

NEBRASKA POWER OF ATTORNEY FORM

NOTICE TO THE PRINCIPAL:

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT (THE ATTORNEY-IN-FACT) THE POWER TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU. YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.
2. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.
3. YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT.
4. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

I. DESIGNATION OF AGENT

I, the undersigned Principal, hereby appoint the following person as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the subjects indicated below:

Name of Principal: _____

Address of Principal: _____

Name of Agent: _____

Address of Agent: _____

Telephone of Agent: _____

II. DESIGNATION OF SUCCESSOR AGENT

If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I name the following person as my Successor Agent:

Name of Successor Agent: _____

Address of Successor Agent: _____

Telephone of Successor Agent: _____

III. GRANT OF GENERAL AUTHORITY

I grant my Agent and any Successor Agent general authority to act for me with respect to the following subjects as defined in the Nebraska Uniform Power of Attorney Act (Neb. Rev. Stat. §§ 30-4001 to 30-4045):

(Check the boxes of the subjects you wish to grant authority for. To grant all, check the last box.)

- Real Property
- Tangible Personal Property
- Stocks and Bonds
- Commodities and Options
- Banks and Other Financial Institutions
- Operation of Entity or Business
- Insurance and Annuities
- Estates, Trusts, and Other Beneficial Interests
- Claims and Litigation
- Personal and Family Maintenance
- Benefits from Governmental Programs or Civil or Military Service
- Retirement Plans
- Taxes

- ALL OF THE ABOVE** (Grants authority for all subjects listed above)

IV. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My Agent **MAY NOT** do any of the following specific acts for me **UNLESS** I have checked the specific box below. These powers are distinct from the general powers listed above and require express authorization under Nebraska law.

- Create, amend, revoke, or terminate an inter vivos trust

- Make a gift, subject to the limitations of the Nebraska Uniform Power of Attorney Act
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to delegate

V. LIMITATIONS ON AGENT'S AUTHORITY

An Agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the Agent or a person to whom the Agent owes an obligation of support unless I have included that authority in the Special Instructions.

VI. SPECIAL INSTRUCTIONS

The following are special instructions, limitations, or extensions of the powers granted to my Agent:

VII. EFFECTIVE DATE

This Power of Attorney shall become effective: (Check one)

- Immediately upon the date of my signature below.
- Upon my disability or incapacity (Springing Power). I shall be considered disabled or incapacitated if a physician certifies in writing that I am unable to manage my financial affairs.

VIII. DURABILITY

This Power of Attorney is intended to be a **DURABLE** Power of Attorney. It shall not be affected by my subsequent disability, incapacity, or lapse of time.

IX. NOMINATION OF CONSERVATOR OR GUARDIAN

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Nominee for Conservator/Guardian: _____

X. RELIANCE BY THIRD PARTIES

Any person, including my Agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person knows it has terminated or is invalid. Pursuant to Neb. Rev. Stat. § 30-4019, any third party who relies on this Power of Attorney in good faith and without actual knowledge that it is void, invalid, or terminated is protected as if the Power of Attorney were in full force and effect.

XI. SIGNATURE AND ACKNOWLEDGMENT

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

PRINCIPAL

Signature: _____

Print Name: _____

Date: ____ day of _____, 20____

Address: _____

NOTARY PUBLIC ACKNOWLEDGMENT

STATE OF NEBRASKA

COUNTY OF _____

On this ____ day of _____, 20____, before me, a Notary Public in and for said State and County, personally appeared _____ (Name of Principal), known to me (or proved to

me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

WITNESS my hand and official seal.

Signature of Notary Public: _____

(Seal)

My Commission Expires: _____ day of _____, 20____

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND
AGENT'S AUTHORITY**

(Optional: To be completed by the Agent when exercising authority)

STATE OF NEBRASKA

COUNTY OF _____

I, _____ (Name of Agent), certify under penalty of perjury that
_____ (Name of Principal) granted me authority as an agent or successor agent in a
power of attorney dated the _____ day of _____, 20____.

I further certify that to my knowledge:

1. The Principal is alive and has not revoked the Power of Attorney or my authority;
2. The Power of Attorney and my authority have not terminated;
3. If the Power of Attorney was to become effective upon the happening of an event or contingency, the event or contingency has occurred;
4. If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
5. _____

(Insert other relevant statements)

AGENT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20____

Address: _____

NOTARY PUBLIC ACKNOWLEDGMENT FOR AGENT

STATE OF NEBRASKA

COUNTY OF _____

On this _____ day of _____, 20____, before me, a Notary Public, personally appeared _____ (Name of Agent), known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

Signature of Notary Public: _____

(Seal)

My Commission Expires: _____ day of _____, 20____