Instructions for Completing Power of Attorney for Health Care

If you are printing the Power of Attorney and handwriting the answers, you will check the first box. If you are typing in your answers, you will check the second box.

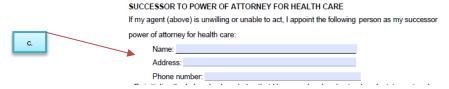
1	Printing the form and handwriting
	the answers.
	Completing the form electronically

- a. You, the person giving power of attorney for health care authority to another, are the "principal." Place your full name in the blank after "I" and before (*your name*).
- b. Your attorney in fact for health care is the person whom you are giving power of attorney authority for health care. Place your attorney in fact's full name, address, and telephone number on the lines as indicated.

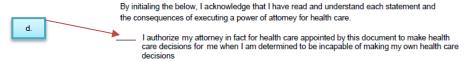


If you should so desire, a successor attorney in fact for health care can be appointed to act in case the original attorney in fact for health care is unable to act for you. If you would like to name a successor attorney in fact for health care,

c. place the full name, address, and telephone number of the successor attorney in fact for health care on the lines as indicated.



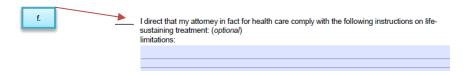
d. Initial each statement on the lines provided as an acknowledgment that you have read the statement <u>and</u> that you understand it.



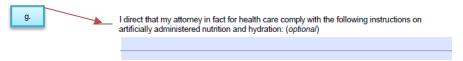
e. You may direct your attorney in fact for health care to follow certain instructions or limitations. If you choose to do so, place those instructions or limitations on the line as indicated.



f. You may direct your attorney in fact for health care to comply with certain instructions on lifesustaining treatments (for example, respirators). If you choose to do so, place those instructions or limitations on the line as indicated.



g. You may direct your attorney in fact for health care to comply with certain instructions on artificially administered nutrition and hydration (for example, feeding tubes and intravenous fluids). If you choose to do so, place those instructions or limitations on the line as indicated.



The Power of Attorney for Health Care form must be signed in the presence of TWO witnesses OR a notary to be valid. Do NOT sign the document UNTIL TWO WITNESSES OR A NOTARY ARE PRESENT AND THE WITNESSES OR NOTARY WITNESS YOU SIGNING THE DOCUMENT. Be sure to include the date you signed the document.

Signature of person making designation	Date
Do not sign this form <u>unti</u> l you witnesses or a notary.	ı are in the presence of either the two
appointed as attorney in fact for nealing Witnessed By:	care by this succument.
(Signature of Witness/Date)	(Printed Name of Witness)
(Signature of Witness/Date)	(Printed Name of Witness)
	<u>OR</u>
NOTARY State of Nebraska [County] of)) ss.)
This document was acknowledged before by (Name of Principal)	re me on
Signature of Notary My commission expires:	(Seal, if any)

Power of Attorney for Health Care forms do not have to be filed with a court, however, it is very important to keep the form in a secure place where they will not be damaged. Additionally, it is very important that all people involved with the power of attorney for health care form are aware of the location of your form, for future reference.