

# VANDENACK WEAVER LLC

Attorneys at Law

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## LEGAL POWER OF ATTORNEY PDF FILLABLE FORM

Please submit the following information to initiate a consultation with a Vandennack Weaver LLC 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 [vwattys.com](http://vwattys.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@vwattys.com](mailto:info@vwattys.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): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Home Work

Secondary Phone Number: \_\_\_\_\_ Cell Home Work

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 create, amend or revoke the Principal's trust?

Yes No

Should the Agent have the power to make gifts of the Principal's assets? \_\_\_\_\_ If yes, are there limits to whom gifts can be made?

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@VWattys.com](mailto:info@VWattys.com) or fax it to (402) 504-1935.