

## 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:

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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:

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I direct that my attorney in fact comply with the following instructions on life-sustaining treatment: (optional) \_\_\_\_\_

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I direct that my attorney in fact comply with the following instructions on artificially administered nutrition and hydration: (optional) \_\_\_\_\_

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