$\qquad$ COUNTY, NEBRASKA Choose the county
IN THE MATTER OF

## Ward/Minor Ward/Protected Person

TO THE GUARDIAN: Complete only if funds have been spent from or added to the ward's/protected person's account(s) since the last inventory was submitted. Debit transactions, if any, must be included. Provide the information below or attach the information on separate pages similar to this form and format.

Bank Name:
Last four digits of account number:
Beginning date of accounting:
Ending date of accounting:

| Date | Check <br> Number | Received from/Paid to | Purpose | Amount <br> received | Amount <br> paid | Balance |
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(If more space is needed, use the "Additional Page" button below. Additional pages will number automatically.

I swear or affirm, under the penalties of perjury, that I have examined the Annual Accounting and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature: $\qquad$ Date: $\qquad$
Printed Name: $\qquad$
(of guardian and/or conservator)
Street Address/P.O. Box: $\qquad$
City/State/ZIP Code: $\qquad$
Telephone Number: $\qquad$
Email address: $\qquad$
If completed by an attorney:
Bar Number: $\qquad$
Is there more than one guardian and/or conservator? yes no

