

POWER OF ATTORNEY

State of Colorado

County of \_\_\_\_\_

Power of Attorney / Limited Guardianship

Pursuant to Section 15-14-104, C.R.S., I hereby delegate to:

\_\_\_\_\_  
Name (s) of Guardian(s)

\_\_\_\_\_  
Address of Guardian(s)

Whom I designate my attorney in fact for this purpose, all of my power regarding custody, well being (and property) of my minor child \_\_\_\_\_ who was born \_\_\_\_\_ which are delegable under the Colorado Probate Code, including the power to enroll in school, consent to surgical procedures and medical and dental treatment (and to receive delivery or payment of money and property due the said minor child.) In accordance with the said Section, this delegation does not include power to consent to marriage or adoption. This delegation is made for a period not exceeding nine months and shall terminate on \_\_\_\_\_ . This power of attorney shall not be affected by disability of the principal and shall remain in effect, to the extent permitted by Section 15-14-104 of the said Code, notwithstanding later disability or incapacity of the principal at law, or later uncertainty as to whether the principal is dead or alive.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Subscribed and sworn to before me in the County of \_\_\_\_\_,

State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

My Commission Expires: \_\_\_\_\_