

Nebraska Power of Attorney

DESIGNATION OF AGENT

I _____ (*your name*) name the following person as my agent (individual with power of attorney):

Agent: _____

Address: _____

Telephone Number: _____

DESIGNATION OF SUCCESSOR AGENT(S) (*OPTIONAL*)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____

Address: _____

Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent (*OPTIONAL*):

Name of Second Successor Agent: _____

Address: _____

Telephone Number: _____

RELEASE OF INFORMATION

I agree to, authorize, and allow full release of information, by any governmental agency, business, creditor, or third party who may have information pertaining to my assets or income, to my agent named on this form.

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):

(CHECK each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may check "All Preceding Subjects" instead of checking each subject.)

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 Preceding Subjects (includes all items listed above)

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY do any of the following specific acts for me IF I have CHECKED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. CHECK ONLY the specific authority you WANT to give your agent.)

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of the Nebraska Uniform Power of Attorney Act and any special instructions in this power of attorney
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Delegate to 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
- Renounce or disclaim an interest in property, including a power of appointment

LIMITATION ON AGENT'S AUTHORITY

If I did not check the “Power of Personal and Family Maintenance” or the “All Preceding Subjects” in the Grant of General Authority above, my agent MAY NOT use my property to benefit themselves or anyone they support except for those items listed below in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

Special instructions:

NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

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

Name of Nominee for conservator of my estate: _____

Address: _____

Telephone Number: _____

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

Name of Nominee for guardian of my person: _____

Address: _____

Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

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.

EFFECTIVE DATE: This power of attorney is effective immediately unless I have stated otherwise in the special Instructions.

SIGNATURE AND ACKNOWLEDGMENT

(CAUTION: This document MUST be signed IN THE PRESENCE of a notary to be comply with the Nebraska Uniform Power of Attorney Act)

Your Signature

Date

Your Name (Printed)

Your Address

Your City, ST, Zip Code

Your Telephone Number

NOTARY

State of Nebraska

[County] of _____

This document was acknowledged before me on _____, 20____.
(Date)

by _____.
(Name of Principal)

Signature of Notary (Seal, if any)

My commission expires: _____