

**MOTION TO TERMINATE
GUARDIANSHIP/
CONSERVATORSHIP**

REQUIRED

Neb. Rev. Stat. §§ 30-2601(10), 30-2622
and 30-2644, Ne. Ct. R. § 6-1464

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case # _____

Ward/Incapacitated Person/Protected Person

**MOTION TO TERMINATE
GUARDIANSHIP/CONSERVATORSHIP**

_____, Guardian/Conservator for _____,

moves the court for an Order to terminate the guardianship/conservatorship because:

the ward/incapacitated person/protected person has died. (A copy of the certified death certificate with the date of birth and social security number blacked out is included. Pursuant to Neb. Ct. R. §6-1464(B), Appendix 11, providing the confidential information that was blacked out on the death certificate has been filed with the court.)

the guardianship/conservatorship is not needed for the following reason(s): _____

I DO NOT HAVE possession or control of the ward's/incapacitated person's/protected person's money assets, possessions or income (including social security or other benefits).

I HAVE possession or control of the ward's/incapacitated person's/protected person's money, assets, possessions or income (including social security or other benefits). **I have attached the \Final Accounting Packet (CC 16:2.54)** that includes the Final Inventory, Final Accounting, Certificate(s) of Proof of Possession and the Personal Information for Guardianships and Conservatorships. I have also attached the bank statements and/or brokerage statements for the period since the most recent annual accounting I filed.

I acknowledge that I will receive a Notice of Hearing when I file my Motion to Terminate Guardianship/Conservatorship, and all required documents (if applicable). After I receive the Notice of Hearing from the County Court, it is my responsibility to send a copy of this Motion and all required documents (if applicable), the Notice of Hearing and the Notice of Right to Object form to all interested persons*. I also acknowledge that I shall file a Certificate of Mailing with the court showing I mailed copies of all required documents by first class mail, postage prepaid to all interested persons.

I, _____ swear and affirm under penalty of perjury that the
(guardian(s)/conservator(s))
above marked statement is true and correct.

Signature(s) of Guardian(s) and/or Conservator(s)

Date _____

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

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

Bar Number and Firm Name (attorneys only)

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

Phone(s)

E-mail Address(es)

*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.

TO THE GUARDIAN AND/OR CONSERVATOR: This form is to be filed only with the Court. Do not send this form to the interested parties. Fill out one form for each ward, incapacitated person or protected person.