

REQUIRED

CERTIFICATE OF PROOF OF POSSESSION

Neb. Ct. R. §6-1442

TO THE GUARDIAN AND/OR CONSERVATOR: This form must be completed by the financial institution. It must be filed with the court, sent to all interested persons, and will be public information. For protection of financial information, give only the last four digits of accounts and bond information on this form. Complete account and bond information must be provided on the Personal and Financial Information for Guardianships and Conservatorships form (CC 16:2.23).

In the matter of the estate of _____ Case number _____

Name of Guardian and/or Conservator: _____

Name and address of Institution _____

CERTIFICATE OF BALANCE ON DEPOSIT

I CERTIFY that on the ____ day of _____, 20____, there was on deposit in this Institution to the benefit of the above ward, incapacitated or protected person the following:

Checking Account, No. XXXXXXX-_____ **Restricted**

Balance of \$_____ including interest of \$_____ paid during period of statement of account.

Savings Account, No. XXXXXXX-_____ **Restricted**

Balance of \$_____ including interest of \$_____ paid during period of statement of account.

Please Note: To be considered restricted, the account shall be designated with the following notice: "NO WITHDRAWAL WITHOUT COURT ORDER"

(*Extend above format for additional accounts as required)

NOTE TO CERTIFYING OFFICIAL: This certificate may be executed by a bank official, an authorized official or agent of the company which is surety on your bonds.

I CERTIFY that the accounts listed above were exhibited to me by the above-named guardian and/or conservator as being the property of the estate of the ward, protected or incapacitated person said deposits then and there being in the custody and control of the guardian and/or conservator.

Date _____ Address of Certifying Official _____ Signature and Title of Certifying Official _____

State of _____)
) ss.

County of _____)

The foregoing instrument was acknowledged before me by _____, this
Name of Official certifying above

____ day of _____, _____
Day Month Year Notary Public (signature of person taking acknowledgment)

____ My commission expires: _____
(title or rank) (serial number, if any)

