

# Nebraska Power of Attorney

## THINGS TO KNOW BEFORE SIGNING A POWER OF ATTORNEY FORM:

### IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). 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. The meaning of authority over subjects listed on this form is explained in the [Nebraska Uniform Power of Attorney Act](#).

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

This form will not revoke a power of attorney previously executed by you unless you add that the previous power of attorney is revoked or that all other powers of attorney are revoked by this power of attorney.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

A brief explanation of the subjects which may be included under the Power of Attorney General Authorities are listed below, however, for a full definition of each subject, please see [Nebraska Revised Statutes Chapter 30-4027 through Chapter 30-4040](#).

INTER VIVOS TRUST is generally an agreement appointing a trustee to receive assets for the person creating the trust and one or more beneficiaries (for a full definition, please see [Nebraska Revised Statutes Chapter 30-3881](#)).

REAL PROPERTY generally includes land and structures attached to land (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4027](#)).

TANGIBLE PERSONAL PROPERTY generally includes property which can be physically identified and transferred (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4028](#)).

STOCKS AND BONDS generally do not include commodity futures contracts and call or put options on stocks or stock indexes (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4029](#)).

COMMODITIES AND OPTIONS generally do not include stocks and bonds (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4030](#)).

BANKS AND OTHER FINANCIAL INSTITUTIONS generally include trusts, savings and loans, credit unions, and brokerage institutions (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4031](#)).

OPERATION OF AN ENTITY OR BUSINESS generally includes contracts, insurance payments, collections, and tax responsibilities (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4032](#)).

INSURANCE AND ANNUITIES generally includes rights regarding benefits and responsibilities for premiums (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4033](#)).

ESTATES, TRUSTS, OR OTHER BENEFICIAL INTERESTS generally include guardianships and conservatorships (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4034](#)).

CLAIMS AND LITIGATION generally includes asserting and maintaining a claim before a court or administrative agency (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4035](#)).

PERSONAL AND FAMILY MAINTENANCE generally includes maintaining the customary standard of living of the principal and principal's family (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4036](#)).

BENEFITS FROM GOVERNMENTAL PROGRAMS OR CIVIL OR MILITARY SERVICE generally includes some retirement accounts (for a full definition, please see [Nebraska Revised Statutes Chapter 30- 4037](#)).

RETIREMENT PLANS generally excludes certain benefits from governmental programs or civil military service (for a full definition, please see [Nebraska Revised Statutes Chapter 30-4038](#)).

TAXES generally include federal, state, local, foreign income, gift, payroll, property, Federal Insurance Contributions Act, and other taxes (for a full definition, please see [Nebraska Revised Statutes Chapter 30- 4039](#)).

### ***WHAT TO DO WITH THE COMPLETED GENERAL POWER OF ATTORNEY FORM***

Power of Attorney forms do not have to be filed with a court; however, it is very important to keep the form in a secure place where it will not be damaged. You should give a copy of the notarized power of attorney to your agent. Additionally, it is very important that all people involved with the power of attorney form are aware of the location of the form, for future reference.

**NOTE: Every power of attorney ends immediately upon death of the principal.**

# 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 INITIAL 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)

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

(Seal, if any)

My commission expires: \_\_\_\_\_