# COMPLETING THE FORMS IN THE ANNUAL REPORTING PACKET "MB"

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 FOR A MINOR –**

Use these pages to provide the guardian's opinion of the ward's well-being.

#### UPDATED INVENTORY –

Use these pages to give an updated listing of what the minor 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.

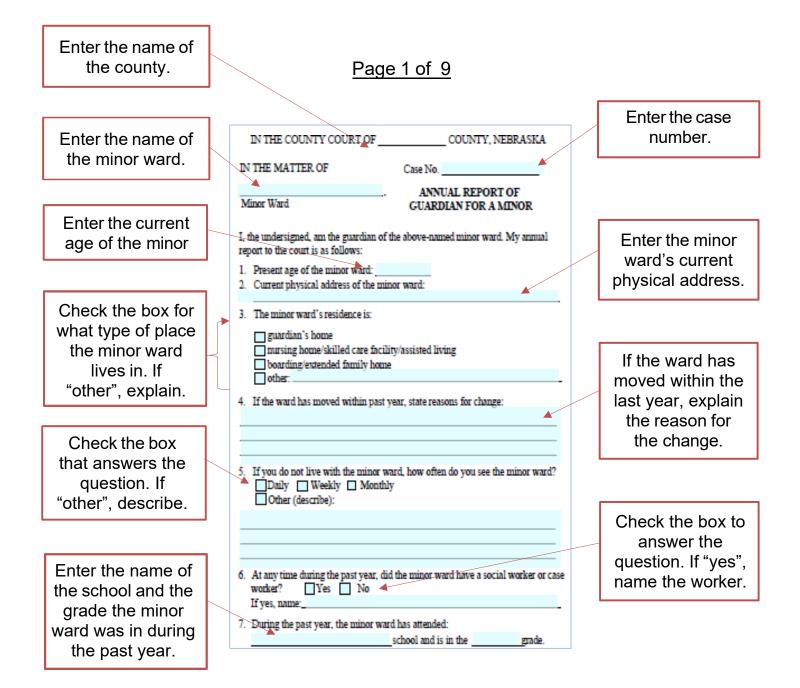
#### CERTIFICATE OF MAILING -

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 minor 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.	WardProtected Person and Case Information: Completing the form electronically. Name of ward/protected person:		
Enter the case number.	Cose Number:	_	Enter the beginning and ending dates of the reporting period.
If there are more	Name: Address:	L	
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 andior 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?  Very solution: 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.		_	If a report was waived, check the box, and enter the date it was waived.

# **REPORT OF GUARDIAN ON CONDITION OF MINOR WARD**



Use these lines to tell the court any additional information you believe is important for them to know.

# Page 2 of 9

 State any information about the minor ward you believe is important for the court to know.

I, as guardian, understand that if any of the following income benefits are received for the minor ward by me, I must attach my accounting unless waived by the court.

Social Security SSI Supplemental Security Income (child disability) Veterans or military benefits Railroad retirement benefits

I, as guardian, understand that if I receive funding/benefits from the following sources to provide care to the minor ward, I am not required to report to this court:

Child Support State or Federal Subsidies Medicaid Foster Care Payments Food Stamps/Reduced Lunch Payments Housing assistance

# UPDATED INVENTORY

#### Page 3 of 9

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	yes no	yes no		2
		checking savings	yes Do	yes Do		2
		checking savings	yes Do	yes no		2
		checking savings	yes Do	yes no		2
		checking savings	yes no	yes Do		2
		checking savings	yes BO	yes zo		2
		checking savings certificate of deposit	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.

# Page 4 of 9

I YPE OF PROPERTY	YPE OF PROPERTY PRES			r valu	
Stocks, Bonds and Other Se	curities (Attach List of Brok	erage Firms)			
Vehicles					
Household goods and furnisl	lings				
Other:					
	TOT	AL: \$			
2 JOINTLY HELD PROPE		<u> </u>		•	
TYPE OF PROPERTY		WITH WHOM	PRESENT	VALU	
	TOT	AL: \$			
3. Does the ward/minor war		uave an interest in Rea	l Property?		
🗌 Yes 🔲 No. If ye	s, complete below:				
REAL PROPERTY (List loo	ation by address and value)	:			
Note: legal property descrip					
located. For longer descript	ions, reference the location o	and legal description (	on a separate page	1.	
LOCATION/ADDRESS	LEGAL DESCRIPTION			VAL	

Have the Letters of Guardianship and/or Conservatorship been filed with the Register of Deeds in each county where each parcel is located? 
Yes No

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.

# Page 5 of 9

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)						
Financial Institution Name	Description	Last 4 digits of account number	Balance as of Last Statement			
			\$			

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**

# Page 6 of 9

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 nave med with this Annual Budger Report a copy of the bank statement and/or brokerage statement that includes the ending date and I have blacked out all but the last four digits of bank account numbers and social security numbers on the bank statement and/or brokerage statement.					
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	/		
Housing (Rent, Utilities)		Þ			
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?	e in monthly expenses th	at hasn't been reported			
No Ves describe					

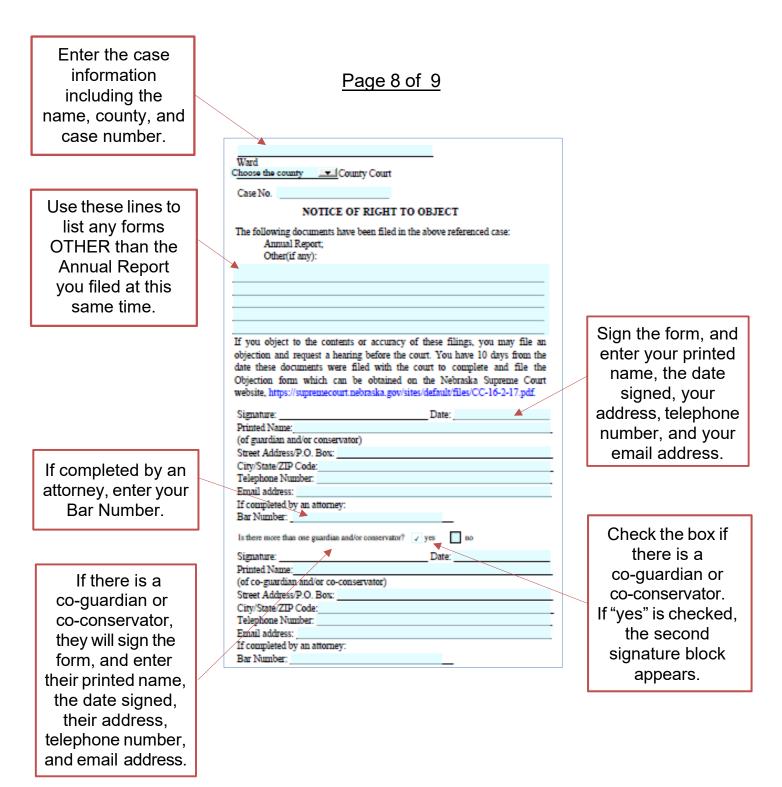
In the second column, enter the 12-month total of the amount paid to someone else for each approved budget category.

## SIGNATURE SECTION

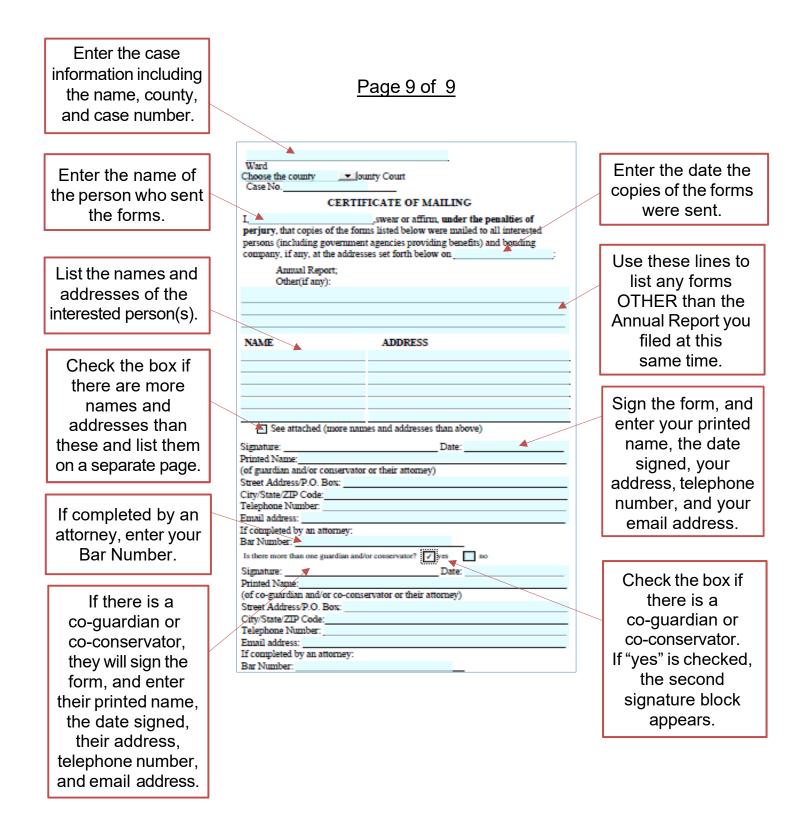
# Page 7 of 9

	I swear or affirm, under the penalties of perjury, that I have examined the Annual Report of Guardian on Condition of Ward, Updated Inventory, and Accounting, and to the best of my knowledge and belief, they are true, correct and complete. Signature: Date: Printed Name: (of guardian and/or conservator) Street Address/P.O. Box:		Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address.
If completed by an attorney, enter your	City/State/ZIP Code: Telephone Number:		
Bar Number.	Email address: If completed by an attorney:		
	Bar Number:		Check the box if
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.	Is there more than one guardian and/or conservator? ves no Signature:Date:Date: Printed Name: (of co-guardian and/or co-conservator) Street Address/P.O. Box: (ity/State/ZIP Code: Telephone Number: Email address: If completed by an attorney: Bar Number:	there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.	

# 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.