Nebraska Durable Power of Attorney

Ι	, residing and
domiciled in	County, Nebraska, Principal, desir-
ing and intending to establish a Power of Att	orney operative under the Nebraska Short Form Act,
does hereby appoint, constitute, and designat	
	(name of agent), of or with an office
in	County, Nebraska, the lawful and true Agent
and attorney in fact for Principal; and Princi	pal does hereby further provide and stipulate in con-
nection therewith as follows:	
1. This Power of Attorney is, as marked, a	
1. This I owel of Attorney is, as marked, a	
() Durable Power of Attorney and a	
() Contingent Durable Power of Attorney,	
upon the contingency of,	
() Incompetence of Principal, or	
() Other Contingency:	, or
() Present Durable Power of Attorney	
() Nondurable Power of Attorney.	
power subject to limitations, or all and each	ers upon and grants to Agent plenary power, plenary of the listed general powers as individually marked:
() Plenary Power; or	
	clusive of General Powers for Domestic and Personal
Concerns and for Fiduciary R	elationships and
() No Other Restrictions, or	
() Other Restrictions:	; or
() General Power for Bank and Financial 7() General Power for Business Interests.	ransactions.
() General Power for Chattels and Goods.	
() General Power for Disputes and Litigati	on
() General Power for Domestic and Person	
() General Power for Fiduciary Relationsh	
() General Power for Governmental and O	•
() General Power for Insurance Coverages	
() General Power for Proprietary Interests	
() General Power for Real Estate.	
() General Power for Securities.	
() General Power for Records, Reports, an	d Statements.
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3. By this Power of Attorney, Principal makes the following additional provision or provisions:

4. This Power of Attorney revoked remains operative until revoked.	es and supersedes all prior executed instru	aments of like import and
EXECUTED AT	County, Nebraska, on	, 20
Signature of Principal		
Notary Acknowledgement		
State of Nebraska County of)	
	acknowledged before me on	, 20, by
Signature of Notary Public		