

VANDENACK WEAVER LLC

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LEGAL POWER OF ATTORNEY PDF FILLABLE FORM

Please submit the following information to initiate a consultation with a VW 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. 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.

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

Full Legal Name of Principal (person creating power of attorney): _____

Principal Email Address: _____

Principal Street Address: _____

Principal City of Residence: _____

Principal State of Residence: _____

Principal Zip Code: _____

Principal County of Residence: _____

Primary Phone Number: _____ Cell Home Work

Secondary Phone Number: _____ Cell Home Work

Full Legal Name of Agent: _____

Relationship of Agent to Principal: _____

Agent Address: _____

Full Legal Name of Alternate Agent: _____

Relationship of Alternate Agent to Principal: _____

Alternate Agent Address: _____

Alternate Agent Phone Number: _____

Should the Agent have the power to create or change rights of survivorship? _____

Should the Agent have the power to create or change beneficiary designations? _____

Should the Agent have the power to waive any right of the Principal to be beneficiary of a joint and survivor annuity? _____

Should the Agent have the power to renounce or disclaim any property interest? _____

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?

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