

INSTRUCTIONS FOR NOTICE OF NEWLY DISCOVERED ASSETS

The purpose of this form is to report any assets NOT listed in the latest inventory.

Only list the NEW assets.

This inventory must be filed within 30 days of discovery.

HEADING

- i. Choose the county in the drop down box below the first blank.
- ii. Enter the case number assigned by the clerk of the court.
- iii. Enter the name of the ward/minor ward/protected person.

Diagram illustrating the heading section of the form with callouts:

- i.** Points to the "Choose the county" dropdown menu.
- ii.** Points to the "Case No." field.
- iii.** Points to the "Ward/Minor Ward/Protected Person." field.

The form text includes: "IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA", "IN THE MATTER OF _____", and "NOTICE OF NEWLY DISCOVERED ASSETS".

BODY OF FORM

The numbers listed below correspond to the numbers of the sections on the form.

1. Personal Property –

- a. For ANY NEW checking accounts, savings accounts and certificates of deposit in the name of the ward/minor ward/protected person:

Diagram illustrating the table for listing personal property with callouts:

- i.** Points to the "Financial Institution Name" column.
- ii.** Points to the "Title on Account" column.
- iii.** Points to the "Type of Account" column.
- iv.** Points to the "Debit Card?" column.
- v.** Points to the "Last 4 digits of account number" column.
- vi.** Points to the "Balance" column.

The table header is: "1. PERSONAL PROPERTY: ONLY LIST THE NEW ASSETS".

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card?	Last 4 digits of account number	Balance
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	_ _ _ _	\$ _____

- i. enter the name of the financial institution (bank).
- ii. enter the name on the account.
- iii. check the box that describes what type of account it is (i.e. checking, savings or certificate of deposit).
- iv. if THIS account has a debit card attached to it, check the box for “yes”, and if it does not have a debit card attached to it, check the box for “no”.
- v. enter **ONLY the LAST 4 digits** of the account number. This is to protect personal information.
- vi. enter the balance of the account.

1. PERSONAL PROPERTY (Continued):

TYPE OF PROPERTY	PRESENT VALUE
Stocks, Bonds and Other Securities (Attach List of Brokerage Firms)	
Vehicles	
Household goods and furnishings	
Other: _____	
TOTAL : \$ _____	

- i. stocks, bonds and other securities (Attach a list of brokerage firms).
- ii. vehicles.
- iii. household goods and furnishings.
- iv. other type of personal property (enter type of property).

2. Jointly held Property

- a. Enter the type of property, who the property is owned with and the present value in the spaces provided.

2. JOINTLY HELD PROPERTY:

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE

3. Real Property

- a. If the ward/minor ward/protected person owns or has interest in real property (land, house, etc.) check the box for “yes”, and enter the location/address, legal description and value in the spaces provided.

LOCATION/ADDRESS	LEGAL DESCRIPTION	VALUE

- i. 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/address and legal description on a separate page.
- ii. **NOTICE** – when the Letters of Guardianship and/or conservatorship are issued, you must file them with the Register of Deeds in the county where the real property is located.
- b. If the ward/minor ward/protected person does NOT own or have any interest in real property, check the box for “no”.

4. Income

- a. Enter the monthly amount received by the ward/minor ward/protected person in the space to the right of the type of income.
 - i. Use the types of income listed or identify a source not already listed under “other”
 - 1. For Wages, identify the employer(s).

4. INCOME (Monthly):

SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name: _____	

5. Credit Cards and Other Debt

- a. If the ward/minor ward/protected person has any credit cards or other debt in their name, check the box for “yes”.

i. Financial Institution Name	ii. Name on the Card	iii. Last 4 digits of account number	iv. Balance as of Last Statement
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>

- enter the name of the financial institution;
 - the name on the card or a description of the debt;
 - ONLY the LAST 4 digits** of the account number (Entering only the last 4 digits is to protect personal information.); and
 - balance as of the last statement.
- b. If the ward/minor ward/protected person does NOT have any credit cards or other debt in their name, check the box for “no”.

6. SIGNATURE SECTION

If this is a co-guardianship and/or co-conservatorship both must sign.

For the second signature block to appear, check the (a.) “yes” box on the question located below the first signature block:

Is there more than one guardian? yes no a.

- The guardian(s) and/or conservator(s) will sign their name(s).
- Enter the date.
- Print the guardian(s) and/or conservator(s) name(s).
- Enter the guardian(s) and/or conservator(s) street address(es).
- If this form is completed by an attorney, there is a space for the bar number and firm name.
- Enter the city, state, and zip code of the guardian(s) and/or conservator(s) address(es).
- Enter the guardian(s) and/or conservator(s) telephone number(s) with area code.
- Enter the email address(es).

i.	Signature: _____	Date: _____	ii.
iii.	Printed Name: _____ (of guardian and/or conservator)		iv.
	Street Address/P.O. Box: _____		vi.
	City/State/ZIP Code: _____		vii.
	Telephone Number: _____		viii.
	Email address: _____		
v.	If complete by an attorney: Bar Number: _____		

CERTIFICATE OF MAILING

a. **TO THE GUARDIAN AND/OR CONSERVATOR OR THEIR ATTORNEY:** You need to complete the Certificate of Mailing form and file it with the court showing that you mailed the required documents to all the interested persons you list.

- i. Enter the name of the ward/minor ward/protected person, the county name, and the case number in the upper left hand corner.

i.

Ward/Minor Ward/Protected Person
Choose the county <input type="text"/> County Court
Case No. <input type="text"/>

- ii. If you are completing this form electronically, these will automatically fill in from the information you already entered.
- iii. Enter the name of the person who is swearing that they filed the required forms and mailed the copies of the Notice of Newly Discovered Assets and the Notice of Right to Object to the interested persons.
- iv. List all of the interested persons* and their addresses on the lines provided.

iv.

NAME(S) OF INTERESTED PERSON(S)	ADDRESS(ES)
<input type="text"/>	<input type="text"/>

- v. **IF** there are more names and addresses for interested persons* than the spaces on the form provide room for, check the box next to “See Attached” and attach a sheet with the name and address of each additional person.

v.

See attached (more names and addresses than above)

a. SIGNATURE SECTION

If this is a co-guardianship and/or co-conservatorship both must sign.

For the second signature block to appear, check the (a.) “yes” box on the question located below the first signature block:

Is there more than one guardian? yes no a.

- i. The guardian(s) and/or conservator(s) will sign their name(s).
- ii. Enter the date.
- iii. Print the guardian(s) and/or conservator(s) name(s).
- iv. Enter the guardian(s) and/or conservator(s) street address(es).
- v. **If** this form is completed by an attorney, there is a space for the bar number and firm name.
- vi. Enter the city, state, and zip code of the guardian(s) and/or conservator(s) address(es).
- vii. Enter the guardian(s) and/or conservator(s) telephone number(s) with area code.
- viii. Enter the email address(es).

i. Signature: _____ Date: _____ ii.
 iii. Printed Name: _____ iv.
 (of guardian and/or conservator) _____ v.
 Street Address/P.O. Box: _____ vi.
 City/State/ZIP Code: _____ vii.
 Telephone Number: _____ viii.
 Email address: _____
 v. If complete by an attorney:
 Bar Number: _____

NOTICE OF RIGHT TO OBJECT

2. **HEADING – If you are completing this form electronically, these will fill in from the information you already entered.**

- i. Enter the county where the action is filed.
- ii. Enter the case number assigned by the clerk of the court.
- iii. Enter the name of the ward/minor ward/protected person.

i. IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA ii.
 IN THE MATTER OF _____ CASE No. _____
 iii. _____, **NOTICE OF RIGHT TO OBJECT**
 Ward/Minor Ward/Protected Person. **OBJECT**

3. BODY OF FORM

a. List the documents you filed, (e.g. Motion to Move Ward/Protected Person out of the state of Nebraska, Application for Withdrawal of Funds)

a. You are notified that _____
 List documents filed

b. Enter the date you filed the documents you listed.

b. _____
 Date document(s) filed.

4. SIGNATURE SECTION

a. If this is a co-guardianship and/or co-conservatorship both must sign.

For the second signature block to appear, check the (a.) “yes” box on the question located below the first signature block:

Is there more than one guardian? yes no a.

- iii. The guardian(s) and/or conservator(s) will sign their name(s).
- iv. Enter the date.
- v. Print the guardian(s) and/or conservator(s) name(s).
- vi. Enter the guardian(s) and/or conservator(s) street address(es).
- vii. If this form is completed by an attorney, there is a space for the bar number and firm name.
- viii. Enter the city, state, and zip code of the guardian(s) and/or conservator(s) address(es).
- ix. Enter the guardian(s) and/or conservator(s) telephone number(s) with area code.
- x. Enter the email address(es).

* Pursuant to Neb. Rev. Stat. § 30-2601, 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 may 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.