

**AFFIDAVIT OF DUE DILIGENCE, AND CERTIFICATE OF MAILING.**

Use this form is to provide a listing of everything the ward/minor ward/protected person owns either by themselves or with someone else.

This inventory must be filed within 30 days of the Order appointing you as guardian and/or conservator.

The Letters or Guardianship and/or Conservatorship cannot be issued unless this inventory has been filed

**If you complete this form on the computer, the county, case number and name of the ward, minor ward, or protected person will automatically fill in on other pages.**

Page 1 of 7

Choose the county using the drop-down list.

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

Enter the case  
number.

## 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.

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

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

IN THE MATTER OF \_\_\_\_\_ Case No. \_\_\_\_\_

\_\_\_\_\_  
 Ward/Minor Ward/Protected Person.

**INVENTORY, AFFIDAVIT OF DUE DILIGENCE, AND CERTIFICATE OF MAILING**

**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
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____

**TOTAL: \$ \_\_\_\_\_**

## Page 2 of 7

### **Section 2.**

For jointly held property, enter the type of property, who it is owned with, and the present value of the property.

### **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.

1. PERSONAL PROPERTY (Continued):

TYPE OF PROPERTY	PRESENT VALUE
Stocks, Bonds and Other Securities (Attach List of Brokerage Firms)	
Vehicles	
Household goods and furnishings	
Other: _____	
TOTAL: \$ _____	

2. JOINTLY HELD PROPERTY:

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE
TOTAL: \$ _____		

3. Does the ward/minor ward/protected person own or have an interest in RealProperty?  
☐ Yes ☐ No. If yes, complete below:

REAL PROPERTY (List location by address and value):  
*Note: legal property descriptions may be obtained from the Register of Deeds in the county that the property is located. For longer descriptions, reference the location and legal description on a separate page.*

LOCATION/ADDRESS	LEGAL DESCRIPTION	VALUE

NOTICE: You must file your Letters of Guardianship and/or Conservatorship with the Register of Deeds in any county where the ward/minor ward/protected person has real property or an interest in real property.

**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 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.

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: _____	

TOTAL: \$ \_\_\_\_\_

5. 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/minor 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 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.

## Section 6.

**DO NOT** Sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form with a **notary present**, 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.

The notary will complete this section WHEN they witness you signing the form.

**6. AFFIDAVIT OF DUE DILIGENCE:**

I swear or affirm under the penalties of perjury, that I have exercised due diligence in preparing this inventory and it contains all property owned by the above-named ward/minor ward/protected person as of the date below, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(of guardian and/or conservator)

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)

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If completed by an attorney:  
Bar Number: \_\_\_\_\_

State of \_\_\_\_\_ )  
   ) ss.  
County of \_\_\_\_\_ )

This document was acknowledged before me by \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_. Notary commission expires: \_\_\_\_\_

Signature of Judge/Clerk of the Court/Notary Public

Title: \_\_\_\_\_ Serial Number (if any): \_\_\_\_\_

## COMPLETING THE CERTIFICATE OF MAILING

**TO THE GUARDIAN AND/OR CONSERVATOR OR THEIR ATTORNEY: You need to complete the Certificate of Mailing form and file it with the court showing that you mailed the required documents to all the interested persons you list.**

Page 5 of 7

Enter the case information including the name, county, and case number.

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

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

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.

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.

Ward/Minor Ward/Protected Person Choose the county: _____ Case No. _____	
--	--

CERTIFICATE OF MAILING

I swear or affirm, under the penalties of perjury, that I have filed the original Inventory and the required forms with the court and that on \_\_\_\_\_ I mailed copies of the forms listed below to all interested persons and bonding company, if any, at the addresses set forth below:

Inventory and Affidavit of Due Diligence  
 Waiver of Notice  
 Notice of Right to Object  
 Certificate of Mailing

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)  
 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)  
 Street Address/P.O. Box: \_\_\_\_\_  
 City/State/ZIP Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 If completed by an attorney:  
 Bar Number: \_\_\_\_\_

## COMPLETING THE NOTICE OF RIGHT TO OBJECT

Page 6 of 7

Enter the name of  
the county.

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

List the documents  
that were filed.

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.

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

IN THE MATTER OF \_\_\_\_\_ CASE No. \_\_\_\_\_

**NOTICE OF RIGHT TO OBJECT**

Ward/Minor Ward/Protected Person. \_\_\_\_\_

You are notified that \_\_\_\_\_

\_\_\_\_\_ List documents filed

\_\_\_\_\_ have been filed in the above referenced case on \_\_\_\_\_

\_\_\_\_\_ Date document(s) filed.

If you object to the contents or accuracy of these filings, you may file an objection and request a hearing before the court. You have 10 days from the date these documents were filed with the court to complete and file the Objection form which can be obtained on the Nebraska Supreme Court website, <https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-17.pdf>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(of guardian and/or conservator)

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)

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If completed by an attorney:

Bar Number: \_\_\_\_\_

Enter the case  
number.

Enter the date filed.

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.

## COMPLETING THE WAIVER OF NOTICE

Page 7 of 7

Enter the name of  
the county.

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

Enter the case  
number.

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
IN THE MATTER OF \_\_\_\_\_ Case No. \_\_\_\_\_  
Ward, Minor Ward, Protected Person **WAIVER OF NOTICE**

You are an interested person in this case. You will receive copies of all filings you do not want to continue to receive copies of the filings listed below, complete this form and return it to the court and mail a copy to the guardian/conservator and his or her attorney:

- Annual Report
- Application for approval of annual report
- Application for approval of fees
- Orders and notices of hearing on any of the above filings.

If you change your mind and want to start receiving these filings, you will need to file and comply with a Request for Notice.

☐ I do not want to continue to receive copies of the filings listed on this Waiver of Notice for this case.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
(of interested person)  
Street Address/P.O. Box: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

If completed by an attorney:  
Bar Number: \_\_\_\_\_

Mail this form to:  
The Choose the county Court  
(Addresses for Nebraska County Courts can be found at <https://supremecourt.nebraska.gov/directories/county-court-contacts>)  
Address \_\_\_\_\_  
City, State, and ZIP Code \_\_\_\_\_  
Email Address \_\_\_\_\_

**DO NOT  
COMPLETE  
ANYTHING ELSE  
ON THIS FORM.**

This is sent to the  
interested person  
as a convenience.



\* 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.