



**ADDENDUM TO MEDICAL DURABLE POWER OF ATTORNEY – RECOMMENDED, NOT REQUIRED**

**1. Signature of the Appointed Agent**

Although not required by Colorado law, my signature below indicates that I have been informed of my appointment as a Healthcare Agent under Medical Durable Power of Attorney for *(name of Declarant)*

\_\_\_\_\_

I accept the responsibilities of that appointment, and I have discussed with the Declarant his or her wishes and preferences for medical care in the event that he or she cannot speak for him- or herself.

I understand that I am always to act in accordance with his or her wishes, not my own, and that I have full authority to speak with his or her healthcare providers, examine healthcare records, and sign documents in order to carry out those wishes. I also understand that my authority as a Healthcare Agent is only in effect when the Declarant is unable to make his or her own decisions and that it automatically expires at his or her death.

If I am an alternate Agent, I understand that my responsibilities and powers will only take effect if the primary Agent is unable or unwilling to serve.

\_\_\_\_\_  
*Primary Agent's Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Alternate Agent #1 Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Alternate Agent #2 Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**2. Signature of Witnesses and Notary**

The signature of two witnesses and a notary seal are not required by Colorado law for proper execution of a Medical Durable Power of Attorney; however, they may make the document more acceptable in other states.

This document 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 our names below as witnesses. We declare that, at the time the Declarant signed this document, we believe that he or she was of sound mind and under no pressure or undue influence. We are at least eighteen (18) years old.

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Address*

**Notary Seal (optional)**

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

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

SUBSCRIBED and sworn to before me by

\_\_\_\_\_, the Declarant,

and \_\_\_\_\_

and \_\_\_\_\_

witnesses, as the voluntary act and deed of the Declarant

this day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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