

# COLORADO STATUTORY POWER OF ATTORNEY

State of Colorado

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU.

I, \_\_\_\_\_, grant a power of attorney to \_\_\_\_\_ to act as my agent in any lawful way with respect to the following initialed subjects:

INITIAL each subject you want to include in the agent's general authority.

If you wish to grant limited authority to make gifts, complete the additional provisions below.

- \_\_\_\_\_ Real property transactions
- \_\_\_\_\_ Tangible personal property transactions
- \_\_\_\_\_ Stock and bond transactions
- \_\_\_\_\_ Commodity and option transactions
- \_\_\_\_\_ Banking and other financial institution transactions
- \_\_\_\_\_ Business operation transactions
- \_\_\_\_\_ Insurance and annuity transactions
- \_\_\_\_\_ Estate, trust, and other beneficiary transactions
- \_\_\_\_\_ Claims and litigation
- \_\_\_\_\_ Personal and family maintenance
- \_\_\_\_\_ Benefits from social security, Medicare, Medicaid, or other governmental programs, or military service
- \_\_\_\_\_ Retirement plan transactions
- \_\_\_\_\_ Tax matters

Effective Date: \_\_\_\_\_

Successor Agent: \_\_\_\_\_

This power of attorney becomes effective on \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WITNESS ATTESTATION

I certify that the principal is personally known to me, that the