

PACKET C—CONSERVATORSHIP ANNUAL REPORTING FORMS

Who may use these forms: A person who has been appointed a conservator uses these forms to account to the court each year. These are the forms to be used whether or not some or all of the accounts are restricted.

What are you reporting to the court: You are reporting all money received by you on behalf of the protected person and all expenses paid by you on behalf of the protected person for the reporting period.

When are the forms to be used: You must complete the entire packet of forms and file them with the court every year from the date Letters of Appointment were issued. Your first year begins on the date Letters of Appointment are issued to you and ends one year later. You are required to file these forms each year, from that point forward.

For example, if Letters of Appointment were issued to you on June 10, 2012, then your first accounting year begins June 10, 2012 and ends May 31, 2013.

If these forms only are submitted and no fees are requested, then a hearing will not be automatically scheduled. A hearing will only be automatically scheduled if the court has any questions about the accounting or an interested person files an objection to the accounting.

If you need additional copies of this packet, forms are available on the Supreme Court website: <http://www.supremecourt.ne.gov/forms>

The cost of filing this packet is \$5.

Specific Instructions: This packet includes the following:

▶ **Updated Inventory** (Pages 1-3): You complete this portion of the packet by providing the account balance for each bank account and the account value for each brokerage account as of the last day of the reporting period. The original must be filed with the court and a copy mailed to all interested parties.

▶ **Accounting** (Pages 4-5): If you spent from or added to the ward's/incapacitated person's account(s) during the accounting period, you must also provide an accounting—a list of the amounts received on behalf of the protected person, the amounts paid out from each account on behalf of the protected person, to whom monies were paid and for what purpose the payments were made. You may make as many additional copies of accounting page as needed. You should end the accounting on the same date that the accounting year ends. The original form must be filed with the court along with copies of all bank statements, brokerage statements, etc. covering the accounting period with the account numbers and social security numbers blacked out. You will mail copies to the interested parties.

▶ Certificate of Proof of Possession (Pages 6-7): You will need one Certificate for each bank or other financial institution. You will begin a portion of the Certificate, but the bank or other financial institution will finish the Certificate. Complete the case information on the Certificate, then take this form to the bank or other financial institution and ask a representative there to write in the account information, the balance in the account, and any interest paid. You should have the account balance confirmed as of the last day of the accounting. The representative from the bank or other financial institution must sign the Certificate in the presence of a notary public because his or her signature must be notarized. The original Certificate(s) must be filed with the court and copies mailed to the interested parties.

▶ Notice of Right to Object (Page 8): You must complete this form, file the original with the court and mail a copy to all interested parties.

▶ Certificate of Mailing (Pages 9-10): By filing this Certificate with the court you are informing the court that you have mailed copies of the forms listed to the “interested persons.” You need to check the box of all of the forms/documents you have mailed to the interested persons. You must also list the names and addresses of the interested persons you mailed the forms to on this form. The original must be filed with the court and a copy mailed to all interested parties.

▶ Personal and Financial Information for Guardianships and Conservatorships (Page 11): You need to complete this form by filling in the name of the protected person, his or her date of birth, social security number and the name and address of all banks or other financial institutions where the protected person has money. You must include full account numbers on this form. This form is filed with the court only. **Do not send this form to the interested parties.**

**CONSERVATORSHIP ANNUAL
REPORTING FORMS PACKET C**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case # _____

Protected Person

**UPDATED INVENTORY, ACCOUNTING,
CERTIFICATE OF PROOF OF
POSSESSION, NOTICE OF RIGHT TO
OBJECT, AND CERTIFICATE
OF MAILING**

TO THE 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 protected person (If applicable)

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

TOTAL: \$ _____

5. REAL PROPERTY (List location by address and value):

Location _____ Value \$ _____
 Location _____ Value \$ _____
 Location _____ Value \$ _____
 Location _____ Value \$ _____

TOTAL: \$ _____

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

6. Please mark one of the following (A or B) and complete the additional questions, if any, for the section you marked:

A) _____ I **do** have possession or control of the protected person's money, assets, possessions or income (including social security or other benefits) **AND** my accounting, certificate of proof of possession, and bank statements are filed with the court.

B) _____ I do **not** have possession or control of the protected person's money, assets, possessions or income (including social security or other benefits). The person who has possession or control of the protected person's money, assets, possessions or income (including social security or other benefits) is: _____

_____ **AND**

1) _____ I **have** talked to the person in charge of the protected person's money, assets, possessions or income (including social security or other benefits) **AND**

a) _____ I **am** satisfied that the funds are being handled properly.

b) _____ I am **not** satisfied that the funds are being handled properly because _____

_____.

2) _____ I have **not** talked to the person in charge of the protected person's money, assets, possessions or income (including social security or other benefits) because _____

_____.

I swear or affirm, **under the penalties of perjury**, that I have examined the Updated Inventory and Accounting, and to the best of my knowledge and belief, they are true, correct and complete.

Signature(s) of Conservator(s)

Print or Type Name of Conservator(s)

Date

Address(es) of Conservator(s)

City, State and Zip Code

Phone Number(s) of Conservator(s)

E-mail Address(es) of Conservator(s)

CERTIFICATE OF PROOF OF POSSESSION

TO THE CONSERVATOR: This form must be completed by the financial institution. It must be filed with the court, sent to all interested parties, and will be public information. For protection of financial information, give only the last four digits of accounts and bond information on this form. Complete account and bond information must be provided on the Personal and Financial Information for Guardianships and Conservatorships form (CC 16:2.23).

In the matter of the estate of _____ Case number _____
Name of Guardian and/or Conservator: _____
Name and address of Institution _____

CERTIFICATE OF BALANCE ON DEPOSIT

I CERTIFY that on the ____ day of _____, 20____, there was on deposit in this Institution to the benefit of the above ward, incapacitated or protected person the following:

Checking Account, No. XXXXXXX-_____
Balance of \$ _____ including interest of \$ _____ paid during period of statement of account. **Restricted**

Savings Account, No. XXXXXXX-_____
Balance of \$ _____ including interest of \$ _____ paid during period of statement of account. **Restricted**

Please Note: To be considered restricted, the account shall be designated with the following notice: "NO WITHDRAWAL WITHOUT COURT ORDER"

(*Extend above format for additional accounts as required)

NOTE TO CERTIFYING OFFICIAL: This certificate may be executed by a bank official, an authorized official or agent of the company which is surety on your bonds.

I CERTIFY that the accounts listed above were exhibited to me by the above-named guardian and/or conservator as being the property of the estate of the ward, protected or incapacitated person said deposits then and there being in the custody and control of the guardian and/or conservator.

Date _____ Address of Certifying Official _____ Signature and Title of Certifying Official _____
State of _____)
County of _____) ss.
County of _____)

The foregoing instrument was acknowledged before me by _____, this
Name of Official certifying above

Day _____ Month _____ Year _____ Notary Public (Signature of Person taking acknowledgment)

(Title or Rank) (Serial Number, if any) My commission expires: _____

NOTICE OF RIGHT TO OBJECT

TO THE CONSERVATOR: As Conservator, you must complete and mail this form to all interested parties and file it with the court.

You are notified that _____, conservator, has filed the following in the above referenced case on _____, 20____.
Date document(s) filed

- Updated Inventory;
- Annual Accounting;
- Certificate of Proof of Possession (with proof of restricted account if any funds are restricted);
- Bank Statements for accounting period;
- Other: _____

If you object to the contents or accuracy of these filings, you may file an objection and request a hearing before the court. You have 10 days from the date these documents were filed with the court to complete and file the Objection form which can be obtained on the Nebraska Supreme Court website, <http://supremecourt.ne.gov/forms/county/guardian-conservators.shtml>.

Signature(s) of Conservator(s)

Print or Type Name of Conservator(s)

Date

CERTIFICATE OF MAILING

TO THE CONSERVATOR: *You need to complete and file this form with the court showing that you mailed the required documents marked below to all the interested parties you list below.*

I, _____, swear or affirm, **under the penalties of perjury**, 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:

- Updated Inventory;
- Annual Accounting;
- Certificate of Proof of Possession (with proof of restricted account if any funds are restricted);
- Bank Statements for accounting period with personal information (Social Security number, date of birth, etc.) blacked out;
- Notice of Right to Object form; and
- Certificate of Mailing

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)

Signature(s) of Conservator(s)

Print or Type Name of Conservator(s)

Date

Address(es) of Conservator(s)

City, State and Zip Code

Phone Number(s) of Conservator(s)

E-mail Address(es) of Conservator(s)

*Interested persons are defined as:

- children and spouses;
- future heirs if the 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 protected person;
- if there are no individuals defined as “interested persons” above, include any person or organization named as a “devisee” in the protected person’s most recent will; and
- after death of the protected person, interested person also includes the personal representative of a deceased protected person’s estate, the deceased protected person’s heirs in an intestate estate, and the deceased protected person’s devisees in a testate estate.

If there are no interested persons identified for a 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 protected person.

**PERSONAL AND FINANCIAL
INFORMATION FOR
GUARDIANSHIPS AND
CONSERVATORSHIPS**

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.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

THIS DOCUMENT IS CONFIDENTIAL AND SHALL NOT BE MADE PART OF THE COURT FILE OR PROVIDED TO THE PUBLIC PURSUANT TO NEB. CT.R. § 6-1464.

IN THE MATTER OF

Case # _____

CONFIDENTIAL

Ward/Incapacitated Person/Protected Person

**PERSONAL AND FINANCIAL
INFORMATION FOR GUARDIANSHIPS
AND CONSERVATORSHIPS**

<u>Full</u> name of the ward, protected or incapacitated person:	<u>Full</u> date of birth of the ward, protected or incapacitated person:	<u>Full</u> Social Security number of the ward, protected or incapacitated person:

FINANCIAL INFORMATION OF THE WARD, PROTECTED OR INCAPACITATED PERSON

Name(s) and address(es) of financial institution(s)

Full account number(s)

Signature(s)

Date

Print or Type Name(s)

Instructions: When parties are required to report personal and financial information to the court, the complete information shall be provided on Appendix 8 (CC 16:2.23). On pleadings or documents to be filed with the court, financial account numbers, dates of birth, and Social Security numbers, where required, should reference Appendix 8 (CC 16:2.23): (i.e., "See Appendix 8/CC16:2.23"). Financial account numbers should be listed by the last four digits of the financial account when the account is reported on a pleading or document filed with the Court.