

COLORADO REVOCATION OF POWER OF ATTORNEY

Use of this form is for the power of attorney of:

- Health Care Powers
- Financial Powers
- Other: _____

I, _____ [name of agent],
hereby immediately revoke those portions covering decisions of the document titled
_____ [add title of
document] that I previously executed on _____ [date], which had appointed
_____ [name of agent] as my agent and
_____ [name of alternate agent, if any] as my
alternate successor agent. I hereby notify said agent(s) and any other interested persons
that all portions of said document are revoked.

This revocation takes effect immediately. A photocopy has the same effect as an original.
Signed this _____ day of _____, 20_____

_____ Print name of principal

_____ Signature of principal

NOTE: Provide copies to anyone who may have copies of the Power of Attorney that is
being
revoked. Retain the original of this form in your personal papers.

NOTARY ACKNOWLEDGMENT

State of Colorado)

§ County of _____)

On this _____ day of _____, in the year 20____, before me

_____, a notary public, personally appeared

_____, proved on the basis of satisfactory evidence to

be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged
(he/she/they) executed the same.

Witness my hand and official seal.

Pursuant to Colorado Uniform Power of Attorney Act

