

UPDATED INVENTORY

REQUIRED

Neb. Rev. Stat. §§ 30-2628,
30-2648, Neb. Ct. R. § 6-1442

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Case # _____

IN THE MATTER OF THE GUARDIANSHIP/
CONSERVATORSHIP OF:

UPDATED INVENTORY

Ward/Incapacitated Person/Protected Person

TO THE GUARDIAN AND/OR CONSERVATOR: 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.

The inventory listed below is the inventory as of the ending date of this Annual Report,
_____, 20_____.

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 _____ \$ _____

TOTAL: \$ _____

3. INCOME (Monthly):

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

TOTAL: \$ _____

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

Card Name _____
Account no. XXX- _____ \$ _____
Card Name _____
Account no. XXX- _____ \$ _____

TOTAL: \$ _____

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 _____

TOTAL: \$ _____

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.

I swear or affirm, **under the penalties of perjury**, that I have examined the Updated Inventory and to the best of my knowledge and belief, they are 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) mark if new address

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

Phone

E-mail Address