☐District Court ☐Denver				
Cor	unty, Colorado			
Court Address:				
In the Matter of the Estate	of:			
Deceased			▲ co	OURT USE ONLY
Attorney or Party Without At	torney (Name and Address):		Case Numb	oer:
Phone Number:	E-mail:			
FAX Number:			Division	Courtroom
FAA NUIIDEI.	Atty. Reg. #:			Courtioon
	DECEDENT'S ESTA	TE INVENT	ORY	

Within 3months after appointment, a personal representative must prepare an inventory of property owned by the decedent that is subject to disposition by will or intestate succession. The inventory must list the property with reasonable detail, indicate the decedent's interest in the property, and include the fair market value as of the decedent's date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property must be completed.

If additional space is needed, separate sheets may be used. The inventory must be sent to interested persons who request it or it may be filed with the court.

	INVENTORY 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 Gros	s Value	
8	Liens and Encumbrances on Inventoried Assets	
Total Net \	/alue (Total Gross Value minus Liens and Encumbrances)	

Schedule 1 – Real Estate (State name in which title is held and list complete None	e addresses.)		Re	Type of Property (Home, ental, Land, etc.)	Estimated Value (what you could sell it for in its current condition)
				,	\$
-					Φ.
Total (also enter this total on the Inventor	y Summary	on page 1)		\$
Schedule 2 – Stocks, Bonds, Mutual Full Investment Accounts (State name in which title is held.) None	ınds, Secu	rities and	S	umber of Shares or Account Number 4-digits only)	Value
					\$
Total (also enter this total on the Inventory					Φ.
	v Siimmarv	on nage 1)			*
Total (also enter this total on the inventor)	y Summary	on page 1)			\$
Total (also enter this total on the inventor)	y Summary	on page 1)			\$
Schedule 3 - Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.) None	and Bank	Type o	of	Account Number (last 4- digits only)	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank	Туре о	of	Number (last 4-	1
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank	Туре о	of	Number (last 4-	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank	Туре о	of	Number (last 4-	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank	Туре о	of	Number (last 4-	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank	Туре о	of	Number (last 4-	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank	Туре о	of	Number (last 4-	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank	Туре о	of	Number (last 4-	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.) None	and Bank and Health	Type o	of nt	Number (last 4-	Balance \$
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)	and Bank and Health	Type o	of nt	Number (last 4-	Balance
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.) None	and Bank and Health	Type o	of nt	Number (last 4-	Balance \$
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.) None	and Bank and Health y Summary	Type o	of nt	Number (last 4-	\$ s ds Paid or
Schedule 3 - Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.) None Total (also enter this total on the Inventory) Schedule 4 - Life Insurance (Include only those items payable to the estate.)	and Bank and Health y Summary	Type of Account	of nt	Number (last 4- digits only)	\$ s ds Paid or
Schedule 3 - Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.) None Total (also enter this total on the Inventory) Schedule 4 - Life Insurance (Include only those items payable to the estate.)	and Bank and Health y Summary	Type of Account	of nt	Number (last 4- digits only)	\$ s ds Paid or

Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds (Include only those items payable to the estate.) None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Value
			\$
Total (also enter this total on the Inventory Sum	mary on page 1)		\$

Schedule 6 – Motor and Recreation Vehicles (Including motorcycles, ATV's, boats, etc.) (State name in which title is held.) None	Year	Make and Model	Estimated Value (what you could sell it for in its current condition)
			\$
Total (also enter this total on the Inventory Summary	on page	e 1)	\$

Schedule 7 – Other Assets (If titled, stated name in which title is held) None	Estimated Value (what you could sell it for in its current condition)
	\$
Total (also enter this total on the Inventory Summary on page 1)	\$
Total Assets (also enter this total on the Inventory Summary on page 1)	\$
	·

Liens and Encumbrances on Inventoried Assets

If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below.

Schedule 8 – Description of Liability/Debt	Name of Financial Institution	Account Number (last 4- digits only)	Balance
Mortgages			\$
Mortgages			
Motor Vehicle Loans			
Other Secured Debt			
Other Secured Debt			
Total Encumbrances on Inventory Summary on page 1	entoried Assets (also enter this to l)	otal on the	\$

☐ By checking this box, I am acknowle form.	edging I am filling in the blanks and not ch	anging anything else on the
☐ By checking this box, I am acknowled	ging that I have made a change to the origin	al content of this form.
	VERIFICATION	
I declare under penalty of perjury under the	he law of Colorado that the foregoing is true	and correct.
Executed on the day of (date)	Executed on the day o (date)	f
(month) (year)		(year)
at (city or other location, and state OR count	try) at (city or other location, and state	e OR country)
(printed name)	(printed name)	
(Signature of Personal Representative)	(Signature of Co-Personal Rep	resentative, if any)
Attorney Signature, (if any)	Date	
I certify that on(o	CERTIFICATE OF SERVICE date), a copy of this (name	ne of document) was served
as follows on each of the following:	Relationship to Decedent, Ward,	Manner of Service*
Name and Address	or Protected Person	Manner of Service
*Insert one of the following: hand delivery	y, first-class mail, certified mail, e-service, or	fax.
	Signature	