

**NOTICE – NO NOTICE TO
DEPARTMENT OF HEALTH AND
HUMAN SERVICES REQUIRED**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

In the Matter of the Estate of:

Case # _____

(Decedent)

**NOTICE – NO NOTICE TO
DEPARTMENT OF HEALTH AND
HUMAN SERVICES REQUIRED**

Pursuant to Neb. Rev. Stat. §77-2018.02(6), notice is not required to the Nebraska Department of Health and Human Services as the decedent **was NOT 55 years of age or older and/or did NOT reside in a medical institution as defined in Neb. Rev. Stat. §68-919(1) at the time of their death.**

Therefore the petitioner is not required to notify the Nebraska Department of Health and Human Services that a petition for the determination of inheritance tax was filed with this court and is not required to provide a Certificate of Mailing of such.

Signature of Petitioner(s)

Date

Print or Type Name

Street Address/P.O. Box

Bar Number and Firm Name (attorneys only)

City/State/ZIP Code of

Phone

E-mail Address