

POWER OF ATTORNEY FOR HEALTH CARE OF

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I appoint as my attorney-in-fact (representative) for healthcare:

Name _____
Address _____
City/State _____
Telephone number _____

I appoint as my successor attorney-in-fact (representative) for healthcare:

Name _____
Address _____
City/State _____
Telephone number _____

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 included in 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 my attorney-in-fact to authorize the withholding or withdrawal of any mechanical procedure, treatment or intervention that uses mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function which would, when applied to me, serve only to prolong my dying process or persistent vegetative state.

[insert any additional instructions or limitations] _____

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

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment which could include but is not limited to artificially administered nutrition and hydration, will, in the opinion of my attending physician, serve only to prolong my dying process or persistent vegetative state, I direct my attorney-in-fact to authorize the withholding or withdrawal of life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

[insert any additional instructions on life-sustaining treatment]

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

I direct my attorney-in-fact to authorize the withholding or withdrawal of artificially administered nutrition and hydration which would, when given to me, serve only to prolong my dying process or my persistent vegetative state.

[insert any additional instructions on artificially administered nutrition and hydration]

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OF**

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I HAVE READ THIS POWER OF ATTORNEY FOR HEALTH CARE. I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE LIFE AND DEATH DECISIONS FOR ME IF I AM INCAPABLE OF MAKING SUCH DECISIONS. I ALSO UNDERSTAND THAT I CAN REVOKE THIS POWER OF ATTORNEY FOR HEALTH CARE AT ANY TIME BY NOTIFYING MY ATTORNEY-IN-FACT, MY PHYSICIAN, OR THE FACILITY IN WHICH I AM A PATIENT OR RESIDENT. I ALSO UNDERSTAND THAT I CAN REQUIRE IN THIS POWER OF ATTORNEY FOR HEALTH CARE THAT THE FACT OF MY INCAPACITY IN THE FUTURE BE CONFIRMED BY A SECOND PHYSICIAN.

Date: _____ Signature: _____

Social Security Number: _____ Address: _____

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.

Signature of Witness: _____ Printed Name of Witness/Date: _____

Signature of Witness: _____ Printed Name of Witness/Date: _____

-OR-

NOTARY

STATE OF NEBRASKA)
_____)ss.
COUNTY OF _____)

On this ____ day of _____, 20__, before me, a notary public in and for _____ County, personally to me known to be the identical person whose name is affixed to the above power of attorney for health care as a principal, and I declare that he or she appears in sound mind and not under duress or undue influence, that he or she acknowledges the execution of the same to be his or her voluntary act and deed, and that I am not the attorney-in-fact or successor attorney-in-fact designated by this power of attorney for health care.

Witness my hand and material seal at _____ in such county, the day and year last above written.

(Seal)

Signature of Notary Public _____