

COLORADO POWER OF ATTORNEY FORM

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the "Uniform Power of Attorney Act", Part 7 of Article 14 of Title 15, Colorado Revised Statutes.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

I. DESIGNATION OF AGENT

I, _____ (Principal's Name), of
_____ (Principal's Address), name the following person as
my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

II. 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: _____

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

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

III. 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, Colorado Revised Statutes.

(Check the box next to 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 check "All Preceding Subjects" instead of checking 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

IV. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have checked the specific box 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.)

- ☐ Create, amend, revoke, or terminate an inter vivos trust
- ☐ Make a gift, subject to the limitations of the "Uniform Power of Attorney Act" 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 exercise
- ☐ Disclaim or refuse an interest in property, including a power of appointment

V. 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.

VI. SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

VII. EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

VIII. 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's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for Guardian of my Person: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

IX. 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.

X. SIGNATURE AND ACKNOWLEDGMENT

I, the Principal, sign my name to this Power of Attorney on the date stated below.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

XI. NOTARY PUBLIC

State of Colorado

County of _____

This record was acknowledged before me on the _____ day of _____, 20____ by
_____ (Name of Principal).

Signature of Notary Public: _____

(Seal)

My Commission Expires: _____ day of _____, 20____

XII. WITNESSES (OPTIONAL BUT RECOMMENDED)

We, the witnesses, each do hereby declare in the presence of the Principal that the Principal signed and executed this instrument in the presence of each of us, that the Principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the Principal and in the Principal's presence, and that, to the best of our knowledge, the Principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness 1

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

Witness 2

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

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IMPORTANT NOTICE TO AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- 1. Do what you know the principal reasonably expects you to do with the principal's**

property or, if you do not know the principal's expectations, act in the principal's best interest;

2. Act in good faith;
3. Do nothing beyond the authority granted in this power of attorney; and
4. Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner: (Principal's Name) by (Your Signature) as Agent.

Unless the Special Instructions in this power of attorney state otherwise, you must also:

1. Act loyally for the principal's benefit;
2. Avoid conflicts that would impair your ability to act in the principal's best interest;
3. Act with care, competence, and diligence;
4. Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
5. Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
6. Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

1. Death of the principal;
2. The principal's revocation of the power of attorney or your authority;
3. The occurrence of a termination event stated in the power of attorney;

- 4. The purpose of the power of attorney is fully accomplished; or**
- 5. If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.**

Liability of Agent**

The meaning of the authority granted to you is defined in the "Uniform Power of Attorney Act", Part 7 of Article 14 of Title 15, Colorado Revised Statutes. If you violate the "Uniform Power of Attorney Act", Part 7 of Article 14 of Title 15, Colorado Revised Statutes, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.