COMPLETING THE FORMS IN THE ANNUAL REPORTING PACKET "B"

The following pages will show instructions for completing the pages included in the packet.

Read everything on the first page of the packet very carefully.

The Annual Reporting Packet includes:

PACKET WORKSHEET -

Use this page to list information that will be used in many places on the other forms. If you complete this form on the computer, the information you provide on this page will automatically transfer to the following pages that contain the same information.

It is your responsibility to make sure the information transferred correctly.

REPORT OF GUARDIAN ON CONDITION OF WARD –

Use these pages to provide the guardian's opinion of the ward's condition and the annual history of the ward's contact with care professionals.

UPDATED INVENTORY -

Use these pages to give an updated listing of what the ward/protected person owns or receives.

BUDGET REPORT -

Use this page to provide the total amount spent in each of the budget categories for the 12-month reporting period, and to explain any change in monthly expenses that was not previously reported.

SIGNATURE SECTION -

When you sign this section, you are swearing that to the best of your knowledge, the information in the report is complete and true.

NOTICE OF RIGHT TO OBJECT -

This page informs the interested parties what you filed, and that they have the right to object to the contents of what was filed.

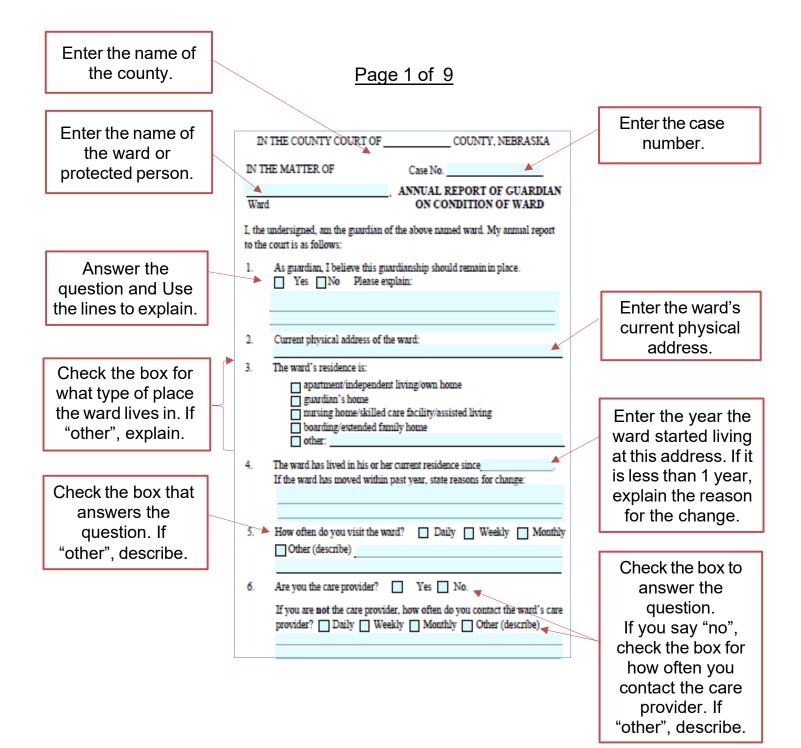
CERTIFICATE OF MAILING -

THE GUARDIAN AND/OR CONSERVATOR <u>**OR</u> THEIR ATTORNEY** will complete the Certificate of Mailing form and file it with the court to show that the required documents were mailed to all the interested persons you list.</u>

PACKET WORKSHEET

	Answer the question. Enter the name of the ward or protected person. Choose the county	Is this a conservatorship ONLY? yes X no	If you are printing the form and handwriting the answers, check the first box. If you are typing in your answers, check the second box.
	from the drop-down.	Ward/Protected Person and Case Information:	
	Enter the case number.	Name of wardiprotegted person: County the case is filed in: Choose the county Case Number: Annual reporting period: Interested persons (Include government agency paying benefits and bonding company, if any):	Enter the beginning and ending dates of the reporting period.
ſ	If there are more	Name: Address:	
	interested persons than there are spaces, check the box and list them on another page.	If there are more interested persons than listed above, check the box to the left and include them on a separate sheet of paper. – Note – You will file the separate sheet with the additional names and addresses	Enter the name and address for interested persons. These are the interested persons
	Enter the guardian's/ conservator's information in the spaces.	with the court when you file the certificate of mailing form. Guardian and/or Conservator information: Name of Gdn/Cons: Street Address/P.O. Box of Gdn/Cons: City/State/ZIP Code: Telephone Number: If this is being completed by an attorney, Bar Number and Firm Name:	named in the petition who did NOT send in the Waiver of Notice form, government agencies providing
	If there is a co-guardian/	Co-Gdn/Cons: Information: is there more than one guardian and/or conservator? yes no Name of Co-Gdn/Cons: Street Address/P.O. Box of Co-Gdn/Cons: City/State/ZIP-Code: Telephone Number: Email address:	benefits, and the bonding company (if any)
	co-conservator, check "yes" and enter their information in the additional spaces.	The following reports were waived by order of the court: The following reports were waived by order of the court: Annual report of guardian on condition of ward Updated Inventory Budget Report Date waived	If a report was waived, check the box, and enter the date it was waived.

REPORT OF GUARDIAN ON CONDITION OF WARD



Check the box to answer the question. If "yes", describe. Check the box to answer the question for each type of professional. If "yes", enter the

If "yes", enter the name and date of the last visit. If "Other", describe what type of professional and complete the other information.

Check the box to answer the question. If "no", explain.

During the past year, has the ward's mental health changed? Yes No. If yes, describe: During the past year, has the ward's physical health changed? Yes No. If yes, describe: During the past year, the ward has been treated or evaluated by the following: Name of Professional Date of last visit Psychiatrist/Psychologist Yes No Yes Social or other case worker No Yes Other No Other Yes No Does the ward participate in decision making? 10 Yes No. If yes, briefly describe: 11. As guardian, in your opinion are the ward's needs being met in their current living arrangements? Yes No. If no, please explain: Do you have possession or control of the ward's money, assets, possessions or income (including social security or other benefits)? YES. (Complete the entire packet.) NO. (Complete pages: 1, 2, 7, 8, and 9 of this packet.) The person who has possession or control is:

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Check the box to answer the question. If "yes", describe.

Check the box to answer the question. If "yes", describe.

Check the box to answer the question. If "YES", complete the whole packet. If "NO", complete the pages listed and list the name of the person who has control of the ward's assets.

UPDATED INVENTORY

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Check the box that answers the question. If "yes", complete an Updated Financial Information form.

UPDATED INVENTORY

TO THE GUARDIAN: To protect personal information, only the last four digits of the account number should be provided on this form.

The Inventory listed below is as of the ending date of this Annual Report,

Are there any changes to any of the accounts identified on your last filed Personal and Financial Information Form? (Check the appropriate box) □ Yes □ No.

If the answer is "Yes", you must complete an Updated Financial Information form (CC 16:2:40) and file it with this form

DO NOT SEND THE UPDATED FINANCIAL INFORMATION FORM TO THE INTERESTED PARTIES. 1. PERSONAL PROPERTY:

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card?	New Account?	Last 4 digits of account number	Balance as of Reporting Ending Date (listed above
		checking savings certificate of deposit	yes no	yes Do		2
		checking savings certificate of deposit	yes Do	yes Do		2
		checking savings	yes no	_yw □no		2
		checking savings	yes Do	yes zo		\$
		checking savings certificate of deposit	yes Do	yes no		2
		checking savings	yes Do	yes Do		2
		checking savings certificate of deposit	yes Do	yes no		2
		checking savings	yes no	yes no		2
		checking savings	yes no	yes Do	_	2
		checking savings	yes no	yes zo		2
		checking savings	yes no	yes no		2
		TOTAL	: \$	•		·

Enter the ending date of this Annual Report.

Section 1. For each checking account, savings account, and certificate of deposit, enter the name of the financial institution. the title on the account, the last four digits of the account number, and the balance. Check the box for the type of the account, if there is a debit card, and if it is a new account.

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TYPE OF PROPERTY PRE Stocks, Bonds and Other Securities (Attach List of Brokerage Firms) Vehicles Household goods and furnishings			PRESEN	IT VALU
Other:				
	TO	TAL: \$		
2. JOINTLY HELD PROPE				-
TYPE OF PROPERTY		WITH WHOM	PRESEN	T 1/41 17
TIPE OF PROPERTY		WITH WHOM	PRESEN	I VALU
		TAL: \$		
	10	IAL:)		-
 Does the ward/minor war Yes No. If ye 		r have an interest in Rea	l Property?	
1165 110.11/6	, comprete verow.			
REAL PROPERTY (List loc				
Note: legal property descrip located. For longer descripti	ions may be obtained from ons, reference the location	n the Register of Deeds i n and legal description o	in the county tha m a separate pag	t the prop ze.
LOCATION/ADDRESS	LEGAL DESCRIPTION	N		VAL

Have the Letters of Guardianship and/or Conservatorship been filed with the Register of Deeds in each county where each parcelis located?

Section 1. (cont.) For other personal property, enter the present value of stocks, bonds, other securities, vehicles, household goods and furnishings, and other types of personal property.

Section 3. For Real Property, check the box that answers if the ward owns or has an interest in real property. For each property, enter the address, the legal description, and the value. The legal descriptions may be obtained from the Register of Deeds in the county where the property is located.

NOTICE – when the Letters of Guardianship and/or Conservatorship are issued, you must file them with the Register of Deeds in the county where the real property is located.

Section 2. For

jointly held

property, enter the type of property, who it is

owned with, and

the present value.

of the property.

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4. INCOME (Monthly):	
SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name:	
Social Security	
Supplemental Security income	
Veterans Administration benefits	
Pension/Annuity	
Interest Income	
Dividend Income	
Other:	
Other:	

Section 4. For income, enter the monthly amount received for each type of income. If the type of income isn't listed, use the "other" section and list what the source is. If the income is from wages, list the employer's name.

TOTAL: \$

Are there any credit cards or other debt of the ward's/minor ward's/protected person's name?
 Yes No. If yes, complete below:

CREDIT CARD(S) of the ward/ininor ward/protected person (If applicable)

Financial Institution Name	Name on the Card	Last 4 digits of account number	Balance as of Last Statement				
			\$				
			\$				
OTHER DEBT of the ward/minor ward/protected person (If applicable)							
OTHER DEBT of the war	d/minor ward/protected person (If applicable)						
OTHER DEBT of the war Financial Institution Name	d'minor ward/protected person (If applicable) Description	Last 4 digits of account number	Balance as of Last Statement				
Financial		digits of account					

Section 5. for debt, check the box that answers the question of if there are any credit cards or other debt. If there is, enter the financial institution name, the name on the card or description of the debt, the last four digits of the account number and the balance.

BUDGET REPORT

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BUDGET REPORT

In the first column, enter the 12-month total of the amount paid to the guardian for each approved budget category.

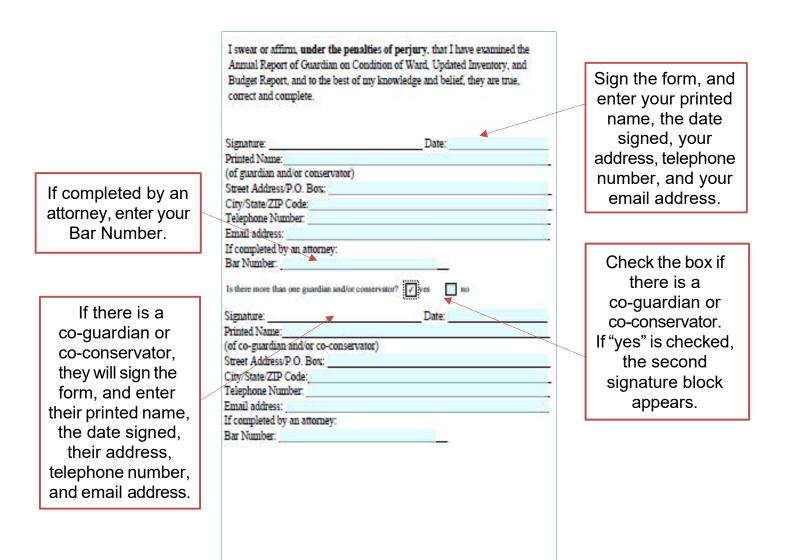
Check the box that answers the question. If "yes", describe.

I have filed with this Animal Budger Report a copy of statement that includes the ending date and I have blac bank account numbers and social security numbers on statement.	ked out all but the last f	our digits of	
During the reporting year, I have spent the following a	mounts in categories lis	ted below:	
Description	Total for 12 mor	nth reporting period	
Category	Amount Paid to Guardian/Conservator	Amount Paid to Someone Else	7
Housing (Rent, Utilities)			
Food Clothing	_		_
Medical and Dental			-
Spending money for the ward/minor ward			
Transportation			
Other (describe payment)			
Total Expenses			
Since the order setting the budget, has there been any change previously?	in monthly expenses th	at hasn't been reported	
No Ves describe			
•			

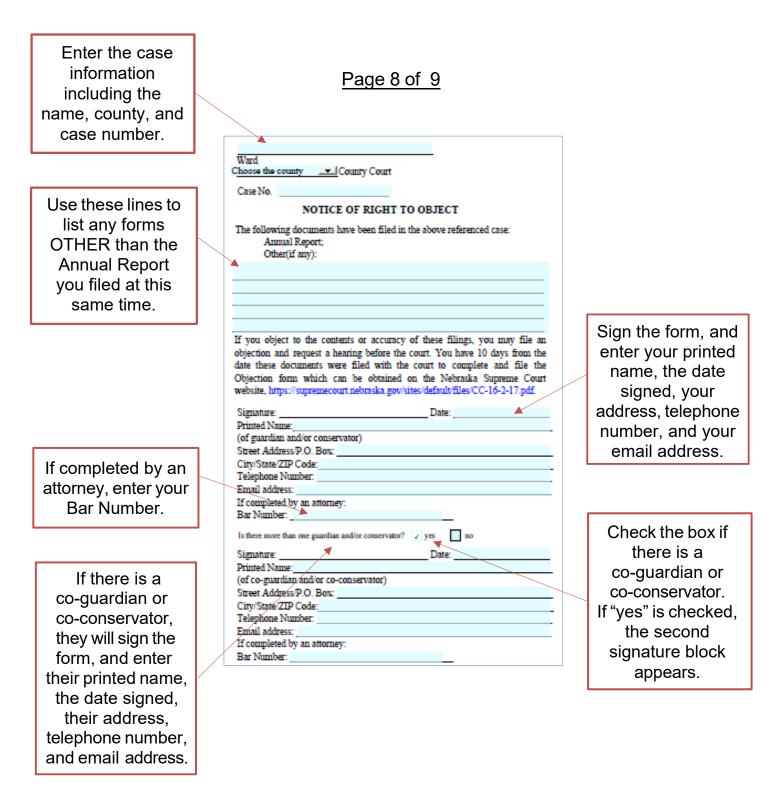
In the second column, enter the 12-month total of the amount paid to someone else for each approved budget category.

SIGNATURE SECTION

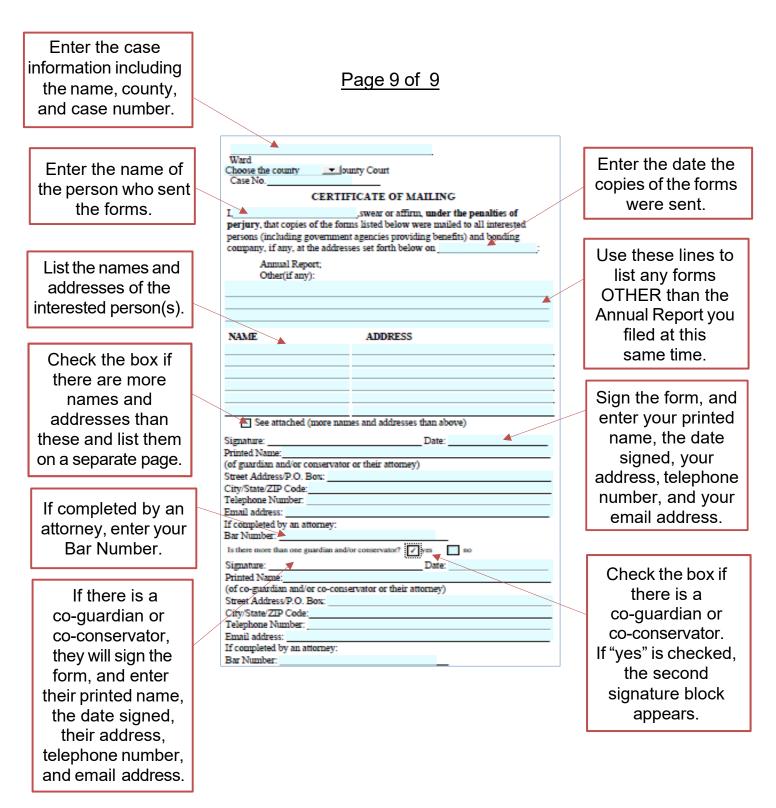
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NOTICE OF RIGHT TO OBJECT



CERTIFICATE OF MAILING



* 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 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.