☑ Printing the form and handwriting the answers.
☐ Completing the form electronically.

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* ☐ *Yes* ***or*** ☐ *No* ***AND*** *initial for each of the subjects that follow. These subjects represent those you may want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may check* ☐ *Yes for "All Preceding Subjects" AND initial that line instead of checking each subject.*)

Check one: Initials:

☐ Yes ☐ No _____ Real Property

☐ Yes ☐ No _____ Tangible Personal Property

☐ Yes ☐ No _____ Stocks and Bonds

☐ Yes ☐ No _____ Commodities and Options

☐ Yes ☐ No _____ Banks and Other Financial Institutions

☐ Yes ☐ No _____ Operation of Entity or Business

☐ Yes ☐ No _____ Insurance and Annuities

☐ Yes ☐ No _____ Estates, Trusts, and Other Beneficial Interests

☐ Yes ☐ No _____ Claims and Litigation

☐ Yes ☐ No _____ Personal and Family Maintenance

☐ Yes ☐ No _____ Benefits from Governmental Programs or Civil or Military Service

☐ Yes ☐ No _____ Retirement Plans

☐ Yes ☐ No _____ Taxes

☐ Yes ☐ No _____ 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 YES AND INTIAL ONLY the specific authority you WANT to give your agent. NOTE: If you do not mark yes and initial the authority, the authority is not granted.***)

Check one: Initials:

☐ Yes ☐ No _____ Create, amend, revoke, or terminate an inter vivos trust

☐ Yes ☐ No _____ Make a gift, subject to the limitations of the Nebraska Uniform Power of Attorney Act and any special instructions in this power of attorney

☐ Yes ☐ No _____ Create or change rights of survivorship

☐ Yes ☐ No _____ Create or change a beneficiary designation

☐ Yes ☐ No _____ Delegate to another person to exercise the authority granted under this power of attorney

☐ Yes ☐ No _____ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

☐ Yes ☐ No _____ Exercise fiduciary powers that the principal has authority to delegate

☐ Yes ☐ No _____ 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*)

You may give special instructions in the following space:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

TERMINATION: I understand this power of attorney ends immediately upon my death.

SIGNATURE AND ACKNOWLEDGMENT

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

_____ _____

Your Signature Date

_____

Your Name Printed

_____

_____

Your Address

_____

Your Telephone Number

NOTARY

State of Nebraska)
) ss.
[County] of _____)

This document was acknowledged before me on _____
(Date)

by _____.
(Name of Principal)

_____ (Seal, if any)

Signature of Notary

My commission expires: _____