

Power of Attorney

Designation of Agent

I, _____, (name of principal) name the following person as my agent:

Name of agent: _____

Agent address: _____

Agent telephone number: _____

Designation of successor agent(s) (optional)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

Grant of general authority

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act,” part 7 of article 14 of title 15 of the Colorado Revised Statutes: (Initial each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial “all preceding subjects” instead of initialing each subject.)

- real property
- tangible personal property
- stocks and bonds
- commodities and options
- banks and other financial institutions
- operation of entity or business
- insurance and annuities
- estates, trusts, and other beneficial interests
- claims and litigation
- personal and family maintenance
- benefits from governmental programs or civil or military service
- retirement plans
- taxes
- all preceding subjects

Grant of specific authority (optional)

My agent may not do any of the following specific acts for me unless I have initialed the specific authority listed below: (Caution: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. Initial only the specific authority you want to give your agent.)

- create, amend, revoke, or terminate an inter vivos trust
- make a gift, subject to the limitations of the “uniform power of attorney act” set forth in section 15-14-740, Colorado Revised Statutes, and any special instructions in this power of attorney
- create or change rights of survivorship
- create or change a beneficiary designation
- authorize another person to exercise the authority granted under this power of attorney
- waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- exercise fiduciary powers that the principal has authority to delegate
- disclaim, refuse, or release an interest in property or a power of appointment
- exercise a power of appointment other than: (1) the exercise of a general power of appointment for the benefit of the principal which may, if the subject of estates, trusts, and other beneficial interests is authorized above, be exercised as provided under the subject of estates, trusts, and other beneficial interests; or (2) the exercise of a general power of appointment for the benefit of persons other than the principal which may, if the making of a gift is specifically authorized above, be exercised under the specific authorization to make gifts
- exercise powers, rights, or authority as a partner, member, or manager of a partnership, limited liability company, or other entity that the principal may exercise on behalf of the entity and has authority to delegate excluding the exercise of such powers, rights, and authority with respect to an entity owned solely by the principal which may, if operation of entity or business is authorized above, be exercised as provided under the subject of operation of the entity or business

Limitation on Agent's Authority

An agent that is not my ancestor, spouse, or descendant may not use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

Effective Date

THIS POWER OF ATTORNEY IS TO BE EFFECTIVE UPON MY INCAPACITY AND TO LAST DURING SUCH INCAPACITY OR UNTIL MY DEATH.

Nomination of Conservator or Guardian (optional)

If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for conservator of my estate _____
 Nominee address: _____
 Nominee telephone number: _____

Name of nominee for guardian of my person: _____
 Nominee address: _____
 Nominee telephone number: _____

Reliance on this Power of Attorney

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

Signature

_____ date _____
 Your signature

 Your address

 Your telephone number

Acknowledgment

State of Colorado
 County of _____

This document was acknowledged before me on _____, 20__ (date)
 by _____.

_____(seal, if any)
 Signature of notary

My commission expires: _____