

COLORADO MENTAL HEALTH POWER OF ATTORNEY FORM

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions for you (the principal). Your agent will be able to make decisions and act on your behalf, whether or not you are able to act for yourself.

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by applicable laws for Advance Directives.

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.

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.

The following forms are available from the National Resource Center on Psychiatric Advance Directives.

DURABLE POWER OF ATTORNEY

I, _____ of _____
hereby appoint _____ of _____
as my attorney in fact to act in my capacity to perform every act that I may legally do through an attorney in fact. This power shall be in full force and effect commencing on the date written below and shall remain in full force and effect until my death, unless specifically extended or revoked earlier by either party.

The Powers of this attorney in fact shall include

1. **Powers of Agent.** The Agent shall have the full power and authority to manage and conduct all of my affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:
 - a. **Collect and Manage:** To collect, hold, maintain, repair, improve, invest, lease, and manage any or all of my real or personal property or any interest therein;
 - b. **Buy and Sell:** To purchase, sell, mortgage, grant options, or otherwise deal in any way in any real property or personal property, tangible or intangible, or any interest therein, upon such terms as the Agent considers proper, including the power to buy United States Treasury Bonds that may be redeemed at par value to pay federal estate tax and to sell or transfer Treasury securities;
 - c. **Borrow:** To borrow money, to execute promissory notes for borrowed money, and to secure any obligation by mortgage or pledge.
 - d. **Business and Banking:** To conduct and participate in any lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy sell agreement; to receive and endorse checks and other negotiable paper, deposit and withdraw funds that I now have on deposit or to which I may be entitled in the future in or from any bank or financial institution;

- e. Safe Deposit Boxes: To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein;
 - f. Transfers in Trust: To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit;
 - g. Proxy Rights: To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold;
 - h. Tax Returns and Reports: To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for a tax refund; and to represent me in all matters before the Internal Revenue Service;
 - i. Legal and Administrative Proceedings: To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein;
 - j. Delegation of Authority: To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines;
 - k. Other Matters:
-
-

2. **Restrictions on Agent's Powers.** Regardless of the above statements, my agent:
- a. Cannot execute a will, a codicil, or any substitute will on my behalf;
 - b. Cannot change the beneficiary on any life insurance policy that I own;
 - c. Cannot make gifts on my behalf;
 - d. Cannot exercise any powers that would cause my assets to be considered taxable to my agent or to my agent's estate for purposes of any income, estate, or inheritance tax; and

- e. Cannot violate any medical power of attorney I have executed whether prior or subsequent to the execution of this Power of Attorney.

Your rights, powers and authorities as my attorney in fact SHALL COMMENCE IMMEDIATELY AND SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCAPACITY. Such rights, powers and authorities shall remain in full force and effect until revoked by written notice from me.

Dated: _____

By: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____ COUNTY OF _____

_____, well known to be the person described in and who signed the foregoing, personally appeared before me on this _____ day of _____, _____ and acknowledged that he executed the same freely and voluntarily for the uses and purposes expressed therein.

WITNESS my hand and official seal the date aforesaid.

_____ NOTARY PUBLIC

My Commission Expires: _____