TEMPORARY DELEGATION OF PARENTAL POWERS

| Ī. | of, |
|---|--|
| (your full name) | (city where you reside) |
| Nebraska, do hereby make and appoint | of |
| | (full name of person being appointed) |
| | to act for me and |
| (address, city and state where person being ap | opointed resides) |
| in my name to exercise all my powers regarding | the care, custody and property of |
| | _, born, (child's date of birth) |
| (child's full name) | (child's date of birth) |
| except my power to consent to marriage and add | |
| | full power and authority to do everything |
| (full name of person being appointed) | |
| necessary to be done, as fully as I could or migh | nt do if personally present, for a period not |
| exceeding one year beyond this date. I confirm | and ratify all lawful acts done, or caused to be |
| done by(full name of person being appointed) | acting under this Delegation of Powers |
| (full name of person being appointed) | |
| regarding the care, custody and property of my | child. This Delegation of Parental Powers may |
| be revoked by me at any time before the expirat | ion of this one year period by written notice to |
| a | t the address above. |
| (full name of person being appointed). | |
| WITNESS my hand this day of | , 20 |
| | |
| | (your signature) |
| ACKNOWLEDGED before me this | day of, 20 |
| | |
| | Notary Public |