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LEGAL POWER OF ATTORNEY PDF FILLABLE FORM

Please submit the following information to initiate a consultation with a PVWLaw attorney regarding establishing a legal power of attorney.

Prior to submitting information via this form, please review our web site terms and conditions which you can find at www.pvwlaw.com. By submitting information via this form, you acknowledge that you have read and agree to our web site terms and conditions. If you would like information about how to submit this form to us in a secure manner, please contact us at info@pvwlaw.com.

Note: If you need more space to complete the below questions, please feel free to attach additional sheets.

Principal Name (person creating power of attorney):

Principal City of Residence: _____

Principal County of Residence: _____

Principal State of Residence: _____

Name of Agent : _____

Relationship of Agent to Principal: _____

Agent City of Residence: _____

Agent State of Residence: _____

Should the Agent have the power to amend the Principal's trust and wills? Yes No

Should the Agent have the power to make gifts of Principal's assets? Yes No

If yes, are there limits on who gifts can be made to? _____

Is the legal agent under this power of attorney also the Principal's agent under a health care power of attorney? Yes No

After this document has been completed, please email it to info@pvwlaw.com or fax it to (402) 504-1935.