

ACKNOWLEDGMENT OF FINANCIAL INSTITUTION

Neb. Ct. R. §6-1443(A)(2); §6-1443(B)

REQUIRED

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

CASE NUMBER: _____

IN THE MATTER OF

ACKNOWLEDGMENT OF FINANCIAL INSTITUTION

Ward/Protected Person/Incapacitated Person

I, _____ of _____,
(Name) (Financial Institution)
solemnly swear that on _____, we received copies of:
Date

Order Appointing Conservator and/or Guardian.

Letters of Conservatorship and/or Guardianship

(Please check which of the above you have received) in the above referenced case and any restrictions thereon.

This Financial Institution acknowledges that attached to this document is a printout of all assets of the above ward held at this financial institution, as listed below:

TYPE OF ACCOUNT	* ACCOUNT NUMBER (LAST 4 DIGITS ONLY*) (SHOW OTHER NUMBERS AS "X" AS IN "XXXX1234")	BALANCE

(Signature and Title of Certifying Official)

***To protect personal information, only the last 4 digits of the account should be provided on this form. Complete account information is provided on the Personal and Financial Information of Parties form (CC 16:2.23).**

State of _____)
) ss.
County of _____)

The foregoing instrument was acknowledged before me by _____, this
Name

_____ day of _____, _____ .
Day Month Year

Notary Public (Signature of Person Taking Acknowledgment)

(Title or Rank) (Serial Number, if any)

My commission expires: _____