

State of Colorado

## **COLORADO REVOCATION OF POWER OF ATTORNEY**

WHEREAS, on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_ [Principal], of \_\_\_\_\_ [Address], executed a (Check one):

- Financial Power of Attorney
- Medical Power of Attorney

( recorded as Instrument No. \_\_\_\_\_ in \_\_\_\_\_ [County], \_\_\_\_\_ [State]) empowering \_\_\_\_\_ [Agent] to act as my true and lawful attorney-in-fact to handle my financial affairs should I become incapacitated and unable to do so myself (the "Power of Attorney").

NOW THEREFORE, I hereby give notice that I, being of age and sound mind, revoke and rescind the Power of Attorney pursuant to (Check one):

- Revoking a Financial Power of Attorney: CO Code § 15-14-710.
- Revoking a Medical Power of Attorney: CO Code § 15-14-502 and 506.

As such, all power and authority granted to \_\_\_\_\_ [Agent] under the Power of Attorney is hereby terminated.

IN WITNESS WHEREOF, I have signed my name below on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Principal Name**



**NOTARY PUBLIC**

State of \_\_\_\_\_

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

This document was acknowledged before me on \_\_\_\_\_,

by \_\_\_\_\_ [Name of principal/representative].

\_\_\_\_\_

(Seal, if any)

Signature of notary

My commission expires: \_\_\_\_\_

This document prepared by: \_\_\_\_\_

