TGG97RSV

TYPE OF RECORD: PERMANENT

CATEGORY OF RECORD: POWER OF ATTORNEY

NAME OF AGENCY OR CONTRACTOR: GARY GULLIFORD, TINA GULLIFORD POWER OF ATTORNEY FOR GARY GULLIFORD

367 1/2

STREET ADDRESS/PARCEL NAME/SUBDIVISION: ROSEVALE ROAD, PARCEL NO. 2945-222-00-028, ROSEVALE

EXTENSION

CITY DEPARTMENT: COMMUNITY DEVELOPMENT

YEAR: 1997

EXPIRATION DATE: NONE

DESTRUCTION DATE: NONE

Street Address: 367/z Rosevale Rd GRAND Set CO 81503

Parcel # 2945-222-00-028

BOOK2415 PAGE431

1836443 03/12/98 0213PM MONIKA TODD CLK&REC MESA COUNTY CO RECFEE \$25.00 SURCHG \$1.00

UTILITY CONNECTION AND ANNEXATION AGREEMENT AND DECLARATION OF COVENANTS

This Utility Cor	nnection and Ar	nexation Agreemen	t and Declaration	of Covenants is made	
between	TINA	Gulliford	PLACE	of the	
				er,' and the CITY OF	
GRAND JUNC	TION, COLOR	RADO, in Mesa Cou	nty, State of Colo	rado, herein called 'City.	,

WITNESSETH:

- 1. Owner hereby covenants that (s)he is the Owner in fee of the following described real property located in Mesa County, Colorado: [attach the legal as Exhibit "A"]
- 2. In consideration for and as a condition precedent to being allowed to connect to the Persigo Regional Sewer System and to receive sewer service for the above described property, said Owner hereby covenants, agrees and declares that the following terms, covenants, conditions, restrictions, and obligations shall be deemed to run with the land described in paragraph 1 above, and shall be binding and accrue to the Declarant, Declarant's heirs, successors and assigns and any person acquiring or holding an interest in said property, their grantees, successors, heirs, executors, administrators or assigns, for the benefit of the City and said property.
 - a. Sewer service from the City of Grand Junction or the Persigo Regional Sewer System shall be subject to all terms and conditions as provided by the ordinances and regulations of the City as such may exist from time to time.
 - b. The owner and applicant agree to annex (and to execute a petition for annexation of the property served) to the City upon request at any time that such property is eligible for annexation. Further, each such owner and/or applicant agrees to forthwith execute and deliver to the City subsequent petition(s) for annexation at any time upon request of the City. This agreement shall be binding upon and shall run with the land for which service is provided.
 - c. As a condition precedent to the supplying of such sewer services, the undersigned consumer who is the owner in fee of the real property so supplied as described above, hereby agrees and covenants to apply for and consent to the annexation of the area described above to the City of Grand Junction at such date as the area described above or any portion thereof becomes eligible for annexation, as determined solely by the City. The undersigned hereby irrevocably appoints the Grand Junction City Clerk as his lawful attorney-in-fact for the purpose of executing a petition for annexation or petition for

ROSEVALE EXTENSION

annexation election with respect to the property described above. The undersigned further agrees to fully cooperate in annexation efforts and to sign no annexation petition or petition for annexation election which has the effect or is intended to hinder any annexation and to take no actions to hinder, delay, or avoid annexation of the property described above. The City shall be entitled to recover all costs, including reasonable attorney's fees, which it incurs in enforcing this annexation agreement on account of any breach of this agreement by the undersigned, his or her heirs, successors, or assigns,

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Tax																		

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Gary Ray Gulliford	, owner
of 3671/2 Rosevale Rd, 75 (Beand howetical CO10,	8/503
the undersigned Grantor, do hereby make and grant a general power of attorney to	
The louise Collistoned of 1010 chiereda alle	
General Plue from color	. 8150R
and do thereupon constitute and appoint said individual as my attorney-in-fact.	

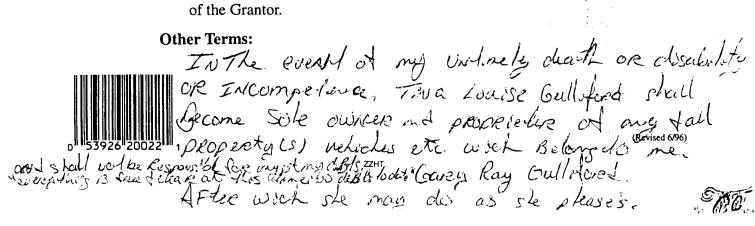
My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (N) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- [GR 6-] (A) Real estate transactions (B) Tangible personal property transactions [BR 6-] [686] (C) Bond, share and commodity transactions (D) Banking transactions [GR 6] (E) Business operating transactions [GP6] (F) Insurance transactions [GR6] (G) Gifts to charities and individuals other than Attorney-in-Fact (If trust distrib-[GR6] utions are involved or tax consequences are anticipated, consult an attorney.) (H) Claims and litigation [CRG] (I) Personal relationships and affairs [GX6] (J) Benefits from military service [GR 6-] [ORO] (K) Records, reports and statements (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of [OC6] the foregoing powers to any person or persons whom my attorney-in-fact shall select [GRG] (M) All other matters
- Durable Provision:

 [GR6]

 (N) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence



My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this

Seventh

day of July

. 1997

Signed in the presence of:

Recorder's Note: Not An Original Signatury Ameri Recorded

Vitness

Attorney-in-Fact

Colorado State of

County of Mes #

On July 7, 1997 before me, appeared Gay R. Gulli Soul & Tima L. Gulli Soul

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature₆

(Seal)

Affiant _ Type of ID Golo Dr. Leave

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