

**NEBRASKA LIVING WILL AND POWER OF ATTORNEY FOR HEALTH CARE**

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

Other directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I appoint, \_\_\_\_\_ whose  
address is \_\_\_\_\_ and whose  
telephone number is \_\_\_\_\_ as my attorney in fact for health care. as  
my successor 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) \_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
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)

OR  
State of Nebraska )  
  ) ss.  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, before me, \_\_\_\_\_  
\_\_\_\_\_, a notary public in and for \_\_\_\_\_ County, personally came \_\_\_\_\_  
\_\_\_\_\_ personally to me known to be the identical person whose name is affixed  
to the above power of attorney for health care as 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 notarial seal at \_\_\_\_\_ in such county the day and year  
last above written.

\_\_\_\_\_  
Seal    Signature of Notary Public

**DISCLAIMER:** The law allows you to complete advance directives without the assistance of legal counsel. America Living Will Registry provides these advance directive forms as a service to you and does not take responsibility for the manner in which you complete them. If you have any questions about any part of these advance directive forms, be sure to consult an attorney before you sign them.