

# Nebraska Power of Attorney

## Designation of an Agent

I \_\_\_\_\_ (your name) name the following person as my agent:

Name of agent \_\_\_\_\_

Agent's address \_\_\_\_\_

\_\_\_\_\_

Agent's telephone number \_\_\_\_\_

### *Designation of successor agent (optional)*

Name of successor agent \_\_\_\_\_

Successor Agent's address \_\_\_\_\_

\_\_\_\_\_

Successor Agent's 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 name herein.

## 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:

*(INITIAL 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 initial "All Preceding Subject" instead of initialing 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

OR

\_\_\_\_\_ All Preceding Subjects (I GRANT ALL POWERS LISTED ABOVE)

## LIMITATION ON AGENT'S AUTHORITY

Except as otherwise authorized by the Power of Personal and Family Maintenance, an agent MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support.

## SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines. Put an X through this section if you don't have any special instructions:

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## EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

## NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

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

Name of Nominee for conservator or guardian: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_  
\_\_\_\_\_

Nominee's 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.

## SIGNATURE AND ACKNOWLEDGMENT

*(Caution: This document MUST be signed in front of a Notary to be valid under Nebraska Law)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

State of Nebraska )

County of \_\_\_\_\_ )

This document was acknowledged before me on \_\_\_\_\_(Date) , by

\_\_\_\_\_(Name).

(Stamp)

\_\_\_\_\_  
Signature of Notary

This document prepared by Legal Aid of Nebraska.