

NEBRASKA DEPARTMENT OF NATURAL RESOURCES

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_ County, State of \_\_\_\_\_,

the attorney-in-fact to act for \_\_\_\_\_, in connection with the Nebraska Department of Natural Resources programs checked below:

\_\_\_\_\_ CREP \_\_\_\_\_ EQIP

for the purposes checked below:

- \_\_\_\_\_ All actions.
\_\_\_\_\_ Signing applications, agreements and contracts.
\_\_\_\_\_ Making contract changes.
\_\_\_\_\_ Making reports.
\_\_\_\_\_ Other: \_\_\_\_\_.

This Power of Attorney is valid in all counties in Nebraska. This Power of Attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon the Nebraska Department of Natural Resources; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. This Power of Attorney shall not be effective until properly executed.

AUTHORIZED SIGNATURES:

Table with 3 columns: Signature(s) of Grantor(s) (Individual), Date, Social Security Number. Includes rows for Partnership, Corporation, Trust, etc. with sub-columns for Title, Date, and Identification No. of Entity.

Notary Public (This form shall be acknowledged by a Notary Public).
Signature \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_
Date: \_\_\_\_\_ Seal: \_\_\_\_\_