

**THIS DOCUMENT IS CONFIDENTIAL AND SHALL NOT BE MADE
PART OF THE COURT FILE OR PROVIDED TO THE PUBLIC
PURSUANT TO NEB. CT. R. § 6-1464.**

Case No. _____
IN THE MATTER OF _____
**PERSONAL AND FINANCIAL
INFORMATION OF PARTIES
FOR ESTATES AND TRUSTS**

**TO THE PERSONAL REPRESENTATIVE OR TRUSTEE: This form is to
be filed only with the Court. Do not send this form to the interested parties.
Fill out one form for each deceased or settlor.**

Full Name of the Deceased or Settlor:	Full Date of Birth of the Deceased or Settlor:	Full Social Security Number of the Deceased or Settlor:

FINANCIAL INFORMATION OF THE DECEASED OR SETTLOR

**NAME AND ADDRESS OF FINANCIAL
INSTITUTIONS**

**FULL ACCOUNT
NUMBER(S)**

1. _____
2. _____
3. _____
4. _____

Signature (s) _____ Date _____

Name(s) _____ Street Address/P.O. Box _____

Bar Number and Firm Name (attorneys only) _____ Number City/State/ZIP Code _____

Phone _____ Email Address _____

Instructions: When parties are required to report personal and financial information to the court, the complete information shall be provided on Appendix 5. On pleadings or documents to be filed with the court, financial account numbers, dates of birth, and Social Security numbers, where required, should reference Appendix 5: (i.e., "See Appendix 5"). Financial account numbers should be listed by the last four digits of the financial account when the account is reported on a pleading or document filed with the Court.

Appendix 5 (Neb. Ct. R. – Chapter 6, Article 14)
Appendix 8 adopted July 13, 2010; amended August 28, 2013; amended January 22, 2015;
amended and renumbered to Appendix 5 on October 27, 2021, effective January 1, 2022.

This form is neither approved nor disapproved by any court or judicial tribunal. Use of this form provides no immunity from error.