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| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **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 |
| INTERIM FINAL ACCOUNTINGFOR PERIOD: FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PURSUANT TO C.R.P.P. 31** | |

**This accounting must be typed or prepared by automated data processing.**

**SUMMARY OF RECEIPTS AND EXPENDITURES ONLY**

Balance on hand at the beginning of this accounting period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Add:** Total funds received or collected during this accounting period from page 2 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Less:** Total payments during this accounting period from page 3 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance on hand at the end of this accounting period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SUMMARY** | | |
| **Schedule** | **Asset Category** | **Value** |
| **1** | Real Estate |  |
| **2** | Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts |  |
| **3** | Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts |  |
| **4** | Life Insurance |  |
| **5** | Pensions, Profit Sharing Plans, Annuities, and Retirement Funds |  |
| **6** | Motor and Recreation Vehicles |  |
| **7** | Other Assets |  |
| **Total Gross Value** | |  |
| **8** | Liens and Encumbrances |  |
| **Total Net Value (Total Gross Value minus Liens and Encumbrances)** | |  |

**Detail Listing of Funds Received or Collected During Accounting Period**

List below each individual item of funds received or collected for this accounting period. Attach additional pages, if needed.

|  |  |  |
| --- | --- | --- |
| **Date** | **Description of Funds Received or Collected** | **Amount** |
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| Page \_\_ of \_\_  Total |  | $  $ |

**Detail Listing of Payments During Accounting Period**

List below each item of payments during this accounting period. Attach additional pages, if needed.

|  |  |  |
| --- | --- | --- |
| **Date** | **Description of Payments** | **Amount** |
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| Page \_\_ of \_\_  Total |  | $  $ |

**VERIFICATION**

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

Executed on the \_\_\_\_\_\_ day of Executed on the \_\_\_\_\_\_ day of

(date) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_,

(month) (year) (month) (year)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

(printed name) (printed name)

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

(Signature of Personal Representative) (Signature of Co-Personal Representative, if any)

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

Attorney Signature, (if any) Date