

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Trust created by:</b>  <b>Settlor</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg.#: _____	Case Number: _____  Division                      Courtroom
<b>TRUST REGISTRATION STATEMENT</b>	

**Important Notice**

The court will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the court by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: \_\_\_\_\_

**1. Information about the trustee:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2.** The records of this trust are kept at the principal place of administration, which is in \_\_\_\_\_  
 \_\_\_\_\_ (City and County) at the following address:  
 \_\_\_\_\_

**3. This trust**

has not been registered elsewhere.

has been registered previously on \_\_\_\_\_ (date) with the \_\_\_\_\_  
 (name of court) in the State of \_\_\_\_\_ pursuant to § 15-5-206(1), C.R.S.

**4. This is**

a testamentary trust established by the will of \_\_\_\_\_.

The will was admitted to probate on \_\_\_\_\_ (date), in \_\_\_\_\_ (name of court) in the State of \_\_\_\_\_ in case number: \_\_\_\_\_.

an *inter vivos* trust established by \_\_\_\_\_ (settlor) dated \_\_\_\_\_. The trustee is \_\_\_\_\_.

**5. If multiple trusts are registered on this date, provide additional identifying information:**

\_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

**The undersigned trustee acknowledges the existence of this trust and submits to the jurisdiction of this court in any proceeding relating to this trust. Within 60 days of registration, the trustee represents that the trustee must comply with § 15-5-206(3), C.R.S.**

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**VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(date) (month) (year)

at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Trustee)

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**INFORMATION OF TRUST REGISTRATION**

It is not necessary that this portion of the form be completed on the copy of the statement filed with the court.

**To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the trust(s) described in the above Trust Registration Statement.

Upon reasonable request, you may be entitled to additional information about this trust and its administration pursuant to § 15-5-813, C.R.S.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee

**Note:**

- File this registration statement in the county where the trust is being administered pursuant to § 15-5-205(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and C.R.P.P. 70.
- The requirements of § 15-5-206(3), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.