/or conservator or their attorney)  
Street Address/P.O. Box: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
If completed by an attorney:  
Bar Number: \_\_\_\_\_

Is there more than one guardian and/or conservator?    yes     no

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
(of co-guardian and/or co-conservator or their attorney)  
Street Address/P.O. Box: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
If completed by an attorney:  
Bar Number: \_\_\_\_\_

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.

\* 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.