

## FINAL ACCOUNTING PACKET

**Who may use this Packet?** A person who has filed a Motion to Terminate a Guardianship and/or Conservatorship or the ward, minor ward, or protected person has died and the guardian and/or conservator is requesting that the guardianship and/or conservatorship be terminated.

**What are you reporting to the court?** You are reporting all money received by you on behalf of the ward/minor ward/protected person and all expenses paid by you on behalf of the ward/minor ward/protected person for the period of time from the last date included in the most recent report filed, up to and including the date this report is filed.

**When are the forms to be used?** You must complete the entire packet of forms and file them with the court with the Motion to Terminate Guardianship/Conservatorship if you have possession of the ward's/minor ward's/protected person's money, assets, possessions or income (including social security or other benefits).

**What information will be helpful to gather before completing your packet?**

- Account Statements for each account owned by the ward for the period from the ending date of the last report filed through the current date.
- Checkbook register the period from the ending date of the last report filed through the current date (do **not** file the checkbook register with your packet).
- You will need to have a copy of last year's annual filing or the initial inventory if no annual report was filed.
- List of Interested Parties

**The cost of filing this packet is \$5.**

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

**Hearings on Final Accounting Packet :** A court hearing will only be scheduled if the court has any questions about the accounting, if an interested person files an objection to the accounting.

### **Specific Instructions:**

► **Final Updated Inventory:** The Guardian/Conservator answers questions, fills in requested information and provides an account balance or value for each financial account (checking, savings, certificate of deposit, investment account, etc. ) as of the last day of the reporting period.

► **Accounting:** If the Guardian/Conservator spent from or added to the ward/protected person's account(s) during the accounting period, you must list amounts received and paid out from each account on behalf of the ward, to whom monies were paid and for what purpose the payments were made. The accounting may be completed using and attaching a separate accounting program report or spreadsheet (i.e. Excel, Quicken, QuickBooks, etc.) as long as it provides the same information requested.

The beginning balance of each account should match the account balance from the original inventory (if an annual report has not been filed) or the last year's inventory ending balance.

Add as many additional accounting pages as needed. The ending balance on your accounting should match the balance you placed on the Final Updated Inventory for the current year.

► **Notice of Right to Object:** You must complete this form.

► **Certificate of Mailing:** This Certificate informs the court that you have mailed copies of the Final Accounting Packet to all "interested persons." List the names and addresses of the interested persons you sent the forms to on this form. Only mail the completed Packet to "interested persons" DO NOT mail copies of bank statements to interested persons.

► **Filing with the Court** Pay the filing fee and file the original completed and signed Final Accounting Packet with the Court AND with copies of all financial statements (checking, savings, investment accounts, etc.) covering the accounting period. All personal information should be blacked out along with all but the last four digits of account numbers.

**Do not send bank account or financial account statements to the interested persons.**

# Packet Worksheet

Please Note: If you download this final report from the Judicial Branch website and type in the blanks on this page, the information will automatically fill in the corresponding blanks on the following pages.

**It is your responsibility to make sure the information transferred correctly.**

## Ward/Protected Person and Case information:

Name of ward/protected person: \_\_\_\_\_

County the case is filed in: \_\_\_\_\_

Case Number: \_\_\_\_\_

Final reporting period: \_\_\_\_\_ to \_\_\_\_\_

## Interested persons (Include government agency paying benefits and bonding company, if any):

Name:

Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there are more interested persons than listed above, check the box to the left and include them on a separate sheet of paper. – Note – You will file the separate sheet with the additional names and addresses with the court when you file the certificate of mailing form.

## Guardian/Conservator information:

Name of Gdn/Consv: \_\_\_\_\_

Street Address/P.O. Box of Gdn/Consv: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

If this is being completed by an attorney, Bar Number and Firm Name:

\_\_\_\_\_

## Co-Gdn/Consv. information:

Name of Co-Gdn/Consv: \_\_\_\_\_

Street Address/P.O. Box of Co-Gdn/Consv: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Bar Number and Firm Name (Attorneys only): \_\_\_\_\_

## The following reports were waived by order of the court:

Updated Inventory

Date waived \_\_\_\_\_

Annual Accounting

Date waived \_\_\_\_\_

**FINAL ACCOUNTING PACKET**

Nebraska State Court Form  
 REQUIRED  
 CC 16:2.33 Rev. 04/2020

IN THE MATTER OF \_\_\_\_\_,

Case No. \_\_\_\_\_

Ward

**FINAL UPDATED INVENTORY**

***TO THE GUARDIAN: To protect personal information, only the last four digits of the account number should be provided on this form.***

The Inventory listed below is as of the ending date of this Annual Report, \_\_\_\_\_.

Are there any changes to any of the accounts identified on your last filed Personal and Financial Information Form?  
 (Check the appropriate box)      Yes      No.

If the answer is “Yes”, you must complete an Updated Financial Information form (CC 16:2.40) and file it with this form.

**DO NOT SEND THE UPDATED FINANCIAL INFORMATION FORM TO THE INTERESTED PARTIES. 1. PERSONAL PROPERTY:**

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card?	New Account?	Last 4 digits of account number	Balance as of Reporting Ending Date (listed above)
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$
		checking    savings certificate of deposit	yes no	yes no	_____	\$

**TOTAL :** \$ \_\_\_\_\_

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: \$** \_\_\_\_\_

2. JOINTLY HELD PROPERTY:

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE

**TOTAL: \$** \_\_\_\_\_

3. Does the ward/minor ward/protected person own or have an interest in Real Property?

Yes      No. If yes, complete below:

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/ADDRESS	LEGAL DESCRIPTION	VALUE

**NOTICE: You must file your Letters of Guardianship and/or Conservatorship with the Register of Deeds in any county where the ward/minor ward/protected person has real property or an interest in real property.**

**Have the Letters of Guardianship and/or Conservatorship been filed with the Register of Deeds in each county where each parcel is located?      Yes      No**

4. INCOME (Monthly):

SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name: _____	
Social Security	
Supplemental Security income	
Veterans Administration benefits	
Pension/Annuity	
Interest Income	
Dividend Income	
Other:	
Other:	

**TOTAL:**     \$ \_\_\_\_\_

5. Are there any credit cards or other debt of the ward's/minor ward's/protected person's name?

Yes     No. If yes, complete below:

CREDIT CARD(S) of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Name on the Card	Last 4 digits of account number	Balance as of Last Statement
		_____	\$ _____
		_____	\$ _____

OTHER DEBT of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Description	Last 4 digits of account number	Balance as of Last Statement
		_____	\$ _____
		_____	\$ _____



Current physical address of the protected person:

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Additional Comments:

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

\_\_\_\_\_  
Ward

\_\_\_\_\_  
County Court

Case No. \_\_\_\_\_

**NOTICE OF RIGHT TO OBJECT**

The following documents have been filed in the above referenced case:

Annual Report;

Other(if any):

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, <https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-17.pdf>.

\_\_\_\_\_  
Ward

\_\_\_\_\_  
County Court

Case No. \_\_\_\_\_

**CERTIFICATE OF MAILING**

I, \_\_\_\_\_, swear or affirm, **under the penalties of perjury**, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on \_\_\_\_\_:

Annual Report;

Other(if any):

**NAME**

**ADDRESS**

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)