

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division Courtroom
PETITION TO RE-OPEN ESTATE	

The petitioner makes the following statements:

1. Information about the petitioner:

Name: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. Pursuant to § 15-12-1008, C.R.S., the estate has been settled and the personal representative has been discharged or one year has passed since the closing statement has been filed with the court.

OR

Pursuant to § 15-12-1009, C.R.S., the court, on its own motion and after notice, entered an order closing the estate without further accounting.

3. Petitioner desires to re-open the estate:

to distribute property briefly described as:

other:

4. Petitioner nominates the following person to be appointed as personal representative:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Primary Phone: _____

Alternate Phone: _____

Email Address: _____

The nominee is the previously appointed personal representative.

The previously appointed personal representative is unable or unwilling to serve and the nominee is 21 years of age or older, and the nominee has priority for appointment because of:

Nomination by the will.

Statutory priority. (§ 15-12-203, C.R.S.)

reasons stated below:

Persons with prior or equal rights to appointment have renounced their rights to appointment or have been given notice of these proceedings. **Any required renouncements accompany this petition.**

5. The persons to receive distribution have changed, as identified below:

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

The persons to receive distribution have not changed from the original proceedings. Distribution is as follows:

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

6. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.

The basis of compensation has not yet been determined.

7. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.

The basis for compensation has not yet been determined.

8. **Petitioner requests that the court, after such notice as it may direct, re-open the estate and appoint the personal representative identified in section 4 above. In addition, the petitioner requests the court:**

issue Letters of Administration.

issue Letters Testamentary.

upon reporting to the court that the above purposes have been accomplished, the personal representative's appointment shall terminate and estate re-closed.

Other: _____

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.

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)

Executed on the _____ day of
(date)

_____, _____,
(month) (year)

_____, _____,
(month) (year)

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

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

(printed name)

(printed name)

(Signature of Petitioner)

(Signature of Co-Petitioner, if any)

Attorney Signature, (if any)

Date