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COLORADO WILLS AND
ESTATE PLANNING
LEGAL FORMS

Alexander William Russell
Ernest Charles Hope

First Edition – 2018
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CHAPTER 1
OVERVIEW OF BOOK AND FORMS AND USERS

“ESTATE PLANNING” IS TO CONTROL WHAT OCCURS AT ILLNESS OR DEATH

“Estate Planning” is the area of law that concerns how a person can act now by doing documents and other things, so as to control upon later illness or death their health care, property and money, children and dependents, funeral, and other matters. This book covers Colorado law which applies if people have lived here and not moved out-of-state permanently (which can include short-term workers who have left or military personnel outside of Colorado who think they may return).

BOOK HAS 12 FORMS, BUT MOST PEOPLE ONLY USE A FEW FORMS

In this book 12 forms are provided but most people only use a few of them. The book’s forms are:

Form 1. Last Will And Testament (Standard) (this form is a Will which must be signed and witnessed properly to be valid, and this lets a person say what gifts of property should occur on their death, pick an executor to do things after death, and say if less costly procedures can be used);

Form 2. Last Will And Testament (With Guardians) (this is a Will with added parts to let a person be named as “Guardian” to if needed care for a minor under 18 or care for property going to a minor);

Form 3. Self-Proving Affidavit (this form is often done to help the later process after a death of proving a Will was signed and witnessed properly);

Form 4. Tangible Personal Property Memorandum (this form lets a person easily anytime write out gifts of property to occur at their death, and can cover most tangible things like vehicles, furniture, clothes, and antiques, but not coins or money, not real estate, and not accounts or similar intangible property);

Form 5. Codicil (this form can make changes to a Will, but most people just do a new Will);

Form 6. Medical Durable Power Of Attorney (this is 1st of 4 “healthcare forms” in this book and is the most commonly used, and this form lets an “Agent” be named to control health care in case a person can’t later do this themselves, and also lets health care wishes to be written out);

Form 7. Directive To Withhold C.P.R. (this is 2nd of 4 “healthcare forms” in this book, and if kept on or near one’s body or in a medical file at a facility, so it is seen by staff or paramedics or others, it lets a person show they order no cardiopulmonary respiration (C.P.R.))(this form also can be called a Do-Not-Resuscitate);
Form 8. Medical Orders for Scope of Treatment (MOST) (this is 3rd of 4 “healthcare” forms in this book, and it can be carried on or near one’s body or especially in a medical file at a place, so it will if seen by health care personnel to let a person show they don’t want CPR or several other kinds of healthcare (this form is also sometimes called a Do-Not-Resuscitate form));

Form 9. Living Will (this is 4th of 4 “healthcare forms” in this book, and it can be kept in a medical file at a place, and shows a person doesn’t want most care including life-sustaining or artificial feeding care (except care for pain and comfort is still given), but to apply doctors later must say a person will remain unconscious or is terminal, which is rare so this form rarely applies);

Form 10. Statutory Form Power of Attorney (this standard form lets power over money, property, and more be shared by a person until their death with a very trusted person like spouse or adult child, usually so they can help do things like pay bills, sell property, access records, or sign documents);

Form 11. Delegation Of Power By Parent Or Guardian (this lets parent or guardian share power over child under 18 or incapacitated person with another person to let them help watch and control them);

Form 12. Declaration Of Disposition Of Last Remains (lets instructions be given and person be named to control funeral, cremation, burial, ceremonies, and related matters).

SOME DOCUMENTS NOT IN THIS BOOK ARE LESS COMMONLY USED

This book does not provide some more extreme, less useful, and harder to use documents.

“Revocable Living Trust” papers may be suggested to transfer most things into a trust, mainly to have things go faster after death and save small costs and legal work later of others (by “avoiding probate”), but this form is rare as it involves item-by-item moving things and involves years of paperwork and hassles.

“Childrens Trust” papers to have a trust hold a minor’s things until age 18 is rarely used, since a Will can name a “guardian” to manage and spend for them until 18, since rarely do minors get property or money, and since if it seems needed a person can just give things to the parent of the minor (including 1 parent usually if they die gives 100% to the other parent who is trusted to care for all).

“Organ Donation” forms one can do separately do exist, but it is strongly recommended this is done as part of getting a state ID or drivers license.

Colorado allows gifts to a pet by a “pet trust”, but one can just give the pet and money to a trusted friend.
SHORT BOOK GIVES LAW AND FORMS AND PEOPLE MAY SKIP PARTS

This book provides in one convenient place a quick review of the law and range of ready to use forms. To avoid confusion and skimming this book is very short, and after people who want can do more research. Chapters 2 through 7 basically cover Wills, and later Chapters 7-16 each cover a different form. It is not recommended but some may skip book parts especially if they will act simply (like in a Will gifting 100% to a spouse or equally to family, or only doing a Will and a Medical Durable Power of Attorney).

BOOK AND FORMS ONLY FOR THOSE WITH USUAL SITUATIONS OR WISHES

This book can't cover all complications or options, but it should be sufficient for those with usual situations and wishes, which is probably over 80% of people. A person should ask themselves, “Is my situation usual, and my wishes usual, so I can probably use this book’s forms?”

PEOPLE WITH UNUSUAL SITUATIONS OR WISHES MAY NEED ATTORNEY

People with unusual situations or wishes may need a lawyer for Wills and Estate Planning, like those with 1) wealth over $5 million, 2) complex family situations, 3) unusual wishes for gifts, 4) big family medical concerns (like persons with long-term care or special needs), or 5) persons need help filling out and signing documents. But using lawyers for things can take many visits over months, lawyers may make mistakes or be misunderstood, and it can costs $1000s a person (and some forms are redone every few years increasing costs maybe 10-fold). In life people must often weigh costs and benefits and decide if to pay a lawyer. Most adults right now have not used a lawyer for a Will and Estate Planning, and instead most skip doing these documents or do use forms. Older or wealthier folks may find a lawyer more useful. This book is not a substitute for legal advice and does not create any lawyer-client relationship.

DOWNLOAD OR PHOTOCOPY FORMS THEN FILL OUT AND SIGN

To get forms to use people can 1) download forms free as Appendix A says, 2) photocopy pages from this book, or 3) go to www.davenportpress.org. In this book the pages without page numbers are forms. When filling out forms people can use a computer or just handwrite to add words, but people should be sure to handwrite signatures and nearby dates in permanent ink. Most forms show with blank spaces and underlining where to add words and signatures (like, “I name ___ as Agent”). This book may show some ways to make major changes to forms, but making major changes is not recommended and can be risky.
CHAPTER 2
TERMS, PROPERTY LAW, DEBTS, AND FAMILY RIGHTS

THERE ARE BASIC TERMS AND IDEAS IN WILLS AND ESTATE PLANNING

Some words and ideas are basic to Wills and Estate Planning.

- A person who has died is called a “decedent” or the “deceased”.
- A “Will” or “Will and Testament” is a document by a person to control some issues after their death.
- A “Testator” is a person doing a Will, and if no will is done it is called being “intestate”.
- “Property” is either 1) “real property” which is land, buildings, and fixtures attached to land, or 2) “personal property” which is everything not real property like money, accounts, cars and personal items.
- A person getting gifts such as by Will can be called a “beneficiary”, or “heir” if related (they “inherit”).
- “Probate” is legal process to do things after death like transfer property, pick guardians, share info, and handle owed creditors. Due to law changes probate is fairly fast and cheap, with “informal probate” with no or little hearings or paperwork, and probate by “affidavits of collection” if there is under $60,000.
- An “Executor” (also call in Colorado a “Personal Representative” or “Administrator”) is a person put in charge after someone’s death to do things including any probate process, and often is a spouse or friend.
- “Notary” (also called a “notary public”) is a person approved by the state to observe signings and stamp documents to make them more enforceable, and they can be found at banks, court, insurance agents, businesses, or (often best to avoid delay and bother) can be hired from the phonebook.
- State law is the “Colorado Revised Statutes” (which can look like C. R. S. §15-10-101 (this specific law is where the Probate Code starts)). Federal law is in the U.S. Code.
- Wills in Colorado can involve a local District Court in its Probate division. If found in time a last valid Will should be filed within 10 days of death. Until a death a person usually keeps their Will in a safe place.
- “Guardian” is a person who cares for someone who needs it like helping with health care or living arrangements, and “Conservator” is a guardian who helps manage property and money for someone.

“ESTATE” MEANS PROPERTY OF DECEDENT OR BODY MANAGING THINGS

The “estate” of a decedent (the “probate estate”) is all property of someone who died that on death did not transfer automatically to other owners so remains. Also, the “Estate” is also the word for a temporary entity which is run by an executor to do things. A deceased person’s accounts and other property might be renamed under an estate name for several months, like the “Estate of John Harold Smith”.

4
IF THERE IS NO WILL THEN STATE “INTESTATE” LAW CONTROLS PROPERTY

“Intestate” means to die with no Will, and if this occurs intestate laws says to who property and money of the decedent who died should go. Doing a Will to say clearly who should get things will avoid intestate law and avoid confusion. Intestate law usually gives all to a surviving spouse if no other children were born to either spouse other than those they share, and gives all to decedent’s children if no surviving spouse. Unhelpfully, in complex family situations intestate law may split things between a surviving spouse and children even if they are young, or parents of a decedent may get a share despite a spouse’s need for more. In intestate law any legally adopted children count as normal but not step-children or foster kids.

“NON-PROBATE PROPERTY” TRANSFERS IGNORE ANY WILL

Property that for some reason automatically transfers on a death to other owners is called “non-probate property”, and such property will transfer as arranged even if a Will covers the property. Examples are: a) “beneficiary” forms name someone to get accounts or investments, b) property is held by 2 people as “joint tenants”, c) life insurance names a beneficiary, or d) transfer-on-death or pay-on-death accounts. Colorado also has a special “Lady Bird Deed” one can use so real property transfers to someone on death. Property of a decedent not subject to non-probate transfers is left to be handled by the probate process. Having non-probate transfers for all things is called “avoiding probate”, but it is rare since it can make living and paperwork difficult for years, and often a thing is missed so in the end it fails. Avoiding the probate legal process may be of small benefit as probate often involves just a short court hearing and few hours spent on forms (also informal probate and affidavit-of-collection probate for up to $60,000 is available too). When doing a Will one should consider non-probate transfers that may occur automatically on death and consider what will be left to be gifted by a Will.

PERSON CAN ONLY GIFT IN WILL OR OTHER WAY WHAT THEY OWN

A person can only gift by Will or other way things they own, and ownership can be complex. Very basically, under Colorado property law a person usually owns all they make as wages or salary, profit or income based on property they own, and usually the things or parts of things their resources contribute the funds to buy or improve.

People during life can add or change owners by agreement or gifts, especially if in writing to be clear. For property with title documents (real estate or vehicles) or where there is a “listed owner” (like accounts) the named persons are usually the legal owners unless very strong evidence shows a mistake,
a clear agreement to share or return the money or property, or other special grounds.

As explained in this book, “non-probate transfers” occur automatically after death (usually if the law allows it and a form was done), for example many brokers have beneficiary form for stocks.

As explained in this book, some property can be held jointly in special way so joint owners or co-owners automatically get the part of deceased owners, for example some “joint bank accounts” do this.

A person during life is still free to make gifts or sell property even if the property is named in a Will.

In general, people doing a Will should see what they own and will likely be left and can give by Will.

FOR MARRIED PERSONS “SEPARATE PROPERTY” STATE LAW CONTROLS

Colorado is not a “community property” state (like California or Texas) where a spouse usually owns half a spouse’s income and half of most purchases during marriage. Colorado follows the more common system of “separate property” law, where each spouse usually owns their own income and things they buy. Usually only if a couple gets property or money jointly by clear agreement or buy with joint funds, are things owned 50-50 (but upon death normally such a 50% share does not automatically go to the survivor unless a Will gifts the things to that spouse). Frankly, in a separate property state ownership in a marriage can be unequal, and confusing. A person writing a Will should consider what is owned by them, owned by a spouse, maybe is owned in 50/50 shares, and what the others spouse regardless may feel entitled to get so would cause legal problems about. Due to these property law problems, and issues explained in this book, it is recommended people in a Will gift most to their spouse and just make a few small other gifts.

REAL ESTATE IS OWNED AS TITLE PAPERS SAY WHICH CAN LIMIT GIFTING

Real estate (and other kinds of property) can be held in some “ownership forms”, which affects gifting:

a) normal or “separate” ownership usually occurs if just 1 person is listed on title, or in any normal case some item is owned, then the owner usually has power to sell or gift during life and to gift by Will;

b) “tenants in common” may occur if several are listed on title, then each owner has a percent share (like 50%) they can sell or gift in life or gift by Will, and there is no automatic transfer on death to others;

c) “joint tenant with right of survivorship” occurs if several are named on title and this “joint” language is written, then each owner has percent share they can sell or gift during life by legal action, but they can’t gift by Will since on death it automatically goes to other owners—this is often how 2 spouses own a house;

d) a “life estate” occurs if title papers say so, then 1 person uses a property for their life but can’t sell or gift in life or gift by Will since on death the property automatically goes to others named on the title;
e) “trust property” occurs if paperwork creates a trust and people transferred property into the trust, and then only a “trustee” can sell or gift trust property in ways a trust allows, and Wills can’t affect trust property.

**DECEDEDENT DEBTS PAID USING MONEY AND PROPERTY BEFORE WILL GIFTS**

After someone dies owed creditors have a claim to be paid from the decedent’s money and property, before most Will gifts are carried out. If there’s not enough money Will gifts may be reduced or not done, and the order this occurs is gifts of the remainder and then gifts of money are sacrificed first to pay debts, and only if necessary are specific gifts of property sacrificed to pay debts. In cases of very high debts non-probate transfers done automatically at death may be undone to pay creditors. Debts of a funeral, burial, probate, estate attorneys, last illness, and “medical assistance” debts may have priority to be paid before other debts. As this book says elsewhere, even if a decedent had large debts there are “family rights” that may let family get some money and property before debts. But a spouse and family can feel safe in that they are not usually liable to pay for a decedent’s debts (unless they guaranteed or co-signed).

A person making a Will should consider after their debts are paid what property and money will be leftover.

**MORTGAGES PASS WITH ITEMS AND ARE NOT PAID OFF**

Unlike most debts of a decedent which are usually paid during probate, a Colorado rule says “mortgage” debts secured by property are not paid off after a person dies even if a Will says generally to pay debts. Instead if a Will gifts property that has a mortgage a recipient getting it must keep paying the debt to not lose it, which would include most car loans with liens. This rule often is helpful, as paying off a mortgage or lien in most cases might use up most assets so interfere with other gifts. If a person wants a mortgage or lien to be paid off they can say this in a Will, or just also give enough cash to pay the debt.

**BEFORE DEBTS COME “FAMILY ALLOWANCE” AND “EXEMPT PROPERTY”**

After someone dies their spouse or minor children has an optional right to certain “family rights” which by law can occur before most decedent’s debts are paid. The “Family Allowance” is a right to be paid during any probate case an amount to live on, which is $33,000 in 2018 or more if shown needed. There also is a right to “Exempt Property” of $33,000, which lets family pick this much of decedent’s personal property like furniture, clothes, vehicles, and other things. Both these amounts increase yearly for inflation. These rights go first to a spouse and if none then to dependent children such as those under 18. Prenuptial or postnuptial agreements can waive these rights. Obviously, a family claiming these rights may use up
money and property so there is less leftover to be given out under a Will. By law if possible certain gifts should not be interfered with to pay family rights, like specific gifts in a personal property memorandum.

HOMESTEAD EXEMPTION PROTECTS EQUITY FROM CREDITORS

Normally assets of a decedent who died are used to pay owed creditors, but a “Homestead Exemption” law says $75,000 of equity in a homestead is free of creditor claims if a surviving spouse or children get the house. This increases to $105,000 if decedent was at least 60. Therefore creditors can’t force a foreclosure or stop family from getting a homestead if equity is under this amount. For example, a $200,000 house with mortgage of $150,000 (so $50,000 in equity) can pass to family even if lots of debts exist. Of course, any house mortgage must keep being paid to keep a house.

SPOUSE UNHAPPY CAN GET “ELECTIVE SHARE” AND NOT FOLLOW WILL

A married person cannot easily avoid a spouse having a right to a lot of money and property. Colorado to try to be fair gives a spouse if unhappy with what a Will gifts them the right to instead choose (elect) an “Elective Share”. This is set at 10% first year of marriage, and increases by 5% each year, until reaching 50% after 10 years. This share is applied to a decedent's “augmented estate”, which is decedent's property and money with increases like for non-probate transfers to others and reductions like for non-probate or similar transfers the surviving spouse gets. It is recommended a person gift by Will and other means to a spouse at least 50% of property and money to avoid them using the Elective Share. If an Elective Share is used the other Will gifts to the spouse do not occur, but other parts of the Will are carried out if possible. But in Colorado a child has no right to anything, so a child can be “disinherited” and given nothing in a Will.

PROBABLY DO NEW WILL IF DIVORCE, MARRY, HAVE NEW CHILD, OR MOVE

Divorcing, marrying, having a new child, or moving to a new state after doing a Will can have big legal effects. If any of these occur it is recommended people do a new Will and review other papers. But under Colorado and other states laws usually a Will done in another state is still valid in the new state moved to.

USUALLY NO FEDERAL OR COLORADO TAX IS OWED DUE TO A DEATH

Usually no tax is owed due to a death, so no estate, inheritance, or death taxes. This is because the “Federal Estate And Gift Tax” only starts when a tax credit is used up that covers $11,180,000 in 2018 (this rises for inflation). Transfers to spouses are free of this tax, and an “annual exclusion” of gifts to others of $15,000 helps in some cases. Colorado no longer has any similar state tax. Tax is rarely an issue.
CHAPTER 3
BASICS OF WILLS

A “WILL” CAN CONTROL ISSUES AFTER DEATH AND CAN AVOID PROBLEMS

A "Will" is a document that can be done by any person of sound mind at least age 18 in Colorado. It is done to control issues that may arise after a death. A Will is often called a “Last Will And Testament” and the person doing a Will is called a “Testator”. A Will is commonly done by a person to say who gets their property and money, say who should be executor handling their affairs after death, say who is guardian for any minors under age 18, and say informal and less costly legal procedures can be used. Not doing a Will can cause confusion, add costs, add hearings, add delay, and lead to family fights.

TO BE VALID A WILL SHOULD BE SIGNED WITH 2 WITNESSES OR A NOTARY

For a Will to be valid normally a person should sign it in the presence of 2 witnesses who also sign. Witnesses should be at least 18 but not so old they will not be available later if needed. Legally there is an option to use 1 notary not 2 witnesses, but if a notary is involved it is suggested people sign normally with witnesses and then do a notarized “Self-Proving Affidavit” as this book explains. Technically a spouse, persons getting Will gifts, or person named as executor or other role, all can be witnesses, but it is a bit better if “disinterested” people without these ties be witnesses. Often neighbors or friends act as witnesses. Most witnesses do not read the full Will and just read the 1 paragraph they are signing. A lawyer can say what to do if a disabled or ill person can’t physically sign. There is no need to initial each page

TESTATOR WHEN SIGNING MAY SAY A FEW WORDS

The persons who are signing or witnessing a Will must be in the same room and see each other sign. No specific words are needed, but usually witnesses are told by person doing the Will, a) the person’s name, b) the document is a Will made voluntarily, and c) person doing the Will wants the 2 to be witnesses.

KEEP SIGNED WILL IN SAFE PLACE IT CAN BE FOUND AFTER A DEATH

A Will is printed and prepared and stapled, and then the official signing occurs, and then it should go to a place where it can be found within days of a death (like desk, cabinet, safe, safe deposit box at banks) or with a trusted person (like spouse, relative, friend, lawyer or clerk). Someone should be told where to look if it is put in unusual places. A valid Will should be filed at District Court within 10 days of death. Most courts won’t accept filing during life for safekeeping.
SPECIAL HANDWRITTEN “HOLOGRAPHIC” WILL DOES NOT NEED WITNESSES
Although not recommended, a Will with most major parts handwritten by a person doing it which is then signed can be valid in Colorado without witnesses. This “Holographic Will” is often done in emergencies if 2 witnesses are not present. These kinds of Wills are more likely found invalid or lead to fights.

WILL CAN BE REVOKED BY NEW WILL, TEARING UP, OR MARKING
To cancel or “revoke” a Will a person can do a new Will which says it revokes previous Wills, or can do an act showing intent to revoke like tearing up, burning, or writing “canceled” on all pages. Revoking a Will doesn’t bring back into force earlier Wills. Crossing out just part of a Will usually has no effect.

IN A WILL CAN NAME “EXECUTOR” TO HANDLE MATTERS AFTER DEATH
Most Wills name a person as “Executor” who in Colorado is mostly called a “Personal Representative”. This person will do needed things after a death like manage probate, find and transfer property and money, pay debts, file any needed tax returns, and more. A chosen executor often is a spouse, adult child, or friend (or a lawyer or bank if they agree and are paid). It is OK for an executor to be getting Will gifts and named as guardian in a Will or have other connections. If an executor needs a lawyer’s help or needs to pay filing fees or cost of caring for property, then this is paid from the decedent’s money and property. If an executor is needed and a Will fails to name someone suitable, then in an often long costly hearing a judge will pick someone usually from a spouse and close family who may argue over this. Naming 2 persons to be executor at the same time is rare due to legal problems and delays. An executor can ask to be paid for their work, but this is often skipped to avoid income tax and to leave resources to carry out Will gifts.

EXECUTOR HAS POWER TO EASILY COLLECT AND TRANSFER PROPERTY
An executor by law has a wide range of powers to control things and take actions. An executor has power to easily collect and transfer most property and money of a decedent. Banks, investment companies, and others will usually follow instructions of an executor. Some Wills have paragraphs of legal language where executors are given even more powers to do more.

WILL CAN SAY TO SKIP COSTLY EXECUTOR “BOND”
Most Wills say no “bond” or “surety” is required for an executor. This is insurance against executor misconduct paid using estate resources, but most people do not want this since the executor is trusted.
COLORADO PROBATE IS FAIRLY FAST, AND LAW AND WILLS GIVE OPTIONS

Despite what people hear, in Colorado the probate process is fairly fast and affordable. Colorado law allows “informal” probate to be done which skips most or all court hearings, and also allows use of simple affidavits-of-collection for estates with under $60,000 with no real property. All the Wills in this book request informal probate or less burdensome options be done.

WILL CAN NAME “GUARDIAN” TO CARE FOR CHILDREN

If a parent dies with a child under 18 the other natural or adopted parent (but not a step-parent) takes over automatically unless found by a court as “unfit” or if this is admitted, which is rare. For the rare case the other parent is unavailable or unfit, one can in a Will can name a “guardian of the person” to care for a child under 18. Choice of guardian of the last parent caring for a child is given more weight. If needed and no Will names a guardian a judge in a maybe costly hearing picks someone from family and friends who may argue about this. Naming 2 persons guardian at the same time is uncommon due to possible arguments and delays even if they are a married couple. In a Will since naming the other parent as guardian of the person is pointless (they usually take over unless they are unavailable or unit) most people name for this a healthy relative or friend just in case their spouse predeceases them. People with no child under 18 can skip or fill a guardian clause anyway, or use a Will without this clause.

RARELY GIFT TO CHILD UNDER 18 BUT WILL CAN NAME PERSON TO HELP

A child under 18 can’t easily manage and spend money and property, and many banks and companies will refuse to deal with them. So, most people rarely give anything to a minor under 18 and instead give to their parent or someone trusted to help them. If something goes to a child, the law lets people use the “Uniform Gift To Minors Act” to name a person to manage and spend a child’s property and money for the child’s benefit, all with little paperwork and procedures. All this book’s Wills say if needed this can be done, and says if there is a “Guardian” caring for a child they also should do this job of managing and spending a child’s money and property. Finally, if more legal power is needed, a “Conservator” can be named to manage and spend for a child, and this book’s Wills says if a Conservator is needed it should be the person who is acting as Guardian too. This “combining” Guardian with also managing and spending can avoid problems and delay, but some people worry and name 2 different persons.
WILLS HAVE LONG “MISCELLANEOUS” SECTION TO HELP AVOID PROBLEMS

Most Wills have a long “Miscellaneous” section with dozens of paragraphs of legal language, to help avoid some common legal problems. Wills often say plural or gender meanings of words are ignored to let people write words in blanks easier. Also, often Wills use “they” when it may refer to 1 person.

CAN HAVE “ALTERNATE” EXECUTOR OR GUARDIAN BUT MANY SKIP THIS

If a person named in a Will as executor or guardian is unavailable then some Wills have a clause to say who is an alternative person to act if needed. Such alternative clauses say basically “or if they are reasonably unable to serve I nominate ___ to serve.” But rarely is such a person unavailable, and if this seems likely a new Will just can be done to name someone else. Or if needed a judge will people someone. All this book’s form Wills to keep things simple skip having naming of alternative persons.

WILL CAN BE SUPPORTED BY SELF-PROVING AFFIDAVIT

Any Will can be supported by a “Self-Proving Affidavit” form, which helps avoid later work and make a Will more likely to be followed later. The Self-Proving Affidavit form is found in a Chapter in this book.

COLORADO ALLOWS “TANGIBLE PERSONAL PROPERTY LISTS”

Colorado lets people write in an easy to do “memorandum” gifts of “tangible personal property” like furniture, appliances, jewelry, clothing, tools, or cars. Such document is found in a Chapter in this book.
CHAPTER 4
USING WILLS TO MAKE GIFTS

WILL HAS GIFTS TO SAY WHAT HAPPENS ON DEATH TO ALL PERSON HAD

A Will is the normal way a person says what happens on death to their property and money. As explained in this book, a Will covers any property and money left after any automatic non-probate transfers occur. In a Will to do a gift often simple words are used, like “I give ____ to ____”. Using simple understandable words can avoid need to use complex words like “bequest”, “devise”, or “legacy”.

IN A WILL CAN DO “SPECIFIC GIFTS” TO GIFT PARTICULAR PROPERTY

Most Wills in a main area have “Specific Gift” clauses to gift particular things to persons named. Specific gifts can be any kind of property like clothing, groups of household items, investments, cars, and real estate. Examples are: “I give my Oak Table to Mary Dodd”, “I give UBank account ending in 8473 to Ivy Dee”, and “I give all clothing to Ann Coe”. Specific gifts are given some preference to be done before most other Will gifts, and the law tries to pay a decedent’s creditors not using things in specific gifts.

IN WILL CAN DO “GENERAL GIFTS” OF MONEY WHICH CAN BE BEST

Many people in a Will give “general gifts” which can include money amounts. Giving money has less legal risk, is easy to do, and can allow equal value to go to many people. Gifting specific property is riskier since maybe over time the property was lost, or the value of property greatly changed, or the item has or will be sold to pay debts. Examples of general gifts are, “I give $50 each to my 3 nieces, Beth, Ruby and Bonny” and “I give $90 to Ben Lee and Jan Kim to share”. After a death a court or executor automatically has power to sell property to carry out gifts of money, or by agreement people can accept property instead of money. Money gifts can be written in a Will’s specific gift area, but legally they are different.

TYPE OF WILL GIFTS USUALLY DONE IN CERTAIN ORDER

Concerning gift order, usually when Will gifts are carried out 1) Will “specific gifts” that name particular property are done first, 2) Will “general gifts” like money amounts are done next, and 3) Will “residue” gift is done last (which covers anything remaining). Gifts of the same type usually occur in the order written in a Will. People should consider if gifts carried out earlier in a Will may leave less for later gifts.
GIFT OF RESIDUE IN “RESIDUE CLAUSE” HELPFULLY GIVES ALL LEFT OVER

Most Wills have a “residue clause” toward their end that helpfully gives any property or money of a person not given or used in another way to the persons named in the residue clause. The residue can be called the leftover. A residue clause ensures everything goes to someone. If a Will gift fails to occur for some reason (like death of the beneficiary), then the property or money is controlled by the residue clause. Importantly, many people use a residue clause to gift most things since it has less legal risks and is easy to write out. Often a Will residue clause has:

1) a 1st space to name 1 or more persons to get things if they are alive when the Will maker dies (many name a spouse or closest family here), and
2) a 2nd space to name 1 or more persons to get things if all people named in the 1st space don’t survive past the Will maker (many name next closest family or friends here).

People should consider what likely be left to pass by the residue clause, and also carefully name persons to get things in the residue clause.

CAN DO ALTERNATE BENEFICIARY BUT THIS BOOK’S WILLS SKIPS THIS

In case a person named to get a Will gift dies, some Wills name an alternate beneficiary. This can be, “If they fail to survive, then ___ gets the gift.” Also “anti-lapse” laws sometimes say if someone dies certain family take Will gifts in their place unless a Will overrules this. All this can be confusing and may lead to unwanted results. To reduce uncertainty, this book’s Wills usually say if a gift beneficiary hasn’t survived the gift has no effect unless an alternative person is written, and instead the property or money is left to be handled by the “residue” clause. Frankly, if someone named in a Will dies it may be wise to re-do a Will.

IN JOINT GIFT SEVERAL ARE NAMED TO GET SAME THING IF THEY SURVIVE

The same property or money in a “joint gift” can go to several people to share, like “I give AmBank account ending in 8483 to Ed Coe and Jill Hill”. Importantly, this book’s Wills say if several beneficiaries were to share a gift if one dies others take the dead person’s share in proportion to their initial share. For example, “I give $10 to Jo, Ada, and Kay if they survive me” means if Jo has died the other 2 get $5.

BENEFICIARIES CAN BE GIVEN PERCENTAGE RATHER THAN EQUAL SHARE

When several people are given the same property or money this usually means they get an equal share, but if wanted a percentages can be written out. Often a Will’s “residue clause” is gifted by
percentages to get the exact split wanted. Examples are, “I give all my furniture 70% to Ken Hud and 30% to Wanda Jones” and “I give the residue 90% to Nina Joy my wife and 10% to Judy Boxer my daughter”.

**FAMILY CAN BE ALTERNATE BENEFICIARY USING “LINEAL DESCENDANTS”**

The term “or their lineal descendants” can be in a Will gift, so that if a Will gift beneficiary has died then getting the gift instead are his or her lineal descendants like children or grandchildren. To say just how a family split a gift the term “per stirpes” is used meaning “by the root” so each branch of family gets a share. For example, if old Abe dies, and his sons Ben and Ken both die with 1 and 2 kids respectively, if Abe’s Will says “to Ben and Ken or lineal descendants per stirpes” the result is Ben’s 1 child gets 50% and Ken’s 2 children each get 25%. “Lineal descendants” wording is common in residue gift clauses to say descendants take the leftover a deceased parent or other would have got. Note, a spouse is not a “descendant”.

**DUE TO PROBLEMS MOST DON’T GIVE TO ANYONE UNDER 18**

Due to added work and costs many avoid gifting to persons under 18, instead maybe gifting via family like “I give $80 to Ann Fox in hope she will help her son Leo Fox”. It is recommended if 1 spouse dies rather than give to children under 18 that instead everything just be gifted to the other spouse. But if really wanted a child under 18 can be gifted to, and then a Will clause or judge will name an adult to help them.

**NEED GOOD DESCRIPTION OF PERSONS NAMED IN WILL**

People named in a Will must be described with enough detail so persons who knew the decedent well can reasonably decide who was meant. The 1 person doing a Will usually writes their full legal name, but for other people nicknames or partial names are OK. Some people add they are “also known as” or “a/ka/” another name. Wills can skip most of names if who is in a group is clear, like “I give $95 to each of my sister Kim’s kids”. It can help to say how a person is known, like “my fishing buddy” or “my cousin”.

**NEED GOOD DESCRIPTION OF PROPERTY GIFTED IN WILL**

Property in a Will gift must be described so those who knew a decedent can tell the likely meaning. This is usually easy as most people only own 1 of something. It is fine to describe property by category, by standard location, or to have a long list of property in a single gift to save space (like “all my clothes”, “all property in my cabin”, or “my tools and my tractor and my 1991 Jeep”. For real property using a “legal description” is best (like “Lot 2, Block 4 of Polk’s Addition to Boyd”), but using a street address is allowed.
“CONDITIONS” ON A GIFT THAT MUST BE MET CAN CAUSE PROBLEMS

“Conditions” can be put on a gift so if a thing does not occur a gift does not occur, like “I gift all jewelry to Jo Bix if she loses 10 pounds within 1 year” or “I give $90 to Bo Kent if he starts college within 2 years”. But gift conditions if strange or if would take long can lead to problems, so usually avoid conditions.

IN GENERAL GIFT AS WANTED, KEEP SIMPLE, AND CONSIDER ANY SPOUSE

Gifting by Will may seem complex but usually it can be kept simple. Under Colorado law a person is mostly free to gift their property and money as wanted including giving nothing to a child, but a spouse may have a right to an “elective share” of up to 50% (as this book explains). In a Will despite options it is often best to keep things simple. For example, it may be best to do 3 to 4 small gifts of money and items, and then just use a Will’s residue clause to gift everything remaining to one’s spouse if he or she survives and then to one’s children. As explained above, “or their lineal descendants” language can make a person’s children and grandchildren take a gift in their place if they are dead. Some people avoid complexity, and just give 100% to a spouse who is trusted to make small gifts that were told to them. Importantly, people can do a new Will at times it seems wise, for example after one’s spouse dies when gifting more to children is more a focus. In general, how a Will is written or filled out need not be perfect, so long as intent of the person doing the Will can reasonably be seen.
CHAPTER 5
FORM 1: LAST WILL AND TESTAMENT (STANDARD WILL)

FORM 1 IS A STANDARD WILL THAT IS FLEXIBLE WITH NO GUARDIANS

Form 1 is a standard Will. This Will is meant to be flexible for people to fill out as wanted. This Will has no paragraph about guardians or conservators, so is for those without a child under 18 and someone not gifting to anyone under 18 or someone who is incapacitated. Most people pick this Will in this book.

WILL IN FORM 1 HAS BASIC LAYOUT WITH SEVERAL PARTS

The Will in Form 1 has a basic layout with several parts.

The Will at its start has place for the person doing the Will to write their full legal name and County.

The 1st paragraph, “Gifts”, has many spaces to make either specific gifts of particular property or to make gifts of money amounts.

The 2nd paragraph, “Gifts Of Tangible Personal Property By Separate Writings”, says if a person did any separate writings that gift tangible personal property, they should be followed except if they conflict with the Will (so gifts in the Will’s 1st paragraph control over any conflicting gift in a separate writing). Separate writings are allowed by Colorado Revised Statute § 15-11-513 which law the Will mentions.

The 3rd paragraph, “Residue”, has a residue clause to gift all property and money not used by other Will parts, to certain persons based on what is written here (many people use this clause to gift most things).

The 4th paragraph, “Administration”, has space to name a person as “Personal Representative” (also known as executor) to handle most matters after their death.

The 5th paragraph, “Miscellaneous”, is made up of many sentences of legal language written to help avoid certain legal problems and to explain the Will.

Finally, there is a place for the person doing the Will to date and sign their name, and also a place for 2 witnesses to put Testator’s name, put signatures, and put current addresses.

RESIDUE CLAUSE HAS 2 PLACES TO NAME PERSONS TO GET THINGS

In a Will “residue clause” anything not gifted by earlier parts of a Will goes to persons based on what is said here. This is a “catch-all” to ensure all property goes to someone. Many people use a residue clause to gift almost everything since this is easy and has less risk. In this book’s Wills the residue clause has:

1) a 1st space to name 1 or more persons to get the residue, and those who survive by still being
alive when the Will is used take the shares of any persons named here who have not survived,
2) a 2nd space to name people to get things if all in the 1st space didn’t survive to when the Will is
used, and those named who don’t survive have their shares go to “lineal descendants” (so their
share goes to their branch of the family, which is usually closest children or grandchildren).
With this layout most people name in the 1st space a spouse or closest family, and in the 2nd space most
people name a list of next closest family or friends.

Helpful special options exist:
a) People can in the residue clause leave the 1st space empty and only name people in the 2nd space
to more widely spread things, and ensure if someone named dies their descendants get their share;
b) People can in any part of a residue clause gift using percentages, so maybe give large percentage
to close family, medium percentage to close friends, and small percentage to distant family.
The residue clause may seem complex, but those in the 1st space gets things if alive when a Will maker
dies, and if the 2nd space applies those named here split things or if deceased their branch of “lineal
descendants” gets their share (usually children or grandchildren of a person).

TO SUPPORT WILL CAN DO SELF-PROVING AFFIDAVIT, AND DO GIFT MEMO
As explained in this book a Self-Proving Affidavit can be done to support a Will, but a notary is needed.
And as explained in this book a Tangible Personal Property Memo can also be done with a Will.

WILL IS DONE BY PERSON SIGNING BEFORE 2 WITNESSES WHO SIGN TOO
A Will to be valid should usually be signed by the person doing the Will before 2 witnesses who then
sign too. There are a few lines for names and dates to fill out, but these are simple to understand.
The persons who will be signing a Will must be in the same room in the presence of each other, and
usually should see each other sign. Most witnesses do not read the full Will and just read the 1 paragraph
they are signing (which basically says witnesses were present when a Will was signed voluntarily).
Witnesses should be at least 18 and if possible young enough to be available later if needed. Technically
the witnesses can be getting Will gifts and can be named as Personal Representative or to another role,
but it is recommended “disinterested” people without these connections be witnesses if possible.
Although no specific spoken words are needed normally witnesses should be told by person doing the will,
a) the person’s name, b) the document is a Will which is made voluntarily, and c) the 2 other people are
wanted as witnesses.
FORM 1:
LAST WILL AND TESTAMENT (STANDARD WILL)
LAST WILL AND TESTAMENT

I, __________________________, a resident of ____________ County, Colorado, being of sound mind and not under duress or undue influence, revoke all prior Wills and Testaments and Codicils, and do make, publish, and declare this to be my Will including for the purpose of giving all property at my death I own or have the power to appoint.

1. GIFTS. I give these specific gifts and also general gifts of money, but a gift here has no effect and lapses if no beneficiary described here survives, except as otherwise noted.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

I give ____________________________ to ______________________.

2. GIFTS OF TANGIBLE PERSONAL PROPERTY BY SEPARATE WRITINGS.
Except for property distributed in earlier provisions, I give tangible personal property by writings separate from this Will, as allowed by Colorado law C.R.S. § 15-11-513 or other laws. If a person does not survive me then gifts to them in such writings shall lapse. If such a writing is not found within 60 days of my death it is canceled and has no effect.
3. RESIDUE. I give the rest, residue, and remainder of my estate and property not transferred by other Will provisions (all of which is called here the “residue”), as follows:
   a) to _______________________________ only if they survive me with those of these who survive taking the share of non-surviving persons,
   b) then if none of these just named persons do survive I give the whole residue to _______________________________ or their lineal descendants per stirpes which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint ________________________________ as Personal Representative for me, of my Will, and of my estate.

5. MISCELLANEOUS. The following applies to this Will and generally.
   I give my Personal Representative power to at any time pay or settle claims and debts which my Personal Representative in their sole discretion finds proper or helpful to pay.
   Priority of Will gifts of the same type is based on the order they are written.
   Any personal representative, guardian of any type, or conservator under this Will or otherwise shall qualify and serve without bond, surety, or other security or other thing.
   I authorize informal probate of my estate and Will and administrative probate, if my Personal Representative chooses to use such procedures.
   Plural, singular, or gender meanings do not limit any Will part, such as use of “they”.
   The word “executor” also means “personal representative” unless clearly inapplicable.
   Gifts to several parties shall be sold and cash given unless all agree on a use.
   In this document no unfilled part is a mistake and residue spaces may be left blank.
   The words “give” and “gift” mean same as devise, bequest, grant, legacy or similar.
   The word “survive” or “surviving” in a gift creates an absolute condition that must be met or the gift fails and anti-lapse laws or similar shall have no effect.
   A deceased beneficiary’s share goes to any other beneficiaries of the same gift in proportion to their shares, including the residue, but not if there is an alternate beneficiary.
   Failure to make gifts to any family including children is intentional and not a mistake.
   The residue includes lapsed or failed gifts, insurance paid to the estate, inheritances owed, property testator had a power of appointment or testamentary disposition over, whenever or wherever owned and including real, personal, and other property.
   Any Personal Representative or Guardian or other fiduciary, including any replacement, may use all powers in the Colorado Fiduciaries' Powers Act, as amended.
TESTATOR

IN WITNESS WHEREOF, I declare and publish that this instrument to be my Will which I make as Testator, that I do this as a free and voluntary act for the purposes expressed therein, that I am at least 18 years of age and of sound mind and under no constraint or undue influence, and that I do sign this instrument voluntarily as my Will in the presence and sight of each of the two witnesses who are named and who sign below, this ___ day of ______________, 20___.

__________________________
Testator signature

WITNESSES

We, the undersigned two persons, declare that in the presence and sight of both of us persons that ____________________ as Testator did voluntarily publish, declare and sign the foregoing instrument as the Will of the Testator, that to the best of our knowledge the Testator is at least 18 years of age and of sound mind and under no constraint or undue influence, that each of us two persons is at least 18 years old and sound mind to be witnesses, and that in the presence and sight of Testator and each other we hereby sign our names as witnesses at Testator's request.

__________________________
Witness #1 signature

__________________________
Witness #1 address

__________________________
Witness #2 signature

__________________________
Witness #2 address
CHAPTER 6
FORM 2: LAST WILL AND TESTAMENT (WITH GUARDIANS)

FORM IS BASIC WILL WITH GUARDIANS CLAUSE FOR THOSE NEEDING THIS

Form 2 is a Will that is flexible and also has a Guardians clause, and this form is for those with a child under 18 or who have Will gifts to a child under 18 or an incapacitated person. Some people use this Will just in case they later have a child under 18 since if later not needed the guardian part is just ignored.

WILL IN FORM 1 HAS BASIC LAYOUT WITH SEVERAL PARTS

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The Will at its start has place for the person doing the Will to write their full legal name and County.

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The 2nd paragraph, “Gifts Of Tangible Personal Property By Separate Writings”, says if a person did any separate writings that gift tangible personal property, they should be followed except if they conflict with the Will (so gifts in the Will’s 1st paragraph control over any conflicting gift in a separate writing).

Separate writings are allowed by Colorado Revised Statute § 15-11-513 which law the Will mentions.

The 3rd paragraph, “Residue”, has a residue clause to gift all property and money not used by other Will parts, to certain persons based on what is written here (many people use this clause to gift most things).

The 4th paragraph, “Administration”, has space to name a person as “Personal Representative” (also known as executor) to handle most matters after their death.

The 5th paragraph, “Guardians”, lets a person name person as “guardian” to if needed care for a child under 18, which guardian will also be “conservator” to if needed manage young person’s property until 18.

The 6th area, “Miscellaneous”, is made up of many sentences of legal language written to help avoid certain legal problems and to explain the Will.

Finally, there is a place for the person doing the Will to date and sign their name, and also a place for 2 witnesses to put Testator’s name, put signatures, and put current addresses.

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1) a 1st space to name 1 or more persons to get the residue, and those who survive by still being alive when the Will is used take the shares of any persons named here who have not survived,
2) a 2nd space to name people to get things if all in the 1st space didn’t survive to when the Will is used, and those named who don’t survive have their shares go to “lineal descendants” (so their share goes to their branch of the family, which is usually closest children or grandchildren).

With this layout most people name in the 1st space a spouse or closest family, and in the 2nd space most people name a list of next closest family or friends.

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a) People can in the residue clause leave the 1st space empty and only name people in the 2nd space to more widely spread things, and ensure if someone named dies their descendants get their share;
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A Will to be valid should be signed by a person doing the Will before 2 witnesses who then sign too.

There are a few lines for names and dates to fill out. The persons who will be signing must be in the same room, in the presence of each other, and usually should see each other sign. Most witnesses do not read the full Will and just read the 1 paragraph they are signing. Witnesses should be at least 18 and if possible young enough to be available later if needed. Technically the witnesses can be getting Will gifts and can be named as Personal Representative or to another role, but it is recommended “disinterested” people without these connections be witnesses if possible. Although no specific spoken words are needed normally witnesses should be told by person doing the will, a) the person’s name, b) the document is a Will which is made voluntarily, and c) the 2 other people are wanted as witnesses.
FORM 2:
LAST WILL AND TESTAMENT (WITH GUARDIANS)
LAST WILL AND TESTAMENT

I, ____________________________, a resident of ____________ County, Colorado, being of sound mind and not under duress or undue influence, revoke all prior Wills and Testaments and Codicils, and do make, publish, and declare this to be my Will including for the purpose of giving all property at my death I own or have the power to appoint.

1. GIFTS. I give these specific gifts and also general gifts of money, but a gift here has no effect and lapses if no beneficiary of the gift described here survives, except as noted.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

   I give ________________________________ to ______________________.

2. GIFTS OF TANGIBLE PERSONAL PROPERTY BY SEPARATE WRITINGS.
   Except for property distributed in earlier provisions, I give tangible personal property by writings separate from this Will, as allowed by Colorado law C.R.S. § 15-11-513 or other laws. If a person does not survive me then gifts to them in such writings shall lapse. If such a writing is not found within 60 days of my death it is canceled and has no effect.
3. **RESIDUE.** I give the rest, residue, and remainder of my estate and property not transferred by other Will provisions (all of which is called here the “residue”), as follows:
   a) to ______________________________________________________ only if they survive me with those of these who survive taking the share of non-surviving persons,
   b) then if none of these just named persons do survive I give the whole residue to __________________________________________ or their lineal descendants **per stirpes** which descendants shall take the share of their non-surviving relative.

4. **ADMINISTRATION.** I name and appoint ________________________________ as Personal Representative for me, of my Will, and of my estate.

5. **GUARDIANS.** I name and nominate ________________________________ as Guardian including of the person of any child of mine until age 18, but I do not indicate their other parent is not fit. If property or money goes by this Will or otherwise to a person under age 18 including, such shall go and be distributed to the person just named above as guardian, to hold and use as custodian for the child pursuant to the Colorado Uniform Transfer To Minors Act or similar laws. If a Conservator is needed or may be appointed, I do nominate and name to be Conservator of any child under 18 and their property the same person who above is named guardian.

6. **MISCELLANEOUS.** The following applies to this Will and generally.
   I give my Personal Representative power to at any time pay or settle claims and debts which my Personal Representative in their sole discretion finds proper or helpful to pay.
   Priority of Will gifts of the same type is based on the order they are written.
   Any personal representative, guardian of any type, or conservator under this Will or otherwise shall qualify and serve without bond, surety, or other security or other thing.
   I authorize informal probate of my estate and Will, and administrative probate, if my Personal Representative chooses to use such procedures.
   Plural, singular, or gender meanings do not limit any Will part, such as use of “they”.
   The word “executor” also means “personal representative” unless clearly inapplicable.
   Gifts to several parties shall be sold and cash given unless all agree on a use.
   In this document no unfilled part is a mistake and residue spaces may be left blank.
   The words “give” and “gift” mean same as devise, bequest, grant, legacy or similar.
   The word “survive” or “surviving” in a gift creates an absolute condition that must be met or the gift fails and anti-lapse laws or similar shall have no effect.
A deceased beneficiary’s share goes to any other beneficiaries of the same gift in proportion to their shares, including the residue, but not if there is an alternate beneficiary.

Failure to make gifts to any family including children is intentional and not a mistake.

The residue includes lapsed or failed gifts, insurance paid to the estate, inheritances owed, property testator had a power of appointment or testamentary disposition over, whenever or wherever owned and including real, personal, and other property.

Any Personal Representative or Guardian or other fiduciary, including any replacement, may use all powers in the Colorado Fiduciaries' Powers Act, as amended.

TESTATOR

IN WITNESS WHEREOF, I declare and publish this instrument to be my Will which I make as Testator, that I do this as a free and voluntary act for the purposes expressed therein, that I am at least 18 years of age and of sound mind and under no constraint or undue influence, and I do sign this instrument voluntarily as my Will in the presence and sight of each of the two witnesses who are named and who sign below, this ___ day of ________________, 20__.

________________________________________
Testator signature

WITNESSES

We, the undersigned two persons, declare that in the presence and sight of both of us persons that ______________________ as Testator did voluntarily publish, declare and sign the foregoing instrument as the Will of the Testator, that to the best of our knowledge the Testator is at least 18 years of age and of sound mind and under no constraint or undue influence, that each of us two persons is at least 18 years old and sound mind to be witnesses, and that in the presence and sight of Testator and each other we hereby sign our names as witnesses at Testator's request.

________________________________________
Witness #1 signature
Witness #1 address

________________________________________
Witness #2 signature
Witness #2 address
CHAPTER 7
FORM 3: SELF-PROVING AFFIDAVIT

FORM 3 IS DONE TO AVOID LATER WORK AND TO SUPPORT A WILL

Form 3 the “Self-Proving Affidavit” is a standard form written by Colorado legislators and found in law. This form is often done with a Will to reduce later legal work of others after a death and make a Will more likely to be found enforceable.

SELF-PROVING AFFIDAVIT HELPS WILL AND IS DONE WITH WILL OR LATER

This form is optional but is often done to support a Will. If this form is not done witnesses to a Will signing (or persons familiar with everyone’s signatures or other proof) have to be found after a death and appear at court to show a Will was signed correctly.

FORM IS DONE BY TESTATOR AND 2 WITNESSES SIGNING BEFORE NOTARY

This book’s form is a version that can be done either minutes after a Will was signed, or can be done anytime after a Will was signed and witnessed, but to complete this form a notary and the Testator and 2 witnesses must all be present. To be valid the Self-Proving Affidavit is completed by the Testator doing the Will, 2 witnesses who saw the Will signed, and a person who is a notary. All must be present and see each other sign the Self-Proving Affidavit. A notary (also called a “notary public”) can be found at banks, insurance agencies, court, or by looking up a notary in the phonebook. When the Self-Proving Affidavit is completed it can be paper-clipped to the Will it supports.
FORM 3:
SELF-PROVING AFFIDAVIT
SELF-PROVING AFFIDAVIT

THE STATE OF COLORADO
COUNTY OF __________________________

We, ___________________________________ (the testator),
________________________________________ (witness), and__________________________________ (witness),
the testator and the witnesses, respectively, whose names are signed to the attached
or foregoing instrument, being first duly sworn, do hereby declare to the
undersigned authority that the testator signed and executed the instrument as the
testator's will and that he or she had signed willingly (or willingly directed another
to sign for him or her), and that he or she executed it as his or her free and
voluntary act for the purposes therein expressed, and that each of the witnesses, in
the conscious presence of the testator, signed the will as witness and that to the best
of his or her knowledge the testator was at that time eighteen years of age or older,
of sound mind, and under no constraint or undue influence.

____________________________________
Testator

____________________________________
Witness

____________________________________
Witness

Subscribed, sworn to, and acknowledged before me by
___________________________________, the testator, and subscribed and sworn to before
me by _________________________ and _________________________, witnesses,
this ___ day of _________________, 20___.

____________________________________
(SEAL)
(SIGNED)

(Official capacity of officer)
CHAPTER 8
FORM 4: TANGIBLE PERSONAL PROPERTY MEMORANDUM

FORM LETS GIFTS OF NORMAL PROPERTY BE WRITTEN OUTSIDE A WILL

The “Tangible Personal Property Memorandum” form, also called a “Gift Memo”, or “Gift List”, lets a person easily and anytime write gifts of tangible personal property they want to occur at their death.

LIST GIVES EASY QUICK WAY TO WRITE GIFTS WITHOUT RE-DOING WILL

Doing or modifying a Will can be a hassle, so Colorado law gives an easy way to write gifts of tangible personal property a person wants to occur on their death. To do this a person just needs to make and then sign a document saying what property should go to which persons. A Will must authorize use of such writings, and if there is a conflict the Will controls. Several writings can be done to add gifts over time, and if writings conflict the more recently done writing controls. To revoke a gift list page it can be ripped up, marked “revoked”, or thrown out, but one should not try to change or cancel just part of a page.

GIFTS NEED REASONABLE DESCRIPTION OF PROPERTY AND PERSONS

The description of property and persons in a gift list must be sufficient so a person who knew the decedent can tell what probably was meant. Examples are, “Red Lamp to Jim Walker”, “Kayaks to Jo and Jim Hart”, “1989 Porsche and All Tools to Mary Smith”, “All fishing rods and lures to my son J. Kilby”, “painting by R. McCoy to my wife Ann”, “all things in my shed not a farm tool to Bo Bixby”, “All Irish Jewelry to Jenny Kohn”, “comic book collection to Jim and Ken Trent”, and “all my furniture to my son Roy”.

PROPERTY LIMITED TO “TANGIBLE PERSONAL PROPERTY”

A gift list outside a Will can only give “tangible personal property”, so only things with tangible form (not accounts or most investments) and not real property (not land or buildings). Also, a gift list probably can’t give any cash or coin even if antique or in a collection, and probably should not be used to transfer assets or inventory used in a business. Improper property written in a gift list will be ignored.

TO COMPLETE GIFT LIST SIGN AND USUALLY DATE AND KEEP NEAR WILL

To be valid the form just must be signed, and is also usually dated. To be followed lists must be quickly found after a person's death, and often many pages of gift lists are kept paperclipped to a Will (and to make changes a page is usually torn up and new modified gift page done).
FORM 4:
TANGIBLE PERSONAL PROPERTY MEMORANDUM
TANGIBLE PERSONAL PROPERTY MEMORANDUM

My Will refers to gifts of tangible personal property by written statement separate from my Will, and I make this writing for that purpose in compliance with Colorado law (C.R.S. § 15-11-513, as amended) or other laws.

I intend to do multiple pages of these writings, which should be seen as one document, and if particular gifts of property conflict the more recent page controls.

If a person getting property below does not survive me, such gift shall lapse and instead the property passes as my Will says including by the residue clause.

This page if not found within 60 days of my death is canceled and has no effect.

<table>
<thead>
<tr>
<th>DESCRIPTION OF PROPERTY</th>
<th>NAME OF PERSONS TO GET PROPERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>_________________________</td>
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</tr>
<tr>
<td>_________________________</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

Date:__________________  Signed:________________________
CHAPTER 9
FORM 5: CODICIL

CODICIL FORM CAN BE USED TO CHANGE PARTS OF A WILL
To make changes to a Will it is usually better to do a new Will to reduce the possibility of mistakes or confusion about what was meant. But if wanted one can use a “Codicil” to change parts of a Will.

IN CODICIL TO CHANGE WILL JUST LIST WORDS TO REMOVE AND TO ADD
In a Codicil form usually one first writes the words to be removed from a Will or other sufficient description of what to remove. Then one writes the new words to be added to a Will. Normally one also writes the date of the old Will being modified. These removals and additions are often simple things of just a few words so doing a whole new Will is seen as not worth it, for example replacing 1 beneficiary name, replacing property in a gift, adding or delating a gift, or naming a different person as executor, guardian, or conservator. These things might be done because people named in a Will have died or no longer need a gift of something, or because gifted property in a Will is no longer owned so needs to be replaced.

CODICIL MUST BE SIGNED BEFORE 2 WITNESSES WHO SIGN
To be valid a Codicil must be signed just like a Will and meet all the normal requirements for a Will signing. Basically, the person making the document must sign before 2 witnesses who also sign. When completed a Codicil document should be kept so it is found with the Will it modifies. If wanted a “Self-Proving Affidavit” can be done when a Codicil is signed, to make the later work of showing a Codicil was signed correctly easier.
FORM 5:
CODICIL
CODICIL

I, ______________________, a resident of __________ County, Colorado, declare this to be a Codicil to my Will dated ________________.

FIRST: I hereby do revoke part of my Will as follows:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_________________________________________________________________________.

SECOND: I hereby do add the following part to my Will:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_________________________________________________________________________.

TESTATOR

IN WITNESS WHEREOF, I declare and publish and make this instrument to be my Codicil to a Will, that I do this as a free and voluntary act for the purposes expressed therein, that I am at least 18 years of age and of sound mind and under no constraint or undue influence, and I do sign this instrument voluntarily as my Codicil to a Will in the presence and sight of each of the two witnesses who are named and who sign below, this ___ day of _______________, 20__.

________________________________________
Testator signature

WITNESSES

We, the undersigned two persons, declare that in the presence and sight of both of us persons that _____________________ as Testator did voluntarily publish, declare and sign the foregoing instrument as a Codicil to the Will of the Testator, that to the best of our knowledge the Testator is at least 18 years of age and of sound mind and under no constraint or undue influence, that each of us two persons is at least 18 years old and sound mind to be witnesses, and that in the presence and sight of Testator and each other we hereby sign our names as witnesses at Testator's request.

________________________________________
Witness #1 signature
Witness #1 address

________________________________________
Witness #2 signature
Witness #2 address
CHAPTER 10
FORM 6: MEDICAL DURABLE POWER OF ATTORNEY

CAN USE FORM TO NAME HEALTH CARE AGENT AND GIVE INSTRUCTIONS

This form lets its user name someone to make health care decisions and give health care instructions. This helpful form can avoid need for other forms. This form is number 1 of 4 health care forms in this book. There are many health care forms which may seem to overlap, but most people just use 1 or 2 of the forms.

PERSON CAN NAME “AGENT” TO HELP MAKE HEALTH CARE DECISIONS

A person controls their own health care until they are unable to (like due to unconsciousness, inability to communicate, or inability to think rationally). This form lets a person 18 or older share power to make health care decisions with someone, like spouse, relative, or friend. This form may avoid emergency court hearings or Guardianship Action later by letting others help a person, like in helping talk to doctors or decide on minor or major care issues. Any form giving a person power to decide things is called a “Power of Attorney”, and person getting power is the “Agent” or “Attorney-in-Fact”. This book’s form is “Durable” so it is still valid even if a person later is not fully competent.

IN FORM CAN NAME “ALTERNATIVE” AGENT BUT MANY SKIP THIS

In the form one can name an “Alternative” in case the first Agent is unavailable or unwilling later. But many people skip this as rarely needed or if it seems needed a new form usually can be done. Not naming an alternative can save having to think of someone, and save having to explain wishes to them.

CAN SAY IF AGENT CAN ACT IMMEDIATELY OR NOT UNTIL IF NEEDED

One can say if the Agent can only act if a physician finds a patient can’t make or express their own decisions, which can be a difficult decision. Or one can avoid problems by saying an Agent can make decisions right away, which is common. This also lets a person save energy by letting the Agent talk to medical people and decide some things, but a person is still usually free to stop the Agent by saying so.

CAN GIVE HEALTH CARE INSTRUCTIONS BUT MANY SKIP THIS

In the form one can give instructions the Agent in the form must follow. But many skip this in the form as there can be legal disputes about what the instructions mean. It also can be hard to write instructions,
but a physician may help. Legally the Agent must do what they think the person would do for themselves, and also must consider any earlier verbal or written instructions they were given.

**REVOKE EASILY BY MARKING OR TEARING FORM AND TELLING PEOPLE**

A Medical Durable Power of Attorney can be revoked or canceled by tearing up the form, writing on it “revoked” or similar, or putting in the garbage. Revocation is effective when medical personnel are told, and also an Agent’s power is revoked when told this, so a person can do this just by saying so.

**COMPLETE BY SIGNING USUALLY WITH 2 WITNESSES AND MAYBE NOTARY**

Colorado law is flexible and the Medical Durable Power of Attorney can be completed just by signing. But signing before 2 witnesses who also sign is standard and makes it more likely the form will be followed without delay. Witnesses should be at least 18, not working at a place involved in the person’s medical care or the person’s physician, and not someone who may inherit or get property from the person or who is owed debts by the person. A notary is optional but is sometimes done too, which also makes the form more likely to be enforceable especially in other states outside Colorado.
FORM 6:
MEDICAL DURABLE POWER OF ATTORNEY
MEDICAL DURABLE POWER OF ATTORNEY
(pursuant to Colorado Revised Statute 15-14.503–509 or other laws)

1. APPOINTMENT OF AGENT AND OPTIONAL ALTERNATE
I, __________________________________, the person doing this document as the Declarant, hereby appoint:

________________________________________________________
(name, address, email, phone)
as my Agent to make and communicate my healthcare decisions when I cannot. I give my Agent power to consent to or refuse or stop any healthcare, treatment, service, or diagnostic procedure. I give my Agent power to fill out and sign documents and apply for and act in writing for insurance, admission to any facility, applying for benefits, or handling payment. This Power of Attorney shall not be affected by my subsequent disability or incapacity. My Agent also has authority to talk with healthcare personnel, get information, and sign forms as necessary to carry out those decisions, and should be treated as I would with respect to use, disclosure, and other actions involving my individually identifiable health information and other medical records (including I give authority to access, receive and request all information governed by HIPAA and similar laws).

(Optional) Although not required to do so, if the person named above is unavailable or unable to continue as Agent then I appoint the following person as Agent to do as described above:

________________________________________________________
(name, address, email, phone)

2. WHEN THIS DOCUMENT TAKES EFFECT
By this document I am creating a Medical Durable Power of Attorney which takes effect either (initial one):
______ (Initials) When my physician determines I am unable to make or express my own decisions, and for as long as I am unable to make or express my own decisions.
______ (Initials) Immediately upon my signature.

3. INSTRUCTIONS TO AGENT
Although not required I know I can give instructions to my Agent that must be followed, doing so either in this document or in another way at anytime. Except about things I have given instructions my Agent may decide for themselves about healthcare decisions for me. I do now give some instructions (optional):

________________________________________________________
______________________________________________________________________________________________

4. COMPLETION OF THIS DOCUMENT
Below is the signature of Declarant to complete this document. Using two witnesses or a notary is not required by Colorado law but is common to encourage people to follow this document especially in other states.

Date: __________________________ Signature of Declarant: __________________________

We, the Witnesses, do declare: this document was signed by __________________________ (name of Declarant) in our presence, and we who are at least 18 years old and in the presence of each other and at Declarant’s request sign as witnesses, and when signing the Declarant was of sound mind and under no pressure or undue influence.

Signature of Witness: __________________________
Address and Phone/Email of Witness: __________________________

Signature of Witness: __________________________
Address and Phone/Email of Witness: __________________________

Notary (optional)
State of __________________________, County of __________________________
SUBSCRIBED and sworn to before me by __________________________, the Declarant, __________________________ and __________________________ witnesses, as the voluntary act and deed of the Declarant this __ day of __________, 20__.

________________________________________ My commission expires:
Notary Public
CHAPTER 11
FORM 7: DIRECTIVE TO WITHHOLD CPR

FORM SAYS NOT TO TRY C.P.R. AND IS USED OUTSIDE A HEALTH FACILITY

This Directive To Withhold CPR form (also just called the “Directive”) lets other people know not to try Cardiopulmonary Respiration (C.P.R.) to try to restart heart and breathing. This can also be called a Do-Not-Resuscitate form (a D.N.R.). This form is number 2 of 4 health care forms in this book. A physician must sign and be involved in doing this form.

THIS RARE FORM DONE IF IN BAD HEALTH TO AVOID CARE NOT WORTH IT

Most people do not use this form, and instead it is usually best for oneself and family and doctors to make health care decisions not in advance. Only rare people at least age 18 who feel if their heart or breathing stop that pain and cost of trying to restart these via CPR and then follow-up care is not worth it. This form tells paramedics and others if a person falls ill to not try CPR and related care. But this form makes clear treatment for pain and suffering can still be given. Health care staff can explain this form and when CPR may be unwise, and often they can provide a copy on bright color paper to be more visible.

FORM MUST BE EASY TO FIND OR BE VISABLE ON OR NEAR A PERSON

Paramedics and others who find a person are in a hurry, and only follow a Directive form if found quickly. People should keep a form outside clothing pinned or in a clear envelope, or visible by one’s bed or other place. Some “Colorado No CPR” bracelets or necklaces to show paramedics and others the form has been done can be found online, or at AwardAndSign.com, 303-799-8979, or MedicAlert.org, 888-633-4298. The form can be used in a health care facility but usually the MOST form is used in this case.

BE SURE TO SHOW HEALTH CARE PROVIDERS THE FORM BUT CAN REVOKE

Once signed copies of the form go to places giving treatment and one’s doctors. To revoke the form should be destroyed, thrown away, or revoked written on it, and then tell all health care providers.

PERSON AND THEIR PHYSICIAN MUST SIGN DIRECTIVE FORM

The Directive To Withhold CPR form must be signed by the person doing the form or someone who legally has power to make medical decisions for them, and also signed by a person’s physician. The physician can explain options, provide copies of the form, and help with the form.
FORM 7:
DIRECTIVE TO WITHHOLD CPR
Patient's or Authorized Agent's Directive to Withhold Cardiopulmonary Resuscitation (CPR)

This template is consistent with rules adopted by the Colorado State Board of Health at 6 CCR 1015-2

Patient's Information

Patient's Name ________________________________
(Printed Name)

If Applicable: Name of Agen/Legally Authorized Guardian/Parent of Minor Child ________________________________
(Printed Name)

Date of Birth: __/__/_____ Gender: □ Male □ Female Eye Color: __________ Hair Color: __________

Race Ethnicity: □ Asian or Pacific Islander □ Black, non-Hispanic □ White, non-Hispanic
□ American Indian or Alaska Native □ Hispanic □ Other

If Applicable: Name of hospice program/provider: ______________________________________________________

Physician's Information

Physician's Name: ________________________________
(Printed Name)

Physician's Address: _________________________________________________________________

Physician's telephone: ( ) ________________________ Physician’s Colorado License #: ________________

Directive Attestation

Check ONLY the information that applies:

□ Patient: I am over the age of 18 years, of sound mind and acting voluntarily. It is my desire to initiate this
directive on my behalf. I have been advised that as a result of this directive, if my heart or breathing stops or
malfunctions, I will not receive CPR and I may die.

□ Authorized Agent/Legally Authorized Guardian/Parent of Minor Child: I am over the age of 18 years, of sound
mind, and am legally authorized to act on behalf of the patient named above in the issuance of this directive. I
have been advised that as a result of this directive, if the patient’s heart or breathing stops or malfunctions, the
patient will not receive CPR and may die.

□ Tissue Donation: I hereby make an anatomical gift, to be effective upon my death of:
□ Any needed tissues
The following tissues: □ Skin □ Cornea □ Bone, related tissues and tendons

I hereby direct emergency medical services personnel, health care providers, and any other person to
withhold cardiopulmonary resuscitation in the event that my/the patient’s heart or breathing stops or
malfunctions. I understand that this directive does not constitute refusal of other medical interventions for
my/the patient’s care and comfort. If I/the patient am/is admitted to a health care facility, this directive shall
be implemented as a physician’s order, pending further physician’s orders.

□ Signature of Patient
□ Authorized Agent/Legally Authorized Guardian/Parent of Minor Child

______________________________  ________________________________
Date  Date

______________________________  ________________________________
Physician Signature  Physician Signature
CHAPTER 12
FORM 8: MEDICAL ORDERS FOR SCOPE OF TREATMENT

FORM SAYS NOT TO TRY C.P.R. AND CERTAIN OTHER TREATMENTS

The “Medical Orders for Scope of Treatment” form, or “M.O.S.T”, lets others especially medical staff at a facility know not to try Cardiopulmonary Respiration (C.P.R.) to try to restart heart and breathing, and also not try other major care listed. Some call this a Do-Not-Resuscitate form or a D.N.R. This form is number 3 of 4 health care forms in this book. A physician must sign and be involved in doing this form.

THIS RARE FORM DONE IF IN BAD HEALTH TO AVOID CARE NOT WORTH IT

This form tells medical staff and others if a person falls ill to not try CPR and certain other kinds of life care like artificial feeding and water, and is done by people thinking the further care has low chances and is not worth pain and cost. The form makes clear treatment for pain and suffering can still be given. This MOST form is meant for use in a health facility but can be used outside by making sure it is visible. This form is like a “Directive To Withhold CPR” form but is more complex and meant more for in a facility.

BE SURE TO SHOW HEALTH CARE PROVIDERS THE FORM BUT CAN REVOKE

Once signed copies of the form go to places giving treatment and one’s doctors, and it usually is put in one’s medical file. To revoke the form one can just tell other people it should be destroyed, thrown away, or revoked written on it, and then tell all health care providers about such revocation.

PERSON AND THEIR PHYSICIAN MUST SIGN DIRECTIVE FORM

This form must be signed by the person doing the form (or someone who legally has power to make medical decisions), and also signed by a person’s physician or similar. The physician can explain options, provide copies of the form (usually on bright green paper), and help with the form.
FORM 8:
MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)
**COLORADO MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)**

- **FIRST** follow these orders, **THEN** contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) for further orders if indicated.
- These Medical Orders are based on the person’s medical condition & wishes.
- If Section A or B is not completed, full treatment for that section is implied.
- May only be completed by, or on behalf of, a person 18 years of age or older.
- Everyone shall be treated with dignity and respect.

In preparing these orders, please inquire whether patient has executed a living will or other advance directive. If yes and available, review for consistency with these orders and update as needed. (See additional instructions on page 2.)

**A. CARDIOPULMONARY RESUSCITATION (CPR)**

- **☐ Yes CPR: Attempt Resuscitation**
- **☐ No CPR: Do Not Attempt Resuscitation**

**NOTE:** Selecting ‘Yes CPR’ requires choosing “Full Treatment” in Section B. When not in cardiopulmonary arrest, follow orders in Section B.

**B. MEDICAL INTERVENTIONS**

- **☐ Full Treatment—primary goal to prolong life by all medically effective means:**
  - In addition to treatment described in Selective Treatment and Comfort-focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

- **☐ Selective Treatment—goal to treat medical conditions while avoiding burdensome measures:**
  - In addition to treatment described in Comfort-focused Treatment below, use IV antibiotics and IV fluids as indicated. Do not intubate. May use noninvasive positive airway pressure. Transfer to hospital if indicated. Avoid intensive care.

- **☐ Comfort-focused Treatment—primary goal to maximize comfort:**
  - Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.

Additional Orders:

**C. ARTIFICIALLY ADMINISTERED NUTRITION**

- **☐ Always offer food & water by mouth if feasible.**

**ARTIFICIALLY ADMINISTERED NUTRITION**

- Any surrogate legal decision maker (Medical Durable Power of Attorney (MDPOA), Proxy-by-Statute, guardian, or other) must follow directions in the patient’s living will, if any. Not completing this section does not imply any one of the choices—further discussion is required. **NOTE:** Special rules for Proxy-by-Statute apply; see reverse side (“Completing the MOST form”) for details.

- **☐ Artificial nutrition by tube long term/permanent if indicated.**
- **☐ Artificial nutrition by tube short term/temporary only. (May state term & goal in “Additional Orders”)**
- **☐ No artificial nutrition by tube.**

Additional Orders:

**D. DISCUSSED WITH (check all that apply):**

- **☐ Patient**
- **☐ Proxy-by-Statute (per C.R.S. 15-18.5-103(6))**
- **☐ Agent under Medical Durable Power of Attorney**
- **☐ Legal guardian**
- **☐ Other:**

**SIGNATURES OF PROVIDER AND PATIENT, AGENT, GUARDIAN, OR PROXY-BY-STATUTE AND DATE (MANDATORY)**

Significant thought has been given to these instructions. Preferences have been discussed and expressed to a healthcare professional. This document reflects those treatment preferences, which may also be documented in a Medical Durable Power of Attorney, CPC Directive, living will, or other advance directive (attached if available). To the extent that previously completed advance directives do not conflict with these Medical Orders for Scope of Treatment, they shall remain in full force and effect.

If signed by surrogate legal decision maker, preferences expressed must reflect patient’s wishes as best understood by surrogate.

**Patient/Legal Decision Maker Signature (Mandatory)**

**Name (Print)***

**Relationship/Decision maker status (Write “self” if patient)**

**Date Signed (Mandatory; Revokes all previous MOST forms)**

**Physician / APN / PA Signature (Mandatory)**

**Print Physician / APN / PA Name, Address, and Phone Number**

**Colorado License #:***

**DATE SIGNED (MANDATORY)**

**HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY**

Authority for this form and process is granted by C.R.S. 15-18.7- Directives Concerning Medical Orders for Scope of Treatment, enacted 2010.
**SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

**ADDITIONAL INFORMATION:** Please provide contact information below, in case follow up or more information is needed.

<table>
<thead>
<tr>
<th>Patient Legal Last Name</th>
<th>Patient Legal First Name</th>
<th>Patient Middle Name [if any]</th>
<th>Patient Date of Birth</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Person for the Patient</th>
<th>Relationship and/or MIPOA, Proxy, Guardian</th>
<th>Phone Number/email/Other contact information</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Professional Preparing Form</th>
<th>Preparer Title</th>
<th>Phone Number/email</th>
<th>Date Prepared</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Patient Primary Diagnosis</th>
<th>Hospice Program [if applicable] / Address</th>
<th>Hospice Phone Number</th>
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**DIRECTIONS FOR HEALTH CARE PROFESSIONALS**

For more information, please refer to the “Getting the MOST Out of the Medical Orders for Scope of Treatment: Guidelines for Healthcare Professionals,” www.ColoradoMOST.com

**Completing the MOST form:**
- MOST form master may be downloaded from www.ColoradoMOST.com and photocopied onto Astrobrights® “Vulcan Green” or “Terra Green” 60lb paper. This special paper is strongly encouraged but not required. Visit www.ColoradoMOST.com for a link to paper suppliers.
- The form must be signed by a physician, advanced practice nurse, or physician assistant to be valid as medical orders. Physician assistants must include physician name and contact information. In the absence of a provider signature, however, the patient selections should be considered as valid, documented patient preferences for treatment.
- Verbal orders are acceptable with follow-up signature by physician, advanced practice nurse, or physician assistant in accordance with facility policy, but not to exceed 30 days.
- Completion of the MOST form is *not* mandatory. “A healthcare facility shall not require a person to have executed a MOST form as a condition of being admitted to, or receiving medical treatment from, the healthcare facility” per C.R.S. 15-38.7-108.
- Patient preferences and medical indications shall guide the healthcare professional in completing the MOST form.
- Patients with capacity should participate in the discussion and sign these orders; a healthcare agent, Proxy-By-Statute, or guardian may complete these orders on behalf of an incapacitated patient, *making selections according to patient preferences, if known*.
- “Proxy-By-Statute” is a decision maker selected through a proxy process, per C.R.S. 15-38.5-103(6). Such a decision maker may not decline artificial nutrition or hydration (ANH) for an incapacitated patient without an attending physician and a second physician trained in neurology certifying that “the provision of ANH is merely prolonging the act of dying and is unlikely to result in the restoration of the patient to independent neurological functioning.”
- Photocopy, fax, and electronic images of signed MOST forms are legal and valid.

**Following the Medical Orders:**
- Per C.R.S. 15-38.7-104: Emergency medical personnel, a healthcare provider, or healthcare facility *shall* comply with an adult’s properly executed MOST form that has been executed in this state or another state and is apparent and immediately available. The fact that the signing physician, advanced practice nurse, or physician assistant does not have admitting privileges in the facility where the adult is receiving care does not remove the duty to comply with these orders. Providers who comply with the orders are immune from civil and criminal prosecution in connection with any outcome of complying with the orders.
- If a healthcare provider considers these orders *medically* inappropriate, she or he should discuss concerns with the patient or surrogate legal decision maker and revise orders only after obtaining the patient or surrogate consent.
- If Section A or B is not completed, full treatment is implied for that section.
- **Comfort care is never optional.** Among other comfort measures, oral fluids and nutrition must be offered if tolerated.
- When “Comfort-focused Treatment” is checked in Section B, hospice or palliative care referral is strongly recommended.
- If a healthcare provider or facility cannot comply with these orders due to policy or ethical/religious objections, the provider or facility must arrange to transfer the patient to another provider or facility and provide appropriate care until transfer.

**Reviewing the Medical Orders:**
- These medical orders should be reviewed
  - regularly by the person’s attending physician or facility staff with the patient and/or patient’s legal decision maker;
  - on admission to or discharge from any facility or on transfer between care settings or levels;
  - at any substantial change in the person’s health status or treatment preferences; and
  - when legal decision maker or contact information changes.
- If substantive changes are made, please complete a new form and void the replaced one.
- To void the form, draw a line across Sections A through C and write “VOID” in large letters. Sign and date.

**REVIEW OF THIS COLORADO MOST FORM**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Reviewer</th>
<th>Location of Review</th>
<th>Review Outcome</th>
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**HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY**

CHAPTER 13
FORM 9: LIVING WILL

LIVING WILL FORM APPLIES IN RARE SITUATIONS AND CAN STOP CARE

In Colorado state, a “Living Will” form lets a person say no life sustaining treatment including maybe artificial feeding and water should be given, but this form only applies in rare bad situations. This form is number 4 of 4 health care forms in this book.

LIVING WILL FORM STOPS ALL CARE EXCEPT ABOUT PAIN AND COMFORT

The Living Will form lets a person say in some later situations that no life sustaining treatment at all should be given, and if wanted also say no artificial feeding and water should be given. Sometimes a person can put reasonable terms on this order to give no care, for example writing reasonable limits like:

“After this Living Will applies try life sustaining care and artificial nutrition for 2 months then stop.”

LIVING WILL ONLY APPLIES IN RARE BAD SITUATIONS

The Living Will form only applies if one’s physician and another doctor find they is in terminal condition or long-term vegetative state. Also the form only applies if a person can’t communicate or understand decisions otherwise doctors would just do whatever the person says. One can see this bad a situation is rare, so a Living Will rarely applies. For this reason many people skip this, and do other forms like Medical Durable Power of Attorney (to name someone as Agent) and maybe a Directive To Withhold CPR. But some people use other forms then use a Living Will to make it extra clear they want more care to stop.

FORM USED ONLY IF THINGS SO BAD THAT MORE CARE IS NOT WORTH IT

This form is used when one’s medical condition is so clearly hopeless that further care has low chances and is not worth the pain and cost. And this form is used to give orders to stop in writing, rather than trusting oneself and family to decide on things as they arise. Most people do not do this form.

BE SURE TO SHOW HEALTH CARE PROVIDERS THE FORM BUT CAN REVOKE

Once signed copies of the form go to places giving treatment and one’s doctors, and it usually is put in one’s medical file. To revoke the form one can just tell other people it should be destroyed, thrown away, or revoked written on it, and then tell all health care providers about such revocation.
COMPLETE BY SIGNING USUALLY WITH 2 WITNESSES AND MAYBE NOTARY

The Living Will must be signed by a person before 2 witnesses who also sign. Using a notary is optional but is done to make a form more likely to be followed especially in other states. Witnesses should be at least 18, not working at a place involved in the person’s medical care or the person’s physician, and not someone who may inherit or get property from the person or who is owed debts by the person.
FORM 9:
LIVING WILL
LIVING WILL

This document is done pursuant to Colorado Revised Statute 15-18.101–113. Once done give copies to your health care providers.

1. DECLARATION

I, ___________________________ , am at least age 18 and able to make and communicate my own decisions.

I direct the following instructions if a) I am unable to make or communicate my decisions on about medical treatment and b) my physician and another qualified physician certify in writing I am in a terminal condition or persistent vegetative state.

A. Life-Sustaining Procedures while in a terminal condition or persistent vegetative state (initial one):

____ (Initials) I direct all life-sustaining procedures shall be withdrawn and withheld (but not including procedures felt helpful by healthcare providers to provide comfort or relieve pain).

____ (Initials) I direct life-sustaining procedures shall be continued until the following timeframe and then stop (but not including procedures felt helpful by healthcare providers to provide comfort or relieve pain)(state timeframe, for example “2 months” or “3 months at least, and continue if my spouse wishes” or “1 month then stop, unless I am in a terminal condition but likely will not remain being in a persistent vegetative state):

____ (Initials) I direct life-sustaining procedures be continued indefinitely, regardless of my prognosis.

B. Artificial Nutrition and Hydration while in a terminal condition or persistent vegetative state (initial one):

____ (Initials) I direct all artificial nutrition and hydration shall not be continued.

____ (Initials) I direct artificial nutrition and hydration shall be continued for/until (state timeframe):

____ (Initials) I direct artificial nutrition and hydration be continued indefinitely, regardless of my prognosis.

2. POWER OF MEDICAL POWER OF ATTORNEY (initial one)

____ (Initials) My Agent under my Medical Durable Power of Attorney shall have the authority to override any of the directions stated here, whether I signed this declaration before or after I appointed that Agent.

____ (Initials) My directions as stated here may not be overridden or revoked by my Agent under Medical Durable Power of Attorney, whether I signed this declaration before or after I appointed that Agent.

3. ANATOMICAL GIFTS

____ (Initials) I wish to donate my (check one or both) ____ organs and/or ____ tissues, if medically possible.

____ (Initials) I do not wish donate my organs or tissues.

4. SIGNATURE

I execute this declaration, as my free and voluntary act, this ___ day of _____________, 20___.

______________________________
Declarant signature

VIII. DECLARATION OF WITNESSES

This declaration was signed by ___________________________ (name of Declarant) in our presence, and we in the presence of each other and at the Declarant’s request have signed below as witnesses. We declare when Declarant signed this declaration a) we believe he or she was of sound mind and under no pressure or undue influence,

b) we are not doctors or employees of the attending doctor or healthcare facility caring for Declarant,

c) we are not creditors or heirs of the Declarant and have no claim against any portion of the Declarant’s estate, and d) we are 18 years of age or more, and under no pressure, undue influence, or otherwise disqualifying disability.

Signature of Witness   Printed Name   Address

______________________________
Signature of Witness

Address

______________________________
Notary Seal (optional)

State of ___________________________, County of ___________________________.

SUBSCRIBED and sworn to before me by ___________________________, the Declarant, ___________ and ___________ witnesses, as the voluntary act and deed of the Declarant this ___ day of __________, 20___.

______________________________
Notary Public

My commission expires:
CHAPTER 14
FORM 10: STATUTORY FORM POWER OF ATTORNEY

FORM LETS PERSON GIVE POWER TO ACT AND DECIDE THINGS TO SOMEONE

This chapter’s form lets a person give power to someone to act for them. This “Statutory Form Power Of Attorney” is a standard form by state legislators and some words in the form are explained in state law.

FORM GIVES POWER TO LET PERSON HELP BY DOING THINGS

A “Power of Attorney” lets a person called a “Principal” share power with someone called the “Agent” or “Attorney-in-Fact”, to give them power to do things. Often given power is a very trusted friend, spouse or relative to let them access accounts, pay bills, sell property, sign contracts, and see records. This form can be used when a person is sick, busy, or just away, and use may avoid or delay need for a nursing home or guardianship. A person usually still can act for themselves, and overrule an Agent if wanted.

FORM CAN BE MISUSED AND DUE TO RISK MANY SKIP FORM OR ASK LAWYER

An Agent has a “fiduciary duty” to use due care and act in “best interests” of a Principal, and can be liable to pay for bad actions, but there still can be theft or misuse. There also is a duty to keep records and keep a Principal informed. Due to risks many skip this form, or get a lawyer’s advice. This area of law can be complex and not allow some actions, so basic things may be safe to do, but complex things or things Agents do to benefit themselves of family maybe should be legally investigated first.

FORM IS DURABLE AND PEOPLE PICK POWERS TO GIVE AND NOT GIVE

The form is “durable” so still valid if a person later becomes incapacitated, but the power of the form ends on a person’s death. Importantly, a form lets a person pick what powers to give by initialing lines listing powers, but to avoid possible legal problems many give ample power to do what is wanted. In this book’s form, there is a first area, “General Authority”, where more common powers can be given by initialing each power or by marking the final option of “N. All preceding subjects”. Next, is a “Specific Authority” area of further powers that many people skip giving including usually they are riskier powers, and the few people who give these powers greatly trust their Agent or need special things done. Power over health care is not given by this form, but a “Medical Durable Power of Attorney” form can do this.
IN FORM CAN NAME AGENTS, NAME GUARDIANS, AND GIVE INSTRUCTIONS

In the form at the start is an area to name what person should be Agent, and if they are unable to serve an Alternative Agent (but many skip naming an alternate as rarely needed). Second, is an area to name for oneself a Guardian over medical and life issues and Conservator to manage property and money, which only is relevant if later a judge finds at hearing a person so incapacitated this is needed (many skip this as rarely needed). Next in the middle, is an area to put instructions for the Agent to follow, for example about what specific things to pay for or what accounts and property to take from. But written instructions can limit the Agent or be incorrect, so many people skip instructions and trust the Agent or informally talk to them. In instructions one can say a form is only effective on a trigger at which it “springs” into effect, for example requiring doctors rule a person unconscious or a person moving to a nursing home. But this is often skipped as a trigger can cause delay, problems, and banks and others may not easily trust a form has taken effect. In the form after signatures is an “Important Information for Agent” page, with info for the Agent to read later.

COMPLETE BY SIGNING USUALLY WITH 2 WITNESSES AND NOTARY

To be completed the form should be signed by a person of sound mind at least age 18. Colorado law is flexible about not requiring 2 witnesses and a notary, but these are needed in other states, and banks and others may hesitate to follow a form missing these. Also, this form is so legally powerful the steps of 2 witnesses and notary seems wise to do, and these people can also ask if this form is wanted. Witnesses should be 18 or older and preferable not family and not named as Agent in the form. When done a form can be kept until needed, but usually it goes right to the Agent with copies to later give to banks and others.
FORM 10:
STATUTORY FORM POWER OF ATTORNEY
STATE OF COLORADO
STATUTORY FORM POWER OF ATTORNEY

IMPORTANT INFORMATION
This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes.

This power of attorney does **not** authorize the agent to make health care decisions for you.

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.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the special instructions. Coagents are not required to act together unless you include that requirement in the special instructions. 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.**

**1. DESIGNATION OF AGENT**
I ____________________ (name of principal) name the following person as my agent:
Name of agent: ____________________________________________________________
Agent’s address: ___________________________________________________________
Agent’s telephone number: ________________________________

**2. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)**
If my agent is unable or unwilling to act for me, I name as my successor agent:
Name of successor agent: __________________________________________________
Successor agent’s address: _________________________________________________
Successor agent’s telephone number: ________________________________

If my successor agent is unable or unwilling to act for me, I name as second successor agent:
Name of second successor agent: __________________________________________
Second successor agent’s address: ___________________________________________
Second successor agent’s telephone number: _________________________________
3. GRANT OF GENERAL AUTHORITY
I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes:

(INITIAL each subject you want to include in the agent’s general authority. If you wish to grant general authority over all of the subjects you may initial “All preceding subjects” instead of initialing each subject.)

(____) A. Real property
(____) B. Tangible personal property
(____) C. Stocks and bonds
(____) D. Commodities and options
(____) E. Banks and other financial institutions
(____) F. Operation of entity or business
(____) G. Insurance and annuities
(____) H. Estates, trusts, and other beneficial interests
(____) I. Claims and litigation
(____) J. Personal and family maintenance
(____) K. Benefits from governmental programs or civil or military service
(____) L. Retirement plans
(____) M. Taxes
(____) N. All preceding subjects

4. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)
My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

(____) A. Create, amend, revoke, or terminate an inter vivos trust
(____) B. Make a gift, subject to the limitations of the “Uniform Power of Attorney Act” set forth in section 15-14-740, Colorado Revised Statutes, and any special instructions in this power of attorney
(____) C. Create or change rights of survivorship
(____) D. Create or change a beneficiary designation
(____) E. Authorize another person to exercise authority granted under this power of attorney
(____) F. Waive the principal’s right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
(____) G. Exercise fiduciary powers that the principal has authority to delegate, including powers to participate in the designation or changing of a fiduciary and powers to participate in the direction of a fiduciary in the exercise of the fiduciary’s powers
(____) H. Disclaim, refuse, or release an interest in property or a power of appointment
I. Exercise a power of appointment other than: (1) The exercise of a general power of appointment for the benefit of the principal which may, if the subject of estates, trusts, and other beneficial interests is authorized above, be exercised as provided under the subject of estates, trusts, and other beneficial interests; or (2) the exercise of a general power of appointment for the benefit of persons other than the principal which may, if the making of a gift is specifically authorized above, be exercised under the specific authorization to make gifts

J. Exercise powers, rights, or authority as a partner, member, or manager of a partnership, limited liability company, or other entity that the principal may exercise on behalf of the entity and has authority to delegate excluding the exercise of such powers, rights, and authority with respect to an entity owned solely by the principal which may, if operation of entity or business is authorized above, be exercised as provided under the subject of operation of the entity or business

5. LIMITATION ON AGENT’S AUTHORITY
An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

6. SPECIAL INSTRUCTIONS (OPTIONAL)
You may give special instructions on the following lines:
_________________________________________________________________________
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(long instructions are not recommended, but if needed attach additional pages)

7. EFFECTIVE DATE
This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

8. NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)
If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:
Name of nominee for conservator of my estate: ________________________________
Nominee’s address: _________________________________________________________
Nominee’s telephone number: ____________________________
Name of nominee for guardian of my person: ________________________________
Nominee’s address: _________________________________________________________
Nominee’s telephone number: _____________________________
9. RELIANCE ON THIS POWER OF ATTORNEY
Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

__________________________
Your signature

__________________________
Date

__________________________
Your name printed

__________________________
Your telephone number

__________________________
Your address

WITNESS AFFIDAVIT (OPTIONAL)
We declare that, being first duly sworn, the principal signed and executed this instrument, knowingly and willingly, as the principal’s Power of Attorney, and we signed this instrument as witnesses, in the conscious presence of the principal, and at the time of the execution of this instrument, the principal, according to our best knowledge and belief, was aware and of sound mind, and under no constraint or undue influence.

__________________________
Witness #1 signature

__________________________
Date

__________________________
Witness #1 name printed

__________________________
Witness #1 telephone number

__________________________
Witness #1 signature

__________________________
Date

__________________________
Witness #2 name printed

__________________________
Witness #2 telephone number

NOTARY
State of _____________, County of _____________ ) ss.
This document was acknowledged before me on _____________, (Date) by
__________________________ (Name of principal) and (if witnesses were used)
subscribed and sworn to by ______________________ and ______________________
(Name of two witnesses).

__________________________
Signature of notary: (Seal, if any)

My commission expires: ______________________

This document was prepared by (optional): ______________________
IMPORTANT INFORMATION FOR AGENT

Agent’s duties
When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

(1) Do what you know the principal reasonably expects you to do with the principal’s property or, if you do not know the principal’s expectations, act in the principal’s best interest;
(2) Act in good faith;
(3) Do nothing beyond the authority granted in this power of attorney; and
(4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as “agent” in the following manner:

(Principal’s name) by (Your signature) as agent

Unless the special instructions in this power of attorney state otherwise, you must also:

(1) Act loyally for the principal’s benefit;
(2) Avoid conflicts that would impair your ability to act in the principal’s best interest;
(3) Act with care, competence, and diligence;
(4) Keep a record of all receipts, disbursements & transactions made on behalf of the principal;
(5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal’s expectations, to act in the principal’s best interest; and
(6) Attempt to preserve the principal’s estate plan if you know the plan and preserving the plan is consistent with the principal’s best interest.

Termination of agent’s authority
You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

(1) Death of the principal;
(2) The principal’s revocation of the power of attorney or your authority;
(3) The occurrence of a termination event stated in the power of attorney;
(4) The purpose of the power of attorney is fully accomplished; or
(5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent
The meaning of the authority granted to you is defined in the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes. If you violate the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.
CHAPTER 15
FORM 11: DELEGATION OF POWER BY PARENT OR GUARDIAN

FORM LETS POWER OVER CHILD BE SHARED WITH ANOTHER PERSON

If a parent may be unavailable this form lets someone be named to have power over a child. This form is a kind of “Power of Attorney” and parent is the “Principal” and other person is “Agent” or Attorney-in-Fact. This form can be used by a “guardian” not just a parent, and also cover an “incapacitated person” over 18.

FORM LETS PARENT GIVE POWER OVER CHILD TO ANOTHER PERSON

This form lets a parent give power to someone to make decisions and get information about a child, like about health care or education. This form helps if a child is left for long period or repeated short times. This form can avoid delay of trying to reach a distant parent in emergency decisions, like if a car crash or child illness. For example, this form is useful if parent travels for work with kids left with an aunt, parents go on long vacation with child left with neighboring family, if a kid goes to camp watched by a counselor, if child weekly does risky sport and coach may need to get care, and if parent goes into hospital and can’t oversee a child who stays with a friend. Power over child marriage or adoption is not given by the form. Short things like babysitting or sleep-over do not warrant this form, nor is it needed if a child’s other parent is available. Some use the form to give a step-parent power but both parents should probably discuss this. A person given power should do what the parent would want and if unsure do what is best.

POWER IS SHARED AND FORM CAN BE REVOKED BUT IT IS LIMITED TO YEAR

A person who uses the form retains full power, and can overrule the other person. A form can be revoked by telling the other person it is revoked, then the form should be torn up, and others told of this. In the form an early expiration date can be written, but by law the form expires 1 year after it is signed.

TO COMPLETE FORM SIGN BEFORE NOTARY

To complete the form a parent must sign before a notary. A form can cover 1 child or several children. Often 2 parents modify a form so they both can sign, to make the document more impressive and likely to be followed. Normally give the signed form to person getting power with copies for schools, doctors, etc.
FORM 11:
DELEGATION OF POWER BY PARENT OR GUARDIAN
DELEGATION OF POWER BY PARENT OR GUARDIAN
PURSUANT TO §15-14-105, C.R.S.

I, ____________________________ (full name), parent or guardian of the minor child(ren) or incapacitated person(s) named below:

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<tr>
<th>Full Name of Child or Incapacitated Person</th>
<th>Date of Birth</th>
<th>Relationship</th>
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I hereby authorize and appoint ____________________________ (name of person), as Attorney in Fact for me with full authority to act in my place as follows:

1. To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the above-named minor child or incapacitated person, consistent with the provision of §15-14-105, C.R.S.

2. To authorize any and all medical and dental care for the health and well being of the minor child(ren) or incapacitated person(s). This care includes, but is not limited to medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

This Special Power of Attorney does not give the Attorney in Fact the power to consent to the marriage or adoption of the child or incapacitated person.

This Special Power of Attorney shall be effective until ______________________ (date) unless revoked earlier by the parent or guardian in writing. In any case, the authority granted herein shall not be valid for more than 12 months from the date of this document.

Date: ____________________________

Parent/Guardian Signature

Subscribed and affirmed, or sworn to before me in the County of ________________, State of __________________, this ______ day of ________________, 20 ___.

My Commission Expires: ____________________

Notary Public/Clerk
CHAPTER 16
FORM 12: DECLARATION OF DISPOSITION OF LAST REMAINS

FORM LETS ORDERS AND PERSON BE NAMED TO CONTROL ONE’S BODY

This form lets a person give instructions on what should happen with their body after death, and if anyone is to be in charge of this.

COLORADO LAW SAYS HOW FUNERAL AND BURIAL WILL BE DETERMINED

Colorado law says a “Declaration” document which is dated and signed can say what should happen with one’s body after death. If there is no such document, then the Executor/Representative handling a Will decides this, or if no such person then closest family starting with a spouse then adult children decide.

IN FORM CAN PICK OPTIONS, PUT INSTRUCTIONS, AND NAME PERSON

Written into state law is a standard Declaration form where a person can write their wishes for their body after death. In the form very specific instructions can be given, or a person can be named to decide things however they must follow what appear to be the last wishes of a person. If a person chosen in the document to have power in this area then divorces the person, the divorce stops them this getting power.

FORM JUST NEEDS DATE AND SIGNATURE AND NOTARY IS OPTION

The Declaration form just need to be dated and signed to be valid. Also getting a notary involved in the signing is optional, but this may make family and friend see how much a person wanted their wishes to be followed so people should cooperate. To be enforced the form has to be found after death, so it should go where it will be found within days of death (like with a friend or with the Will). To revoke a form it can be torn up or marked “void” or people just told it is revoked.
FORM 12:
DECLARATION OF DISPOSITION OF LAST REMAINS
DECLARATION OF DISPOSITION OF LAST REMAINS

I, __________________________________________ (name of declarant), being of sound mind and lawful age, hereby revoke all prior declarations concerning the disposition of my last remains and those provisions concerning disposition of my last remains found in a will, codicil, or power of attorney, and I declare and direct that after my death the following provisions be taken:

1. Disposition Of Body. If permitted by law, my body shall be (initial ONE choice):

   _____ Buried. I direct that my body be buried at ______________________

   _____ Cremated. I direct that my cremated remains be disposed of as follows: _____
   ________________________________________________________________.

   _____ Entombed. I direct that my body be entombed at ______________________.

   _____ Other. I direct that my body be disposed of as follows: ____________________

   _____ Disposed of as ______________________ (name of designee) shall decide in writing. If this person is unwilling or unable to act, then I do nominate ______________________ as my alternate designee.

2. Ceremonial Arrangements. I request that the following ceremonial arrangements be made (initial desired choice or choices):

   _____ I request ______________________ (name of designee) make all arrangements for any ceremonies, consistent with my directions set forth in this declaration. If this person is unwilling or unable to act, then I do nominate ______________________ as my alternate designee.

   _____ Funeral. I request the following arrangements for my funeral:

   _____ Memorial Service. I request the following arrangements for my memorial service: _________________________________________________
3. Special instructions. In addition to the instructions above, I request (on following lines you may make special requests regarding ceremonies or lack of ceremonies):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

I may revoke or amend this declaration in writing at any time. I agree a third party who receives a copy of this declaration may act according to it. Revocation of this declaration is not effective as to a third party until the third party learns of my revocation. My estate shall indemnify any third party for costs incurred as a result of claims that arise against the third party because of good-faith reliance on this declaration.

I execute this declaration as my free and voluntary act, on _________________, 20__.  

______________________________
(Declarant)

[Notarization optional: ]

STATE OF COLORADO  )
                          ) ss.
COUNTY OF _____________ )

Acknowledged before me by ________________, Declarant, on ________________, 20__.  
My commission expires: ________________
Notary Public: ____________________  [seal]
APPENDIX A:
HOW TO DOWNLOAD LEGAL FORMS

TO GET FORMS PEOPLE CAN (1) DOWNLOAD FORMS FREE AS EXPLAINED ON THIS PAGE, OR (2) PHOTOCOPY BOOK PAGES.

BOOK BUYERS ARE AUTHORIZED TO DOWNLOAD AND COPY FORMS FOR THEIR OWN AND THEIR FAMILY’S USE.

FILES TO DOWNLOAD ARE LOCATED AT WWW.DAVENPORTPRESS.ORG

PLEASE EMAIL ANY COMMENTS TO DAVENPORTPRESS@GMAIL.COM.
APPENDIX B: SAMPLE FILLED OUT LEGAL FORMS

The rest of this book has sample filled out legal forms including sample Wills.

All forms in this book can be filled out by pen or marker (and most people do this), and using a computer or typewriter to neatly complete forms is not legally required.

All signatures and dates by signatures should be handwritten with permanent pen or marker and not done by a computer or typewriter.

People need not worry about neatness or small mistake, and a document is usually fine if those people who knew a decedent in life can tell the likely meaning.

For forms with lines with underlining to add words to, people can add words any way. Some people use a pen or marker, some use a computer but do so roughly, but some use a computer to add a word and then delete any left-over line. Any of these is fine:

"I appoint ____John Doe____ as Agent",
"I appoint ___ John Doe___ as Agent",
"I appoint John Doe as Agent".
FORM 1:
LAST WILL AND TESTAMENT (STANDARD WILL)
LAST WILL AND TESTAMENT

I, Henry James Ford, a resident of Larimer County, Colorado, being of sound mind and not under duress or undue influence, revoke all prior Wills and Testaments and Codicils, and do make, publish, and declare this to be my Will including for the purpose of giving all property at my death I own or have the power to appoint.

1. GIFTS. I give these specific gifts and also general gifts of money, but a gift here has no effect and lapses if no beneficiary of the gift described here survives, except as noted.

   I give big oak table to Anne J. Kix but if she does not survive then to Greta Kix
   I give $5,000 to Loretta Marsha Switt in the hope she will help her three year old daughter Megan Kara Smith

   I give 63 Ivy Road, Lundy, CO land and buildings to Greta Olivia Fox.

   I give Bronze Roman Lamp to Anne Kilby

   I give 1.5 carat diamond to Ruth Ann Jones

   I give $7,281.35 to Wanda Kay Zinski

   I give Irish engraved ring to Harriet Rush Smith

   I give all jewelry not given above to Kay Pidoski

   I give UBank account #8923 to Joy Rundy a friend

   I give 1998 Ford truck to John Hatcher my cousin but if he doesn’t survive me then this goes to his wife Sherry

   I give a total of $50,000 to be shared by Brian Oscar Peterson, Michael Paul Peterson, and Mary Rebecca Hart if they survive me.

   I give a total of $6,000 to Beth Smith and Frank Smith

   I give Wells Fargo acct ending in #8923 to Lawrence Deer

   I give $1,000 to that charity food kitchen on Smith Avenue in Denver, CO.
I give $5,000 to Fishy Smith my fishing buddy.

I give $2,000 to Mary Nixon.

I give all cars and trucks I own at my death to Victor Perez my mechanic.

I give $7,002.21 to Brenda Mary Hill but if she fails to survive me then to her brother William Matthew Hill.

I give $10,000 to the United States Cancer Society.

I give $5,000 in total to my cousin David Krupp’s children.

I give $6,000 in total to my cousin Carol Bown’s children.

I give $500 each to each of my grandchildren.

2. GIFTS OF TANGIBLE PERSONAL PROPERTY BY SEPARATE WRITINGS. Except for property distributed in earlier provisions, I give tangible personal property by writings separate from this Will, as allowed by Colorado law C.R.S. § 15-11-513 or other laws. If a person does not survive me then gifts to them in such writings shall lapse. If such a writing is not found within 60 days of my death it is canceled and has no effect.

3. RESIDUE. I give the rest, residue, and remainder of my estate and property not transferred by other Will provisions (all of which is called here the “residue”), as follows:
   a) to Pamela Bonnie Ford my wife only if they survive me with those of these who survive taking the share of non-surviving persons,
   b) then if none of these just named persons do survive I give the whole residue to Ron Ford, Tina Yost, Greg Ford, and Vera Hill my children or their lineal descendants per stirpes which descendants shall take the share of their non-surviving relative.
4. **ADMINISTRATION.** I name and appoint Pamela Bonnie Ford my wife as Personal Representative for me, of my Will, and of my estate.

5. **MISCELLANEOUS.** The following applies to this Will and generally.

   I give my Personal Representative power to at any time pay or settle claims and debts which my Personal Representative in their sole discretion finds proper or helpful to pay.

   Priority of Will gifts of the same type is based on the order they are written.

   Any personal representative, guardian of any type, or conservator under this Will or otherwise shall qualify and serve without bond, surety, or other security or other thing.

   I authorize informal probate of my estate and Will and administrative probate, if my Personal Representative chooses to use such procedures.

   Plural, singular, or gender meanings do not limit any Will part, such as use of “they”. The word “executor” also means “personal representative” unless clearly inapplicable.

   Gifts to several parties shall be sold and cash given unless all agree on a use.

   In this document no unfilled part is a mistake and residue spaces may be left blank.

   The words “give” and “gift” mean same as devise, bequest, grant, legacy or similar.

   The word “survive” or “surviving” in a gift creates an absolute condition that must be met or the gift fails and anti-lapse laws or similar shall have no effect.

   A deceased beneficiary’s share goes to any other beneficiaries of the same gift in proportion to their shares, including the residue, but not if there is an alternate beneficiary.

   Failure to make gifts to any family including children is intentional and not a mistake.

   The residue includes lapsed or failed gifts, insurance paid to the estate, inheritances owed, and property testator had a power of appointment or testamentary disposition over.

   Any Personal Representative or Guardian or other fiduciary, including any replacement, may use all powers in the Colorado Fiduciaries' Powers Act, as amended.

**TESTATOR**

IN WITNESS WHEREOF, I declare and publish that this instrument to be my Will which I make as Testator, that I do this as a free and voluntary act for the purposes expressed therein, that I am at least 18 years of age and of sound mind and under no constraint or undue influence, and that I do sign this instrument voluntarily as my Will in the presence and sight of each of the two witnesses who are named and who sign below, this 30th day of December, 2017.

*Henry James Ford*

Testator signature
WITNESSES

We, the undersigned two persons, declare that in the presence and sight of both of us persons that Henry James Ford as Testator did voluntarily publish, declare and sign the foregoing instrument as the Will of the Testator, that to the best of our knowledge the Testator is at least 18 years of age and of sound mind and under no constraint or undue influence, that each of us two persons is at least 18 years old and sound mind to be witnesses, and that in the presence and sight of Testator and each other we hereby sign our names as witnesses at Testator's request.

Olivia Joy Pawlenty
Witness #1
87 Hastings Avenue, El Paso, TX 70403
Address #1

Roy Felix Pawlenty
Witness #2
87 Hastings Avenue, El Paso, TX 70403
Address #2
FORM 2:
LAST WILL AND TESTAMENT (WITH GUARDIANS)
LAST WILL AND TESTAMENT

I, Ruth May Kent, a resident of Arapahoe County, Colorado, being of sound mind and not under duress or undue influence, revoke all prior Wills and Testaments and Codicils, and do make, publish, and declare this to be my Will including for the purpose of giving all property at my death I own or have the power to appoint.

1. GIFTS. I give these specific gifts and also general gifts of money, but a gift here has no effect and lapses if no beneficiary of the gift described here survives, except as noted.

I give a total of $10,000 to: 50% to Abraham Daniel Walker, 40% to Amy Ann Hope, and 10% to Jennifer Kim Beaufort

I give $13,300 and my cat Bob to Sara Ham who I trust to care for Bob

I give 1987 Ford Truck and any other vehicles I own of any type to Reginald William Porter my nephew

I give $2,000 to Greg Best but if he fails to survive then his wife Jo Best

I give $100 to each of my first cousins

I give $1,000 to the American Red Cross charity

I give $2,250 to St. Joseph’s my church

I give $300 to Timmy Hart my paperboy

I give $5,000 to Juanita Chuzappa my helper but if she fails to survive me then to Juanita’s Chuzappa’s children

I give $5,000 to Marion Dexter my neighbor but if they fail to survive me then to her husband Arthur Dexter

I give $10,000 total to Janet Wilkins, Miranda Britom, Cindy Spagor, Diana Linda Craigtown, and Teresa German if they survive me.

2. GIFTS OF TANGIBLE PERSONAL PROPERTY BY SEPARATE WRITINGS. Except for property distributed in earlier provisions, I give tangible personal property by writings separate from this Will, as allowed by Colorado law C.R.S. § 15-11-513 or other laws. If a person does not survive me then gifts to them in such writings shall lapse. If such a writing is not found within 60 days of my death it is canceled and has no effect.
3. RESIDUE. I give the rest, residue, and remainder of my estate and property not transferred by other Will provisions (all of which is called here the “residue”), as follows:
   a) to Ken Rufus Kent my husband only if they survive me with those of these who survive taking the share of non-surviving persons,
   b) then if none of these just named persons do survive I give the whole residue to Kim Peggle my sister, Gloria Farmer my sister, and Lori Swan my friend or their lineal descendants per stirpes which descendants shall take the share of their non-surviving relative.

4. ADMINISTRATION. I name and appoint Ken Rufus Kent my husband as Personal Representative for me, of my Will, and of my estate.

5. GUARDIANS. I name and nominate Helen Olivia Kent sister of mine as Guardian including of the person of any child of mine until age 18, but I do not indicate their other parent is not fit. If property or money goes by this Will or otherwise to a person under age 18 including, such shall go and be distributed to the person just named above as guardian, to hold and use as custodian for the child pursuant to the Colorado Uniform Transfer To Minors Act or similar laws. If a Conservator is needed or may be appointed, I do nominate and name to be Conservator of any child under 18 and their property the same person who above is named guardian.

6. MISCELLANEOUS. The following app lies to this Will and generally.
   I give my Personal Representative power to at any time pay or settle claims and debts which my Personal Representative in their sole discretion finds proper or helpful to pay.
   Priority of Will gifts of the same type is based on the order they are written.
   Any personal representative, guardian of any type, or conservator under this Will or otherwise shall qualify and serve without bond, surety, or other security or other thing.
   I authorize informal probate of my estate and Will, and administrative probate, if my Personal Representative chooses to use such procedures.
   Plural, singular, or gender meanings do not limit any Will part, such as use of “they”.
   The word “executor” also means “personal representative” unless clearly inapplicable.
   Gifts to several parties shall be sold and cash given unless all agree on a use.
   In this document no unfilled part is a mistake and residue spaces may be left blank.
   The words “give” and “gift” mean same as devise, bequest, grant, legacy or similar.
   The word “survive” or “surviving” in a gift creates an absolute condition that must be
met or the gift fails and anti-lapse laws or similar shall have no effect.

A deceased beneficiary’s share goes to any other beneficiaries of the same gift in proportion to their shares, including the residue, but not if there is an alternate beneficiary. Failure to make gifts to any family including children is intentional and not a mistake.

The residue includes lapsed or failed gifts, insurance paid to the estate, inheritances owed, and property testator had a power of appointment or testamentary disposition over.

Any Personal Representative or Guardian or other fiduciary, including any replacement, may use all powers in the Colorado Fiduciaries' Powers Act, as amended.

**TESTATOR**

IN WITNESS WHEREOF, I declare and publish this instrument to be my Will I make as Testator, I do this as a free and voluntary act for the purposes expressed therein, I am at least 18 years of age and of sound mind and under no constraint or undue influence, and I do sign this instrument voluntarily as my Will in the presence and sight of each of the two witnesses who are named and who sign below, this 11th day of July, 2018.

_Ruth May Kent_

Testator signature

**WITNESSES**

We, the undersigned two persons, declare that in the presence and sight of both of us persons that _Ruth May Kent_ as Testator did voluntarily publish, declare and sign the foregoing instrument as the Will of the Testator, that to the best of our knowledge the Testator is at least 18 years of age and of sound mind and under no constraint or undue influence, that each of us two persons is at least 18 years old and sound mind to be witnesses, and that in the presence and sight of Testator and each other we hereby sign our names as witnesses at Testator's request.

_Susan Harriet Rogers_ 87 Badger Road, Denver, CO 80014

Witness #1  Address #1

_Lucy Ann Pamway_ 892 Franklin Street, Aurora, CO 87463

Witness #2  Address #2
FORM 3:
SELF-PROVING AFFIDAVIT
SELF-PROVING AFFIDAVIT

THE STATE OF COLORADO
COUNTY OF BOULDER

We, Ruth May Kent (the testator), Susan Harriet Rogers (witness), and Lucy Ann Pamway (witness), the testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the testator signed and executed the instrument as the testator's will and that he or she had signed willingly (or willingly directed another to sign for him or her), and that he or she executed it as his or her free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the conscious presence of the testator, signed the will as witness and that to the best of his or her knowledge the testator was at that time 18 years of age or older, of sound mind, and under no constraint or undue influence.

Ruth May Kent
Testator

Susan Harriet Rogers  Lucy Ann Pamway
Witness  Witness

Subscribed, sworn to, and acknowledged before me by Ruth May Kent, the testator, and subscribed and sworn to before me by Susan Harriet Rogers and Lucy Ann Pamway, witnesses, this 11th day of July, 2018.

Nicholas Williams (SIGNED)  (SEAL)
NOTARY

Notary – my commission expires 2-9-2012
(Official capacity of officer)
FORM 4:
TANGIBLE PERSONAL PROPERTY MEMORANDUM
TANGIBLE PERSONAL PROPERTY MEMORANDUM

My Will refers to gifts of tangible personal property by written statement separate from my Will, and I make this writing for that purpose in compliance with Colorado law (C.R.S. § 15-11-513, as amended) or other laws.

I intend to do multiple pages of these writings, which should be seen as one document, and if particular gifts of property conflict the more recent page controls.

If a person getting property below does not survive me, such gift shall lapse and instead the property passes as my Will says including by the residue clause.

This page if not found within 60 days of my death is canceled and has no effect.

<table>
<thead>
<tr>
<th>DESCRIPTION OF PROPERTY</th>
<th>NAME OF PERSONS TO GET PROPERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998 Ford Truck</td>
<td>Samantha Bell</td>
</tr>
<tr>
<td>1.3 carat diamond ring</td>
<td>Abigail Sue Reed</td>
</tr>
<tr>
<td>Italian silver jewelry</td>
<td>Samantha Bell</td>
</tr>
<tr>
<td>14 ft power boat and kayak with paddles</td>
<td>L. Wheeler</td>
</tr>
<tr>
<td>Parkhurst-style bench</td>
<td>Rebecca Stewart</td>
</tr>
<tr>
<td>glass table, telescope, all umbrellas</td>
<td>Rebecca Stewart</td>
</tr>
<tr>
<td>18 wood cups, oak platter, oak vase</td>
<td>Mary and Cindy Lott</td>
</tr>
<tr>
<td>my wedding dress and shoes</td>
<td>Mary Lott</td>
</tr>
<tr>
<td>chainsaw with serial no. 382937</td>
<td>Larry Kelly</td>
</tr>
<tr>
<td>chainsaw with serial no. 89930484421</td>
<td>Brian Kelly</td>
</tr>
<tr>
<td>antique lanterns and repair kits for them</td>
<td>Jason Brooks</td>
</tr>
<tr>
<td>oak lamp usually kept on porch</td>
<td>Sue Ditcher waitress at Jo’s Cafe</td>
</tr>
<tr>
<td>all sewing machines and fabrics</td>
<td>Mary Kay Poppler</td>
</tr>
<tr>
<td>rocking chair bought in Oregon</td>
<td>Don Schmidt my boat mechanic</td>
</tr>
<tr>
<td>all fishing poles and fishing equipment</td>
<td>“Buffalo” Hoss a fishing buddy</td>
</tr>
<tr>
<td>shot glass collection in 8 glass cases</td>
<td>Millard Filmore</td>
</tr>
</tbody>
</table>

Date: **July 2, 2017**  Signed: **Susan Maxwell**
FORM 5:
CODICIL
CODICIL

I, Mable Ann Carlson, a resident of Denver County, Colorado, declare this to be a Codicil to my Will dated January 2, 2014.

FIRST: I hereby do revoke the part of my Will that reads as follows:
____I give $20,000 to Paul Jacob Farmer if they survive me._______________________

____I give my 1967 Corvette to Ned Baker.____________________________________

SECOND: I hereby do add the following part to my Will:
____I give $20,000 to Eve Susan Farmer if they survive me._______________________

____I give my 2012 Ford Truck to Ned Baker._______________________________

TESTATOR

IN WITNESS WHEREOF, I declare and publish and make this instrument to be my Codicil to a Will, that I do this as a free and voluntary act for the purposes expressed therein, that I am at least 18 years of age and of sound mind and under no constraint or undue influence, and I do sign this instrument voluntarily as my Codicil to a Will in the presence and sight of each of the two witnesses who are named and who sign below, this 29th day of May, 2018.

Mable Ann Carlson
Testator signature

WITNESSES

We, the undersigned two persons, declare that in the presence and sight of both of us persons that Mable Ann Carlson as Testator did voluntarily publish, declare and sign the foregoing instrument as a Codicil to the Will of the Testator, that to the best of our knowledge the Testator is at least 18 years of age and of sound mind and under no constraint or undue influence, that each of us two persons is at least 18 years old and sound mind to be witnesses, and that in the presence and sight of Testator and each other we hereby sign our names as witnesses at Testator's request.

Susan Vera Chomsky
Witness #1

88 Hunter Street, Arvada, CO 80204
Address #1

Norman Paul Chomsky
Witness #2

88 Hunter Street, Arvada, CO 80204
Address #2
FORM 6:
MEDICAL DURABLE POWER OF ATTORNEY
MEDICAL DURABLE POWER OF ATTORNEY

(pursuant to Colorado Revised Statute 15-14.503–509 or other laws)

1. APPOINTMENT OF AGENT AND OPTIONAL ALTERNATE

I, Thomas Maxwell Smith, the person doing this document as the Declarant, hereby appoint:

Helen Sue Smith, 873 Pike Road, Denver, CO 80255

(name, address, email, phone)

as my Agent to make and communicate my healthcare decisions when I cannot. I give my Agent power to consent to or refuse or stop any healthcare, treatment, service, or diagnostic procedure. I give my Agent power to fill out and sign documents and apply for and act in writing for insurance, admission to any facility, applying for benefits, or handling payment. This Power of Attorney shall not be affected by my subsequent disability or incapacity. My Agent also has authority to talk with healthcare personnel, get information, and sign forms as necessary to carry out those decisions, and should be treated as I would with respect to use, disclosure, and other actions involving my individually identifiable health information and other medical records (including I give authority to access, receive and request all information governed by HIPAA and similar laws).

(Optional) Although not required to do so, if the person named above is unavailable or unable to continue as Agent then I appoint the following person as Agent to do as described above:

NONE

(name, address, email, phone)

2. WHEN THIS DOCUMENT TAKES EFFECT

By this document I am creating a Medical Durable Power of Attorney which takes effect either (initial one):

_____ (Initials) When my physician determines I am unable to make or express my own decisions, and for as long as I am unable to make or express my own decisions.

T.M.S. (Initials) Immediately upon my signature.

3. INSTRUCTIONS TO AGENT

Although not required I know I can give instructions to my Agent that must be followed, doing so either in this document or in another way at anytime. Except about things I have given instructions my Agent may decide for themselves about healthcare decisions for me. I do now give some instructions (optional):

NONE, I trust my agent to do what seems best, except I would prefer to keep my current doctors if that seems OK.

____________________________________________________________________________________________

4. COMPLETION OF THIS DOCUMENT

Below is the signature of Declarant to complete this document. Using two witnesses or a notary is not required by Colorado law but is common to encourage people to follow this document especially in other states.

Date: June 2, 2018

Signature of Declarant: Thomas Maxwell Smith

We, the Witnesses, do declare: this document was signed by Thomas Maxwell Smith (name of Declarant) in our presence, and we who are at least 18 years old and in the presence of each other and at Declarant’s request sign as witnesses, and when signing the Declarant was of sound mind and under no pressure or undue influence.

Signature of Witness: Carey S. Grant

Address and Phone/Email of Witness: 927 Main Street, San Antonio, CO 80202

Signature of Witness: Betty Grable Grant

Address and Phone/Email of Witness: 927 Main Street, San Antonio, CO 80202

Notary (optional) SKIPPED

State of ______________, County of _________________________}

SUBSCRIBED and sworn to before me by ________________________, the Declarant, and witnesses, as the voluntary act and deed of the Declarant this ___ day of __________, 20__.

My commission expires:

Notary Public
FORM 7:
DIRECTIVE TO WITHHOLD CPR
Patient’s or Authorized Agent’s Directive to Withhold Cardiopulmonary Resuscitation (CPR)
This template is consistent with rules adopted by the Colorado State Board of Health at 6 CCR 1015-2

Patient’s Information

Patient’s Name: Brenda Lily Farmer
(Printed Name)

If Applicable: Name of Agent/Legally Authorized Guardian/Parent of Minor Child: N.A.
(Printed Name)

Date of Birth: 11/8/1954
Gender: □ Male □ Female X Female
Eye Color: Brown
Hair Color: Brown

Race Ethnicity: □ Asian or Pacific Islander □ Black, non-Hispanic X White, non-Hispanic
□ American Indian or Alaska Native □ Hispanic □ Other

If Applicable: Name of hospice program/provider: Sacred Heart Max-Care

Physician’s Information

Physician’s Name: Dr. Mary R. Roy
(Printed Name)

Physician’s Address: 84 Goodcare Rd., Boulder, CO 80374

Physician’s telephone: (303-555-1211) Physician’s Colorado License #: CO-18271

Directive Attestation

Check ONLY the information that applies:

□ Patient: I am over the age of 18 years, of sound mind and acting voluntarily. It is my desire to initiate this directive on my behalf. I have been advised that as a result of this directive, if my heart or breathing stops or malfunctions, I will not receive CPR and I may die.

X Authorized Agent/Legally Authorized Guardian/Parent of Minor Child: I am over the age of 18 years, of sound mind, and I am legally authorized to act on behalf of the patient named above in the issuance of this directive. I have been advised that as a result of this directive, if the patient’s heart or breathing stops or malfunctions, the patient will not receive CPR and may die.

□ Tissue Donation: I hereby make an anatomical gift, to be effective upon my death of:
□ Any needed tissues
The following tissues: □ Skin □ Cornea □ Bone, related tissues and tendons

I hereby direct emergency medical services personnel, health care providers, and any other person to withhold cardiopulmonary resuscitation in the event that my/the patient’s heart or breathing stops or malfunctions. I understand that this directive does not constitute refusal of other medical interventions for my/the patient’s care and comfort. If I/the patient am/is admitted to a health care facility, this directive shall be implemented as a physician’s order, pending further physician’s orders.

Brenda Lily Farmer
Signature of Patient

Dr. Mary R. Roy
Physician Signature

May 22, 2018
Date

May 22, 2018
Date
FORM 8:
MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)
COLORADO MEDICAL ORDERS
FOR SCOPE OF TREATMENT (MOST)

FIRST follow these orders, THEN contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) for further orders if indicated.

These Medical Orders are based on the person’s medical condition & wishes.

If Section A & B is not completed, full treatment for that section is implied.

May only be completed by, or on behalf of, a person 18 years of age or older.

Everyone shall be treated with dignity and respect.

In preparing these orders, please inquire whether patient has executed a living will or other advance directive.

If yes and available, review for consistency with these orders and update as needed. (See additional instructions on page 2.)

A

CARDIOPULMONARY RESUSCITATION (CPR)

☐ Yes CPR: Attempt Resuscitation

☐ No CPR: Do Not Attempt Resuscitation

NOTE: Selecting “Yes CPR” requires choosing “Full Treatment” in Section B.

When not in cardiopulmonary arrest, follow orders in Section B.

B

MEDICAL INTERVENTIONS

☐ Full Treatment—primary goal to prolong life by all medically effective means:

In addition to treatment described in Selective Treatment and Comfort-focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

☐ Selective Treatment—goal to treat medical conditions while avoiding burdensome measures:

In addition to treatment described in Comfort-focused Treatment below, use IV antibiotics and IV fluids as indicated. Do not intubate. May use noninvasive positive airway pressure. Transfer to hospital if indicated. Avoid Intensive care.

☐ Comfort-focused Treatment—primary goal to maximize comfort:

Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.

Additional Orders:

C

ARTIFICIALLY ADMINISTERED NUTRITION

Any surrogate legal decision maker (Medical Durable Power of Attorney [MDPOA], Proxy-by-Statute, guardian, or other) must follow directions in the patient’s living will, if any. Not completing this section does not imply any one of the choices—further discussion is required. NOTE: Special rules for Proxy-by-Statute apply; see reverse side (“Completing the MOST form”) for details.

☐ Artificial nutrition by tube long term/permanent if indicated.

☐ Artificial nutrition by tube short term/temporary only. (May state term & goal in “Additional Orders”)

☐ No artificial nutrition by tube.

Additional Orders:

D

DISCUSSED WITH (check all that apply):

☐ Patient

☐ Agent under Medical Durable Power of Attorney

☐ Proxy-by-Statute (per C.R.S. 15-18.5-103(6))

☐ Legal guardian

☐ Other:

SIGNATURES OF PROVIDER AND PATIENT, AGENT, GUARDIAN, OR PROXY-BY-STATUTE AND DATE (MANDATORY)

Significant thought has been given to these instructions. Preferences have been discussed and expressed to a healthcare professional. This document reflects those treatment preferences, which may also be documented in a Medical Durable Power of Attorney, CPR Directive, living will, or other advance directive (attached if available). To the extent that previously completed advance directives do not conflict with these Medical Orders for Scope of Treatment, they shall remain in full force and effect.

If signed by surrogate legal decision maker, preferences expressed must reflect patient’s wishes as best understood by surrogate.

Patient/Legal Decision Maker Signature (Mandatory)

Amanda Joy Kent

Name (Print)

Amanda Joy Kent

Relationship/Decision maker status (Write “self” if patient)

self

Date Signed (Mandatory;Revokes all previous MOST forms)

May 2, 2018

Physician / APN / PA Signature (Mandatory)

Dr. Mary R. Roy M.D.

Print Physician / APN / PA Name, Address, and Phone Number

CO-403872

Dr. Mary R. Roy, 84 Goodcare Rd., Boulder, CO 80374 303-555-1111

Date Signed (Mandatory)

5-2-18

HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

Authority for this form and process is granted by C.R.S. 15-18.7 Directives Concerning Medical Orders for Scope of Treatment, enacted 2010.
Send original form with person whenever transferred or discharged

**Additional Information:** Please provide contact information below, in case follow up or more information needed.

<table>
<thead>
<tr>
<th>Patient Legal Last Name</th>
<th>Patient Legal First Name</th>
<th>Patient Middle Name (if any)</th>
<th>Patient Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent</td>
<td>Amanda</td>
<td>Joy</td>
<td>May 2, 1951</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Person for the Patient</th>
<th>Relationship and/or MOSA ID, Proxy, Guardian</th>
<th>Phone Number/Email/Other contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Kent</td>
<td>son of patient</td>
<td>303-555-3910</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Professional Preparing Form</th>
<th>Preparer Title</th>
<th>Phone Number/Email</th>
<th>Date Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mary Roy</td>
<td>doctor of patient</td>
<td>303-555-1121</td>
<td>5-2-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Primary Diagnosis</th>
<th>Hospice Program (if applicable)/Address</th>
<th>Hospice Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>none is part of flexible care</td>
<td></td>
</tr>
</tbody>
</table>

**Directions for Health Care Professionals**

For more information, please refer to the “Getting the MOST Out of the Medical Orders for Scope of Treatment: Guidelines for Healthcare Professionals,” www.ColoradoMOST.com

**Completing the MOST form:**

- MOST form must be downloaded from www.ColoradoMOST.com and photocopied onto Astrobright® “Vulcan Green” or “Terra Green” 60lb paper. This special paper is strongly encouraged but not required. Visit www.ColoradoMOST.com for a link to paper suppliers.
- The form must be signed by a physician, advanced practice nurse, or physician assistant to be valid as medical orders. Physician assistants must include physician name and contact information. In the absence of a provider signature, however, the patient selections should be considered as valid, documented patient preferences for treatment.
- Verbal orders are acceptable with follow-up signature by physician, advanced practice nurse, or physician assistant in accordance with facility policy, but not to exceed 30 days.
- Completion of the MOST form is not mandatory. “A healthcare facility shall not require a person to have executed a MOST form as a condition of being admitted to, or receiving medical treatment from, the healthcare facility” per C.R.S. 15-18.7-108.
- Patient preferences and medical indications shall guide the healthcare professional in completing the MOST form.
- Patients with capacity should participate in the discussion and sign these orders; a healthcare agent, Proxy-by-Statute, or guardian may complete these orders on behalf of an incapacitated patient, making selections according to patient preferences, if known.
- “Proxy-by-Statute” is a decision maker selected through a proxy process, per C.R.S. 15-18.3-103(6). Such a decision maker may not decline artificial nutrition or hydration (ANH) for an incapacitated patient without an attending physician and a second physician trained in neurology certifying that “the provision of ANH is merely prolonging the act of dying and is unlikely to result in the restoration of the patient to independent neurological functioning.”
- Photocopy, fax, and electronic images of signed MOST forms are legal and valid.

**Following the Medical Orders:**

- Per C.R.S. 15-18.7-106: Emergency medical personnel, a healthcare provider, or healthcare facility shall comply with an adult’s properly executed MOST form that has been executed in this state or another state and is apparent and immediately available. The fact that the signing physician, advanced practice nurse, or physician assistant does not have admitting privileges in the facility where the adult is receiving care does not relieve the duty to comply with these orders. Providers who comply with the orders are immune from civil and criminal prosecution in connection with any outcome of complying with the orders.
- If a healthcare provider considers these orders medically inappropriate, she or he should discuss concerns with the patient or surrogate legal decision maker and revise orders only after obtaining the patient or surrogate consent.
- If Section A or B is not completed, full treatment is implied for that section.
- *Comfort care is never optional.* Among other comfort measures, oral fluids and nutrition must be offered if tolerated.
- When “Comfort-focused Treatment” is checked in Section B, hospice or palliative care referral is strongly recommended.
- If a healthcare provider or facility cannot comply with these orders due to policy or ethical/religious objections, the provider or facility must arrange to transfer the patient to another provider or facility and provide appropriate care until transfer.

**Reviewing the Medical Orders:**

- These medical orders should be reviewed
  - regularly by the person’s attending physician or facility staff with the patient and/or patient’s legal decision maker;
  - on admission to or discharge from any facility or on transfer between care settings or levels;
  - at any substantial change in the person’s health status or treatment preferences; and
  - when legal decision maker or contact information changes.
- If substantive changes are made, please complete a new form and void the replaced one.
- To void the form, draw a line across Sections A through C and write “VOID” in large letters. Sign and date.

**Review of this Colorado MOST Form**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Reviewer</th>
<th>Location of Review</th>
<th>Review Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>annual review due on June 1, 2019</td>
<td></td>
<td></td>
<td>□ No Change □ New Form Completed</td>
</tr>
</tbody>
</table>

**HIPAA permits disclosure of this information to other healthcare professionals as necessary**

FORM 9:
LIVING WILL
LIVING WILL

This document is done pursuant to Colorado Revised Statute 15-18.101–113. Once done give copies to your health care providers.

1. DECLARATION

1. John Alan Baker, am at least age 18 and able to make and communicate my own decisions. I direct the following instructions if a) I am unable to make or communicate my decisions on about medical treatment and b) my physician and another qualified physician certify in writing I am in a terminal condition or persistent vegetative state.

A. Life-Sustaining Procedures while in a terminal condition or persistent vegetative state (initial one):

   J A B (Initials) I direct all life-sustaining procedures shall be withdrawn and withheld (but not including procedures felt helpful by healthcare providers to provide comfort or relieve pain).

   __________________________
   (Initials) I direct life-sustaining procedures shall be continued until the following timeframe and then stop (but not including procedures felt helpful by healthcare providers to provide comfort or relieve pain)(state timeframe, for example “2 months” or “3 months at least, and continue if my spouse wishes” or “1 month then stop, unless I am in a terminal condition but likely will not remain being in a persistent vegetative state): __________________________

   B. Artificial Nutrition and Hydration while in a terminal condition or persistent vegetative state (initial one):

   __________________________
   (Initials) I direct all artificial nutrition and hydration shall not be continued.

   J A B (Initials) I direct artificial nutrition and hydration shall be continued for/until (state timeframe):

   ______________ (Initials) I direct artificial nutrition and hydration be continued indefinitely, regardless of my prognosis.

2. POWER OF MEDICAL POWER OF ATTORNEY (initial one)

J A B (Initials) My Agent under my Medical Durable Power of Attorney shall have the authority to override any of the directions stated here, whether I signed this declaration before or after I appointed that Agent.

   __________________________
   (Initials) My directions as stated here may not be overridden or revoked by my Agent under Medical Durable Power of Attorney, whether I signed this declaration before or after I appointed that Agent.

3. ANATOMICAL GIFTS

   __________________________
   (Initials) I wish to donate my (check one or both) ___ organs and/or ___ tissues, if medically possible.

   __________________________
   (Initials) I do not wish donate my organs or tissues.

4. SIGNATURE

I execute this declaration, as my free and voluntary act, this 2nd day of May, 2018.

John Alan Baker
Declarant signature

VIII. DECLARATION OF WITNESSES

This declaration was signed by John Alan Baker (name of Declarant) in our presence, and we in the presence of each other and at the Declarant’s request have signed below as witnesses. We declare when Declarant signed this declaration a) we believe he or she was of sound mind and under no pressure or undue influence, b) we are not doctors or employees of the attending doctor or healthcare facility caring for Declarant, c) we are not creditors or heirs of the Declarant and have no claim against any portion of the Declarant’s estate, and d) we are 18 years of age or more, and under no pressure, undue influence, or otherwise disqualifying disability.

Signature of Witness   Printed Name   Address
Jill Harriet Kulchek   Jill Harriet Kulchek   84 Broadway, Denver CO 80233

Signature of Witness   Printed Name   Address
Robert Harry King      Robert Harry King      213 Buffalo Bluff, Denver CO 81221

Notary Seal (optional) SKIPPED

State of _____________, County of _________________
SUBSCRIBED and sworn to before me by _________________, the Declarant, _________________ and _________________ witnesses, as the voluntary act and deed of the Declarant this ___ day of ___________, 20__._

_________________________  Notary
FORM 10:
STATUTORY FORM POWER OF ATTORNEY
STATE OF COLORADO
STATUTORY FORM POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes.

This power of attorney does not authorize the agent to make health care decisions for you.

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.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the special instructions. Coagents are not required to act together unless you include that requirement in the special instructions. 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.

1. DESIGNATION OF AGENT

I Greg Ken Smith (name of principal) name the following person as my agent:

Name of agent: Lauren Ann Smith my wife
Agent’s address: 27 Lakeshore Street, Lee, CO 80384
Agent’s telephone number: 303-555-2028

2. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: NONE
Successor agent’s address: ________________________________
Successor agent’s telephone number: ________________________

If my successor agent is unable or unwilling to act for me, I name as second successor agent:

Name of second successor agent: NONE
Second successor agent’s address: _____________________________
Second successor agent’s telephone number: ___________________
3. GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes:

(INITIAL each subject you want to include in the agent’s general authority. If you wish to grant general authority over all of the subjects you may initial “All preceding subjects” instead of initialing each subject.)

(____) A. Real property  
(____) B. Tangible personal property  
(____) C. Stocks and bonds  
(____) D. Commodities and options  
(____) E. Banks and other financial institutions  
(____) F. Operation of entity or business  
(____) G. Insurance and annuities  
(____) H. Estates, trusts, and other beneficial interests  
(____) I. Claims and litigation  
(____) J. Personal and family maintenance  
(____) K. Benefits from governmental programs or civil or military service  
(____) L. Retirement plans  
(____) M. Taxes  
(GKS) N. All preceding subjects

4. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

(____) A. Create, amend, revoke, or terminate an inter vivos trust  
(____) B. Make a gift, subject to the limitations of the “Uniform Power of Attorney Act” set forth in section 15-14-740, Colorado Revised Statutes, and any special instructions in this power of attorney  
(____) C. Create or change rights of survivorship  
(____) D. Create or change a beneficiary designation  
(GKS) E. Authorize another person to exercise authority granted under this power of attorney  
(____) F. Waive the principal’s right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan  
(____) G. Exercise fiduciary powers that the principal has authority to delegate, including powers to participate in the designation or changing of a fiduciary and powers to participate in the direction of a fiduciary in the exercise of the fiduciary’s powers  
(____) H. Disclaim, refuse, or release an interest in property or a power of appointment
I. Exercise a power of appointment other than: (1) The exercise of a general power of appointment for the benefit of the principal which may, if the subject of estates, trusts, and other beneficial interests is authorized above, be exercised as provided under the subject of estates, trusts, and other beneficial interests; or (2) the exercise of a general power of appointment for the benefit of persons other than the principal which may, if the making of a gift is specifically authorized above, be exercised under the specific authorization to make gifts.

J. Exercise powers, rights, or authority as a partner, member, or manager of a partnership, limited liability company, or other entity that the principal may exercise on behalf of the entity and has authority to delegate excluding the exercise of such powers, rights, and authority with respect to an entity owned solely by the principal which may, if operation of entity or business is authorized above, be exercised as provided under the subject of operation of the entity or business

5. LIMITATION ON AGENT’S AUTHORITY
An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

6. SPECIAL INSTRUCTIONS (OPTIONAL)
You may give special instructions on the following lines:

________________________
NONE, I TRUST MY AGENT TO DO WHATEVER IS BEST

(long instructions are not recommended, but if needed attach additional pages)

7. EFFECTIVE DATE
This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

8. NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)
If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for conservator of my estate: Lauren Ann Smith my wife
Nominee’s address: 27 Lakeshore Street, Lee, CO 80384
Nominee’s telephone number: 303-555-2028

Name of nominee for guardian of my person:
Nominee’s address: 27 Lakeshore Street, Lee, CO 80384
Nominee’s telephone number: 303-555-2028

9. RELIANCE ON THIS POWER OF ATTORNEY
Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.
SIGNATURE AND ACKNOWLEDGMENT

**Greg Ken Smith**

Your signature

Date

**Greg Ken Smith**

Your name printed

303-555-2028

Your telephone number

27 Lakeshore Street, Lee, CO 80384

Your address

WITNESS AFFIDAVIT (OPTIONAL)

We declare that, being first duly sworn, the principal signed and executed this instrument, knowingly and willingly, as the principal’s Power of Attorney, and we signed this instrument as witnesses, in the conscious presence of the principal, and at the time of the execution of this instrument, the principal, according to our best knowledge and belief, was aware and of sound mind, and under no constraint or undue influence.

**Susan Vera Chomsky**

Nov. 25, 2018

Witness #1 signature

Date

**Susan Vera Chomsky**

303-555-1234

Witness #1 name printed

**Norman Paul Chomsky**

Nov. 25, 2018

Witness #2 signature

Date

**Norman Paul Chomsky**

303-555-1234

Witness #2 name printed

NOTARY

State of COLORADO, County of BOULDER) ss.

This document was acknowledged before me on Nov. 25, 2018 , (Date) by **Greg Ken Smith** (Name of principal) and (if witnesses were used) subscribed and sworn to by **Susan Vera Chomsky** and **Norman Paul Chomsky** (Name of two witnesses).

Signature of notary: **Nicholas Williams**

(Seal, if any)

My commission expires: Feb 9 2021

This document was prepared by (optional): ________________________

NICOLAS WILLIAMS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 981537439
MY COMMISSION EXPIRES FEB 9, 2021
IMPORTANT INFORMATION FOR AGENT

Agent’s duties
When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

1. Do what you know the principal reasonably expects you to do with the principal’s property or, if you do not know the principal’s expectations, act in the principal’s best interest;
2. Act in good faith;
3. Do nothing beyond the authority granted in this power of attorney; and
4. Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as “agent” in the following manner: (Principal’s name) by (Your signature) as agent

Unless the special instructions in this power of attorney state otherwise, you must also:
1. Act loyally for the principal’s benefit;
2. Avoid conflicts that would impair your ability to act in the principal’s best interest;
3. Act with care, competence, and diligence;
4. Keep a record of all receipts, disbursements & transactions made on behalf of the principal;
5. Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal’s expectations, to act in the principal’s best interest; and
6. Attempt to preserve the principal’s estate plan if you know the plan and preserving the plan is consistent with the principal’s best interest.

Termination of agent’s authority
You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:
1. Death of the principal;
2. The principal’s revocation of the power of attorney or your authority;
3. The occurrence of a termination event stated in the power of attorney;
4. The purpose of the power of attorney is fully accomplished; or
5. If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent
The meaning of the authority granted to you is defined in the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes. If you violate the “Uniform Power of Attorney Act”, part 7 of article 14 of title 15, Colorado Revised Statutes, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.
FORM 11:
DELEGATION OF POWER BY PARENT OR GUARDIAN
I, Jennifer Gloria Swenson (full name), parent or guardian of the minor child(ren) or incapacitated person(s) named below:

<table>
<thead>
<tr>
<th>Full Name of Child or Incapacitated Person</th>
<th>Date of Birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mona Tina Swenson</td>
<td>July 17, 2011</td>
<td>Daughter</td>
</tr>
<tr>
<td>George Ben Swenson</td>
<td>Dec. 22, 2015</td>
<td>Son</td>
</tr>
</tbody>
</table>

I hereby authorize and appoint Nina Joy Kent (my sister) (name of person), as Attorney in Fact for me with full authority to act in my place as follows:

1. To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the above-named minor child or incapacitated person, consistent with the provision of §15-14-105, C.R.S.

2. To authorize any and all medical and dental care for the health and well being of the minor child(ren) or incapacitated person(s). This care includes, but is not limited to medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

This Special Power of Attorney does not give the Attorney in Fact the power to consent to the marriage or adoption of the child or incapacitated person.

This Special Power of Attorney shall be effective until November 2, 2019 (date) unless revoked earlier by the parent or guardian in writing. In any case, the authority granted herein shall not be valid for more than 12 months from the date of this document.

Date: November 2, 2018

[Signature]
Parent/Guardian Signature

Subscribed and affirmed, or sworn to before me in the County of Boulder, State of Colorado, this 2nd day of November, 2018.

My Commission Expires: July 1, 2022

[Signature]
Notary Public/Clerk
FORM 12:
DECLARATION OF DISPOSITION OF LAST REMAINS
DECLARATION OF DISPOSITION OF LAST REMAINS

I, Oliver Frank Grandby (name of declarant), being of sound mind and lawful age, hereby revoke all prior declarations concerning the disposition of my last remains and those provisions concerning disposition of my last remains found in a will, codicil, or power of attorney, and I declare and direct that after my death the following provisions be taken:

1. Disposition Of Body. If permitted by law, my body shall be (initial ONE choice):

   **OFG** Buried. I direct that my body be buried at probably the local cemetery

   _____ Cremated. I direct that my cremated remains be disposed of as follows: ________________________________

   _____ Entombed. I direct that my body be entombed at ________________________

   _____ Other. I direct that my body be disposed of as follows: ______________________

   _____ Disposed of as ____________________________ (name of designee) shall decide in writing. If this person is unwilling or unable to act, then I do nominate ____________________________ as my alternate designee.

2. Ceremonial Arrangements. I request that the following ceremonial arrangements be made (initial desired choice or choices):

   **OFG** I request Greg Frank Granby my son (name of designee) make all arrangements for any ceremonies, consistent with my directions set forth in this declaration. If this person is unwilling or unable to act, then I do nominate ____________________________ as my alternate designee.

   _____ Funeral. I request the following arrangements for my funeral:

   **OFG** Memorial Service. I request the following arrangements for my memorial service: anywhere people want but make trip to cemetery optional for all
3. Special instructions. In addition to the instructions above, I request (on following lines you may make special requests regarding ceremonies or lack of ceremonies):


NONE

I may revoke or amend this declaration in writing at any time. I agree a third party who receives a copy of this declaration may act according to it. Revocation of this declaration is not effective as to a third party until the third party learns of my revocation. My estate shall indemnify any third party for costs incurred as a result of claims that arise against the third party because of good-faith reliance on this declaration.

I execute this declaration as my free and voluntary act, on May 10, 2018.

Oliver Frank Grandby
(Declarant)

[Notarization optional: ]

STATE OF COLORADO  )
COUNTY OF ___________ ) ss.

Acknowledged before me by _______________, Declarant, on _____________, 20__. My commission expires:_______________

Notary Public:______________________   [seal]
END OF BOOK
GO TO
WWW.DAVENPORTPRESS.ORG
TO DOWNLOAD FORMS
AND DOWNLOAD BOOKS