

NEBRASKA

POWER OF ATTORNEY FOR HEALTH CARE

I appoint _____, whose address is _____, and whose telephone number is _____, as my attorney in fact for health care. I appoint _____ whose address is _____, and whose telephone number is _____, as my successor attorney in fact for health care. I authorize my attorney in fact appointed by this document to make health care decisions for me when I am determined to be incapable of making my own health care decisions. I have read the warning which accompanies this document and understand the consequences of executing a power of attorney for health care.

I direct that my attorney-in-fact comply with the following instructions or limitations:

I direct that my attorney-in-fact comply with the following instructions on life-sustaining treatment: (optional)

I direct that my attorney-in-fact comply with the following instructions on artificially administered nutrition and hydration: (optional)

Signature of person making designation/date

DECLARATION OF WITNESSES

We declare that the principal is personally known to us, that the principal signed or acknowledged his or her signature on this power of attorney for health care in our presence, that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us nor the principal's attending physician is the person appointed as attorney-in-fact by this document.

Witnessed By:

(Signature of Witness/Date)

(Printed Name of Witness)

(Signature of Witness/Date)

(Printed Name of Witness)

WARNING TO PERSON EXECUTING A POWER OF ATTORNEY FOR HEALTH CARE

This is an important legal document. It creates a power of attorney for health care. Before signing this document you should know these important facts:

- (a) This document gives the person you designate as your attorney-in-fact the power to make health care decisions for you when you are determined to be incapable. Although not necessary and neither encouraged nor discouraged, you may wish to state instructions or wishes and limit the authority of your attorney-in-fact;
 - (b) Subject to the limitation stated in subdivision (d) of this document, the person you designate as your attorney-in-fact has a duty to act consistently with your desires as stated in this document or otherwise made known by you or, if your desires are unknown, to act in a manner consistent with your best interests. The person you designate in this document does, however, have the right to withdraw from this duty at any time;
 - (c) You may specify that any determination that you are incapable of making health care decisions must be confirmed by a second physician;
 - (d) The person you designate as your attorney in fact will not have the authority to consent to the withholding or withdrawal of life-sustaining procedures or of artificially administered nutrition or hydration unless you give him or her that authority in this power of attorney for health care or in some other clear and convincing manner;
 - (e) This power of attorney for health care should be reviewed periodically. It will continue in effect indefinitely unless you exercise your right to revoke it. You have the right to revoke this power of attorney at any time while you are competent by notifying the attorney-in-fact or your health care provider of the revocation orally or in writing;
 - (f) Despite any provisions in this power of attorney for health care, you have the right to make health care decisions for yourself as long as you are not incapable of making those decisions; and
 - (g) If there is anything in this power of attorney for health care you do not understand, you should seek legal advice. This power of attorney for health care will not be valid for making health care decisions unless it is signed by two qualified witness who are personal known to you and who are present when you sign or acknowledge your signature.
- (2) A power of attorney for health care may be included in a durable power of attorney drafted under the Uniform Durable Power of Attorney Act or in any other form of the power of attorney for health care included in such durable power of attorney or any other form fully complies with the terms of section 30-3404.
 - (3) A power of attorney for health care executed prior to January 1, 1993, shall be effective if it fully complies with the terms of section 30-3404, except that a notarized acknowledgment shall satisfy the requirement of such section for such power of attorney executed before such date.
 - (4) A power of attorney for health care which is executed in another state and is valid under the laws of that state shall be valid according to its terms.