COLORADO STATUTORY POWER OF ATTORNEY FOR PROPERTY

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE "UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT", PART 13 OF ARTICLE I OF TITLE 15, COLORADO REVISED STATUTES, AND PART 6 OF ARTICLE 14 OF TITLE 15, COLORADO REVISED STATUTES. 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, YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY AND AFFAIRS, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP A RECORD OF RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS AGENT. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU MAY BECOME DISABLED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER COLORADO LAW NOT SPECIFIED IN THIS FORM.

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1,		appoint
	(insert your full name and address)	11
		as my
	(insert the full name and address of the person appoin	nted)
agent (attorney-in-	-fact) to act for me in any lawful way w	with respect to the following
initialed subjects:		
LINE IN FRONT POWER, DO NO	NT ONE OR MORE OF THE FOLLOW OF EACH POWER YOU ARE GR OT INITIAL THE LINE IN FRONT C UT EACH POWER WITHHELD.	RANTING. TO WITHHOLD A
INTIME.		
(A)	Real estate transactions (when proper	ty recorded).
(B)	Tangible personal property transaction	ns.
(C)	Stock and bond transactions.	
(D)	Commodity and option transactions.	<i>a</i> 15 5 111)
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	(E)	Banking and other financial institution transactions.
	(F)	Business operating transactions.
	(G)	Insurance and annuity transactions.
	(H)	Estate, trust, and other beneficiary transactions.
	(I)	Claims and litigation.
	(J)	Personal and family maintenance.
		Benefits from social security, medicate, medicaid, or other governmental programs or military service.
	(L)	Retirement plan transactions.
	(M)	Tax matters.
EFFECTIVE TERMINAT INITIALS T WANT TH DISABLED, 1. (E IMM ED A TO TH IS PO INCA Doled, i MA POWILLY I rs gran the foriate,	YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS MEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR AS SPECIFIED BELOW. STRIKE THROUGH AND WRITE YOUR HE LEFT OF THE FOLLOWING SENTENCE IF YOU DO NOT OWER OF ATTORNEY TO CONTINUE IF YOU BECOME APACITATED, OR INCOMPETENT. This power of attorney will continue to be effective even though I incapacitated, or incompetent. Y INCLUDE ADDITIONS TO AND LIMITATIONS ON THE ERS IN THIS POWER OF ATTORNEY IF THEY ARE DESCRIBED BELOW. Inted above shall not include the following powers or shall be modified following manner (here you may include any specific limitations you such as a prohibition of or conditions on the sale of particular stock or all rules regarding borrowing by the agent):
(here you map powers of ap	ay add pointi	to the powers granted above, I grant my agent the following powers any other delegable powers, such as the power to make gifts, exercise ment, name or change beneficiaries or joint tenants, or revoke or amend lly referred to below):

4. SPECIAL INSTRUCTIONS. ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS TO YOUR AGENT:		
YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE THROUGH AND INITIAL THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.		
5. () My agent is entitled to reasonable compensation for services rendered as agent under this power of attorney.		
THIS POWER OF ATTORNEY MAY BE AMENDED IN ANY MANNER OR REVOKED BY YOU AT ANY TIME. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH, UNLESS YOU MAKE A LIMITATION ON DURATION BY COMPLETING THE FOLLOWING:		
6. This power of attorney terminates on		
BY RETAINING THE FOLLOWING PARAGRAPH, YOU MAY, BUT ARE NOT REQUIRED TO, NAME YOUR AGENT AS GUARDIAN OF YOUR PERSON OR CONSERVATOR OF YOUR PROPERTY, OR BOTH, IF A COURT PROCEEDING IS BEGUN TO APPOINT A GUARDIAN OR CONSERVATOR, OR BOTH, FOR YOU. THE COURT WILL APPOINT YOUR AGENT AS GUARDIAN OR CONSERVATOR, OR BOTH, IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE THROUGH AND INITIAL PARAGRAPH 7 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN OR CONSERVATOR, OR, BOTH. 7. () If a guardian of my person or a conservator for my property, or both, are		
to be appointed, I nominate the agent acting under this power of attorney as such guardian or conservator, or both, to serve without bond or security.		
IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME AND		

ADDRESS OF ANY SUCCESSOR AGENT IN THE FOLLOWING PARAGRAPH:

	come incapacitated, resign, or refuse to accept each to act alone and successively, in the order
the person is a minor or a person adjudica	is considered to be incapacitated if and while ated incapacitated or if the person is unable to to business matters, as certified by a licensed
Revocation of the power of attorney is not	ives a copy of this document may act under it. effective as to a third party until the third party unify the third party for any claims that arise on this power of attorney.
Signed on	,
	M THAT YOU DO NOT UNDERSTAND, IT MAY A COLORADO LAWYER RATHER THAN SIGN
	(Your signature)
	(Your social security number)

YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.

NOTICE TO AGENTS: BY EXERCISING POWERS UNDER THIS DOCUMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT UNDER COLORADO LAW.

Specimen signatures of agent (and successors).	I certify that the signatures of my agent (and successors) are correct.
Agent	Principal
Successor Agent	Principal
Successor Agent	Principal
STATE OF COLORADO)
COUNTY OF) ss.)
This document was acknowledged be	efore me on, (date) who certifies the correctness of the
(name of principal) signature(s) of the agent(s).	who columes the correctness of the
My commission expires:	
	Notary public