

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

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
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$

TOTAL : \$ _____

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.

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
		_____	\$ _____
		_____	\$ _____

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.

State of _____)
) ss.
County of _____)

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

Signature of Judge/Clerk of the Court/Notary Public

Notary commission expires: _____

Title: _____ Serial Number (if any): _____

Ward/Minor Ward/Protected Person

County Court

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)

IN THE MATTER OF

CASE No. _____

_____,
Ward/Minor Ward/Protected Person.

**NOTICE OF RIGHT TO
OBJECT**

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>.

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. If 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 _____ County Court

(Addresses for Nebraska County Courts can be found at [https:// supremecourt.nebraska.gov/ directories/county-court-contacts](https://supremecourt.nebraska.gov/directories/county-court-contacts))

Address

City, State, and ZIP Code

Email Address