

**ANNUAL DOCUMENT
REVIEW WORKSHEET**
(3 Page Version)

REQUIRED

Neb. Ct. R. §6-1442(G)

Estate of _____ Case No. _____

Complete boxed information with the first annual review only, unless changes are made

Date Permanent Letters issued: _____ Date Inventory filed: _____
Date letters filed with Register of Deeds if the inventory contains real estate or an interest in real estate: _____
Date of signed Order Approving Waiver: _____ (If applicable, note in comments section next to each item waived in the "Required Annual Activity" section below)
Date Budget approved (if applicable): _____
Guardian/Conservator training class: Date taken: _____ Date waived: _____

REQUIRED ANNUAL ACTIVITY

Annual Report on Condition of Ward Yes No Comments _____
Has the ward's home remained in the state? Yes No Comments _____
Updated Inventory Yes No Comments _____
Annual Accounting Yes No Comments _____
Bank Statements/Brokerage Reports for all accounts Yes No Comments _____
Personal and Financial Information for Guardianships and Conservatorships form Yes No Comments _____
Notice of Right to Object Yes No Comments _____
Certificate of Mailing to Interested Persons/Bonding Company Yes No Comments _____
Certificate(s) of Proof of Possessions for all institutions Yes No Comments _____
Current bond: \$ _____
Should adjustment of bond be considered? Yes No Comments _____
If Budget was approved:
Budget complied with? Yes No Comments _____
Last bank statement submitted for Budget? Yes No Comments _____

Staff Comments: _____

Was a notice filed within 30 days of finding any newly discovered assets? Yes No

(Staff)

Account Information:

Certificates of Proof of Possession equal amounts listed in inventory Yes No

Checking Acct: XXXX# _____ Certification Date: _____ Certification Amount: \$ _____

Restricted? Yes No

Savings Acct: XXXX# _____ Certification Date: _____ Certification Amount: \$ _____

Restricted? Yes No

Cert. of Deposit: XXXX# _____ Certification Date: _____ Certification Amount: \$ _____

Restricted? Yes No

Investment Acct: XXXX# _____ Certification Date: _____ Certification Amount: \$ _____

Restricted? Yes No

Other: XXXX# _____ Certification Date: _____ Certification Amount: \$ _____

Restricted? Yes No

Other: XXXX# _____ Certification Date: _____ Certification Amount: \$ _____

Restricted? Yes No

Other: XXXX# _____ Certification Date: _____ Certification Amount: \$ _____

Restricted? Yes No

Ending balance of restricted accounts reported on current accounting: \$ _____

Was there an Order of the court allowing any change of restricted account? Yes No

Ending balance of non-restricted accounts reported on current accounting: \$ _____

Review of Annual Accounting:

Dates covered in current accounting: From _____ To: _____

Ending balance from previously submitted report: \$ _____

Beginning balance from this report: \$ _____

Difference: \$ _____

Does the ending balance from the previous report match the current beginning balance: Yes No

Explanation: _____

Do the adding machine tape and the ending balance on the Accounting form balance: Yes No

Explanation: _____

Do ATM/Debit entries on the Accounting form match entries on bank statements? Yes No

Explanation: _____

Which categories of income and receipts were used by the guardian/conservator?

Social Security? Yes No Comments _____
Veterans' benefits? Yes No Comments _____
Pension? Yes No Comments _____
Interest income? Yes No Comments _____
Dividend payments? Yes No Comments _____
Other: _____ Amount \$ _____

Which categories of expenses were used?

Housing Yes No Comments _____
Food Yes No Comments _____
Clothing Yes No Comments _____
Medical and dental Yes No Comments _____
Cash allowance to ward Yes No Comments _____
Transportation Yes No Comments _____
Other: _____ Amount \$ _____
Other: _____ Amount \$ _____

Attorney fee requested for current acct. period: Yes No Amount \$ _____
Court approved attorney fees from prior acct. Yes No Amount \$ _____
G/C fee requested for current acct. period: Yes No Amount \$ _____
Court approved G/C fees from prior acct. Yes No Amount \$ _____
Hearing date scheduled: Yes No Date _____

Describe any problems noted with the Report on Condition of Ward or Inventory/Accounting (i.e. questionable payments, differences requiring explanation, etc.). _____

Date: _____ Reviewed by: _____