

COMPLETING THE FINANCIAL INSTITUTION RECEIPT OF LETTERS

Give this form to the bank so they can inform the court you gave them a copy of the Letters of Guardianship and/or Conservatorship.

Each bank in which the ward/minor ward/protected person has accounts will complete one of these forms and attach a printout of each account listed.

It is very important that you file these completed forms with the court.

Choose the county using the drop-down list.

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Enter the name of the ward, minor ward, or protected person.

Enter the case number.

STOP!
DO NOT
COMPLETE
ANYTHING
ELSE ON THIS
FORM.

A bank official will complete the form, sign it, and have it notarized on page 2.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA						
Choose the court <input type="text"/>						
IN THE MATTER OF _____						
Ward, Minor Ward, Protected Person	Case No. _____					
FINANCIAL INSTITUTION RECEIPT OF LETTERS						
I _____ of _____						
(Name)	(Financial Institution)					
solemnly swear that on _____, we received a copy of the Letters						
(Date)						
of Guardianship and/or Conservatorship. I acknowledge all assets of the above ward/minor ward/protected person held at this financial institution, are listed below.						
Attach a printout of each account listed.						
The printout should include only the last 4 digits of the account and should be redacted to remove any personal identifying information (SS#, DOB, full account #).						
Title on Account	Type of Account (please check one)	P.O.D./T.O.D.?	Debit Card?	New Account?	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	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$
_____ (Signature and Title of Certifying Official)						

Page 2 of 2 will be completed by the person notarizing the form.