

REQUIRED

# NOTICE OF NEWLY DISCOVERED ASSETS

Neb. Ct. R. §6-1442(E)

**TO THE GUARDIAN/CONSERVATOR:** *This form must be filed within 30 days of discovery of any assets not listed in the latest inventory on file. Only list the new assets in the appropriate section of the form. To protect personal information, only the last four digits of the account should be provided on this form. Complete account information is provided on the Personal and Financial Information for Guardianships and Conservatorships form (CC 16:2.23).*

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

IN THE MATTER OF THE  
GUARDIANSHIP/CONSERVATORSHIP OF

Case # \_\_\_\_\_

\_\_\_\_\_  
Ward/Incapacitated Person/Protected Person

## NOTICE OF NEWLY DISCOVERED ASSETS

### 1. PERSONAL PROPERTY:

#### Checking Accounts

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

#### Savings Accounts

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

#### Certificates of Deposit

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

Bank Name \_\_\_\_\_

Account no. XXX- \_\_\_\_\_

\$ \_\_\_\_\_

Stocks and Bonds

\$ \_\_\_\_\_

Vehicles

\$ \_\_\_\_\_

Household goods and furnishings

\$ \_\_\_\_\_

Other: \_\_\_\_\_

\$ \_\_\_\_\_

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

2. JOINTLY HELD PROPERTY:

With whom _____	\$ _____
What _____	\$ _____
With whom _____	\$ _____
What _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

3. INCOME (Monthly):

Wages - Employer name: _____	\$ _____
Social Security _____	\$ _____
Supplemental Security income _____	\$ _____
Veterans Administration benefits _____	\$ _____
Company pension _____	\$ _____
Interest - From where: _____	\$ _____
Dividends - From where: _____	\$ _____
Other: _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

4. CREDIT CARD(S) belonging to ward/incapacitated person/protected person (If applicable)

Card Name _____	\$ _____
Account no. XXX- _____	\$ _____
Card Name _____	\$ _____
Account no. XXX- _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

5. 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 _____	Value \$ _____
Legal description _____	
Location _____	Value \$ _____
Legal description _____	
Location _____	Value \$ _____
Legal description _____	
Location _____	Value \$ _____
Legal description _____	
<b>TOTAL:</b>	<b>\$ _____</b>

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

See attached pages for additional information than above.

I, the undersigned guardian/conservator of this estate, swear or affirm, **under penalties of perjury**, that I have examined the Notice of Newly Discovered Assets and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Signature(s) of Guardian(s) and/or Conservator(s)      Date \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of Guardian(s) and/or Conservator(s)

\_\_\_\_\_  
Bar Number and Firm Name (attorneys only)

\_\_\_\_\_  
Street Address/P.O. Box of Guardian(s) and/or Conservator(s)

\_\_\_\_\_  
City/State/ZIP Code of Guardian(s) and/or Conservator(s)

\_\_\_\_\_  
Phone                                      E-mail Address

\_\_\_\_\_  
Ward/Incapacitated Person

Case # \_\_\_\_\_

**CERTIFICATE OF MAILING**

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

I, \_\_\_\_\_, swear or affirm, **under the penalties of perjury**, that I have filed the required forms marked below with the court and that on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ I mailed copies of the forms marked below to all interested persons\* and bonding company, if any, at the addresses set forth below:

- Notice of Newly Discovered Assets
- Notice of Right to Object (CC 16:2.16)

**NAME**

**ADDRESS**

_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)

\_\_\_\_\_  
Signature(s) of Guardian(s) and/or Conservator(s) or Their Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Guardian(s) and/or Conservator(s) or Their Attorney

\_\_\_\_\_  
Bar Number and Firm Name (attorneys only)

\_\_\_\_\_  
Street Address/P.O. Box of Guardian(s) and/or Conservator(s) or Their Attorney

\_\_\_\_\_  
City/State/ZIP Code of Guardian(s) and/or Conservator(s) or Their Attorney

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\*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 shall 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.