

# COMPLETING THE CERTIFICATE OF MAILING

Use this form is to give verification to the court that you or your attorney mailed the listed forms or documents and a notice of right to object.

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Choose the county using the drop-down list.

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

List the items you sent.

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

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.

CC 16.2.49, Rev. 04/2020  
Neb. Rev. Stat. §30-2601(10)  
Neb. Ct. R. § 6-1433(B)

Printing the form and handwriting the answers.  
 Completing the form electronically.

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

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

I swear or affirm, under the penalties of perjury, that on \_\_\_\_\_, I mailed copies of :  
\_\_\_\_\_  
\_\_\_\_\_

Notice of Right to Object form (if required).  
to all interested persons and bonding company, if any, at the addresses set forth below.

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

See attached (more names and addresses than above)

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 complete 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 complete by an attorney:  
Bar Number: \_\_\_\_\_

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.

Enter the case number.

Enter the date the copies were sent.

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

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