RULE CHANGE 2018(11) COLORADO RULES OF PROBATE PROCEDURE AND COLORADO PROBATE CODE FORMS

COLORADO RULES OF PROBATE PROCEDURE

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PART 1. GENERAL

Rule 1. Scope of Rules - How Known and Cited

- (a) Procedure Governed. These rules govern the procedure in the probate court for the city and county of Denver and district courts when sitting in probate. In case of conflict between these rules and the Colorado Rules of Civil Procedure (C.R.C.P.), or between these rules and any local rules of probate procedure, these rules will control.
- **(b) How Known and Cited.** These rules will be known and cited as the Colorado Rules of Probate Procedure, or C.R.P.P.
- (c) In General. "Colorado Probate Code" means Articles 10 to 17 of Title 15 of the Colorado Revised Statutes (C.R.S.). Except as otherwise provided, terms used in these rules are defined in the applicable sections of Title 15, C.R.S., as amended.

Rule 2. Definitions [Reserved]

Rule 3. Registry of Court – Payments and Withdrawals

Payments into and withdrawals from the registry of the court must be made only upon order of court.

Rule 4. Delegation of Powers to Clerk and Deputy Clerk

- (a) The court by written order may, in addition to duties and powers exercised as registrar in informal proceedings, delegate to the clerk or deputy clerk any one or more of the following duties, powers and authorities to be exercised under the supervision of the court:
 - (1) To appoint fiduciaries and to issue letters, if there is no written objection to the appointment or issuance on file;
 - (2) To set a date for hearing on any matter and to vacate any such setting;
 - (3) To issue dedimus to take testimony of a witness to a will;
 - (4) To approve the bond of a fiduciary;
 - (5) To appoint a guardian ad litem, subject to the provisions of law;
 - (6) To certify copies of documents filed in the court;
 - (7) To order a deposited will lodged in the records and to notify the named personal representative;
 - (8) To enter an order for service by mailing or by publication where such order is authorized

- by law or by the Colorado Rules of Civil Procedure;
- (9) To correct any clerical error in documents filed in the court;
- (10) To appoint a special administrator in connection with the claim of a fiduciary;
- (11) To order a will transferred to another jurisdiction pursuant to Rule 51 herein;
- (12) To admit wills to formal probate and to determine heirship, if there is no objection to such admission or determination by any interested person;
- (13) To enter estate closing orders in formal proceedings, if there is no objection to entry of such order by any interested person;
- (14) To issue a citation to appear to be examined regarding assets alleged to be concealed, etc., pursuant to § 15-12-723, C.R.S.;
- (15) To order an estate reopened for subsequent administration pursuant to § 15-12-1008, C.R.S.;
- (16) To enter other orders upon the stipulation of all interested persons.
- (b) All orders and proceedings by the clerk or deputy clerk under this rule must be made part of the permanent record.
- (c) Any person in interest affected by an order entered or action taken under the authority of this rule may have the matter heard by the judge by filing a motion for such hearing within 14 days after the entering of the order or the taking of the action. Upon the filing of such a motion, the order or action in question must be vacated and the motion placed on the calendar of the court for as early a hearing as possible, and the matter must then be heard by the judge. The judge may, within the same 14 day period referred to above, vacate the order or action on the court's own motion. If a motion for hearing by the judge is not filed within the 14 day period, or the order or action is not vacated by the judge on the court's own motion within such period, the order or action of the clerk or deputy clerk will be final as of its date subject to applicable rights of appeal. The acts, records, orders, and judgments of the clerk or deputy clerk not vacated pursuant to the foregoing provision will have the same force, validity, and effect as if made by the judge.

Rule 5. Rules of Court

- (a) Repeal of Local rules. All local probate rules are hereby repealed. Local rules may be enacted pursuant to C.R.C.P. 121(b).
- (b) Procedure not otherwise specified. If no procedure is specifically prescribed by rule or statute, the court may proceed in any lawful manner not inconsistent with these rules of probate procedure and the Colorado Probate Code and must look to the Colorado Rules of Civil Procedure and to the applicable law if no rule of probate procedure exists.

Rule 6. Reserved Rule 7. Reserved Rule 8. Reserved Rule 9. Reserved

PART 2. PLEADINGS

Rule 10. Judicial Department Forms

The Judicial Department Forms (JDF) approved by the Supreme Court should be used where applicable. Any pleading, document, or form filed in a probate proceeding should, insofar as possible, substantially follow the format and content of the approved JDF, if applicable.

Rule 11. Correction of Clerical Errors

- (a) Documents with clerical errors filed with the court may be made the subject of a written request for correction by filing JDF 740 or a document that substantially follows the format and content of the approved JDF, if applicable, and may file a corrected document.
- (b) A clerical error may include, but is not limited to:
 - (1) Errors in captions;
 - (2) Misspellings;
 - (3) Errors in dates, other than dates for settings, hearings, and limitations periods; or
 - (4) Transposition errors.
- (c) A clerical error does not include the addition of an argument, allegation, or fact that has legal significance. If the court is not satisfied that a written request for correction is a clerical error, the request may be denied.

Rule 12. Petitions Must Indicate Persons Under Legal Disability

- (a) Petition Requirements and Notice. If a person under legal disability has any interest in the subject matter of a petition which requires the issuance of notice, the petition must state:
 - (1) That an interested person is under legal disability as defined in subsection (b) below;
 - (2) The name, age, and residence of the person under legal disability; and
 - (3) The name of the guardian, conservator, or personal representative, if any.
- (b) Legal Disability. A person under legal disability includes, but is not limited to, a person who is:
 - (1) Under 18 years of age; or
 - (2) Incompetent or incapacitated to such an extent that the individual is incapable of adequately representing his or her own interest.

Rule 13. Reserved

Rule 14. Reserved

Rule 15. Reserved

Rule 16. Reserved

Rule 17. Reserved

Rule 18. Reserved

Rule 19. Reserved

PART 3. NOTICE

Rule 20. Process and Notice

The issuance, service, and proof of service of any process, notice, or order of court under the Colorado Probate Code will be governed by the provisions of the Colorado Probate Code and these rules. When no provision of the Colorado Probate Code or these rules is applicable, the Colorado Rules of Civil Procedure will govern. Except when otherwise ordered by the court in any specific case or when service is by publication, if notice of a hearing on any petition or other pleading is required, the petition or other pleading, unless previously served, must be served with the notice. When served by publication, the notice must briefly state the nature of the relief requested. The petition or other pleading need not be attached to or filed with the proof of service, waiver of notice, or waiver of service.

Rule 21. Demands and Requests for Notice

- (a) Demands for Notice. Demands for notice in decedents' estates are governed by § 15-12-204, C.R.S. After a demand for notice has been filed with the court, the clerk or registrar may thereafter take any authorized action, including, accepting and acting upon an application for informal appointment of a personal representative.
- (b) Requests for Notice. Requests for Notice in Protective Proceedings are governed by § 15-14-116, C.R.S.

Rule 22. Constitutional Adequacy of Notice

When statutory notice is deemed by the court to be constitutionally inadequate, the court must provide on a case-by-case basis for such notice as will meet constitutional requirements.

Rule 23. Waiver of Notice

<u>Unless otherwise approved by the court, a waiver of notice where authorized must identify the nature of the hearings or other matters to which the waiver of notice applies.</u>

Rule 24. Determination of Matters by Hearing Without Appearance

- (a) A hearing without appearance is a setting before or with the court for a ruling without the appearance of the parties.
- (b) Unless otherwise required by statute, these rules, or court order, any appropriate matter may be set for a hearing without appearance.
- (c) The procedure governing a hearing without appearance is as follows:
 - (1) Attendance at the hearing without appearance is not required or expected.

- (2) Any interested person wishing to object to the requested action set forth in the court filing attached to the notice must file a specific written objection with the court at or before the hearing, and must serve a copy of the objection on the person requesting the court order and all persons listed on the notice of hearing without appearance. Form JDF 722, or a form that substantially conforms to JDF 722, may be used and will be sufficient.
- (3) If no objection is filed, the court may take action on the matter without further notice or hearing.
- (4) If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. If a hearing is scheduled, the objecting party must file a notice of hearing, and serve a copy on all persons listed on the notice of hearing without appearance. Failure to timely set the objection for an appearance hearing as required will result in action by the court as set forth in subsection (d).
- (d) Upon the filing of an objection, the court may, in its discretion:
 - (1) Rule upon the written filings and briefs submitted;
 - (2) Require oral argument;
 - (3) Require an evidentiary hearing;
 - (4) Order the petitioner, movant, objector, and any other interested person who has entered an appearance to participate in alternative dispute resolution; or
 - (5) Enter any other orders the court deems appropriate.
- (e) The Notice of a Hearing Without Appearance, together with copies of the court filing and proposed order must be served on all interested persons no less than 14 days prior to the setting of the hearing and must include a clear statement of this rule governing a hearing without appearance. Form JDF 712 or JDF 963, or a form that substantially conforms to such forms, may be used and will be sufficient.

COMMENTS

2018

[1] Before the 2018 amendments, the rule was titled "Non-Appearance Hearings," which engendered confusion for practitioners and self-represented parties as it referred to a hearing, which denotes an appearance, and then directed the party not to appear before the court. As a part of the 2018 amendments, the title of the rule changed to "Determination of Matters by Hearing Without Appearance" that more appropriately describes the actual practice; the rule is useful for matters required by statute to have a hearing when a party appearance is not required or mandated.

- [2] The pre-2018 rule directed that matters which are "routine and unopposed" may be scheduled for hearing without appearance, however, there was no definition contained within the rule for what matters are considered to be "routine and unopposed." With the 2018 amendments, language defining a hearing without appearance was added in subsection (a), and language generally describing what may be set on the docket in subsection (b). Motions for summary judgment and motions to dismiss are not appropriate for placement on a docket for hearing without appearance, and these motions should be filed using the procedure set forth in C.R.C.P. 1218 1-15.
- [3] The rule does not contain a requirement that the court rule on a motion on the date scheduled for hearing without an appearance. There is confusion among practitioners and self-represented parties regarding when the court is required to rule on a matter scheduled under this rule; the court may rule on these matters in due course after the date for hearing without appearance has passed. This rule allows for expediting many matters before the probate court while specifying that matters may be determined by the probate court without an appearance hearing, such as accommodating a real estate closing or other deadline such as a move-in date for a party.
- [4] Matters denoted as requiring immediate action should not be scheduled for hearing without appearance.
- [5] Concerns were raised regarding the shortened time frame in subsection (c)(4) for ruling on motions contained within the rule and whether the failure of a party or counsel to respond within these time frames would unfairly prejudice a party. Practitioners should bear in mind their ethical obligations to opposing parties and counsel when choosing to schedule a motion that may be opposed on the docket for hearing without appearance. Scheduling a motion on the docket for hearing without an appearance for determination on the merits where no responsive pleading has been filed with the court increases judicial economy by placing an opposing party or counsel on notice that a ruling may be entered unless a responsive pleading is filed with the court.

Rule 25. Notice of Formal Proceedings Terminating Estates

The notice of hearing on a petition under § 15-12-1001 or § 15-12-1002, C.R.S., must include statements:

- (a) That interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys, and others, and the distribution of estate assets, because the court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person; and
- (b) That if any interested person desires to object to any matter such person must file specific written objections at or before the hearing and must serve the personal representative with a copy pursuant to C.R.C.P. 5.

Rule 26. Conservatorship - Closing

Notice of the hearing on a petition for termination of conservatorship must be served on the protected person, if then living, and all other interested persons, as defined by law or by the court pursuant to § 15-10-201(27), C.R.S., if any. Such hearing may be held pursuant to Rule 24.

Rule 27. Reserved

Rule 28. Reserved

Rule 29. Reserved

PART 4. FIDUCIARIES

Rule 30. Change of Contact Information

- (a) Every fiduciary must promptly notify the court of any change to the name, physical or mailing address, e-mail address, or telephone number of:
 - (1) The fiduciary; or
 - (2) The ward or protected person.
- (b) Notice to the court will be accomplished by filing the appropriate JDF or a form that substantially conforms to the JDF.

Rule 31. Accountings and Reports

- (a) A fiduciary accounting or report must contain sufficient information to put interested persons on notice as to all significant transactions affecting administration during the accounting period.
- (b) An accounting or report prepared by a personal representative, conservator, guardian, trustee, or other fiduciary must show with reasonable detail:
 - (1) The receipts and disbursements for the period covered by the accounting or report;
 - (2) The assets remaining at the end of the period; and
 - (3) All other transactions affecting administration during the accounting or report period.
- (c) Accountings and reports that substantially conform to JDF 942 for decedents' estates, JDF 885 for conservatorships, JDF 834 for minor guardianships, and JDF 850 for adult guardianships will be considered acceptable as to both content and format for purposes of this rule. All other fiduciary accountings and reports must comply with the requirements of subsection (b).
- (d) The court may require the fiduciary to produce supporting evidence for any and all transactions.

Rule 32. Appointment of Nonresident – Power of Attorney

Any person, resident or nonresident of this state, who is qualified to act under the Colorado Probate Code may be appointed as a fiduciary. When appointment is made of a nonresident, the person appointed must file an irrevocable power of attorney designating the clerk of the court and the clerk's successors in office, as the person upon whom all notices and process issued by a court or tribunal in the state of Colorado may be served, with like effect as personal service on such fiduciary, in relation to any suit, matter, cause, hearing, or thing, affecting or pertaining to the proceeding in regard to which the fiduciary was appointed. The power of attorney required by the provisions of this rule must set forth the address of the nonresident fiduciary. The clerk

must promptly forward, by certified, registered, or ordinary first-class mail any notice or process served upon him or her, to the fiduciary at the address last provided in writing to the clerk. The clerk must file a certificate of service. Such service will be deemed complete 14 days after mailing. The clerk may require the person issuing or serving such notice or process to furnish sufficient copies, and the person desiring service must advance the costs and mailing expenses of the clerk.

Rule 33. Bond and Surety

A fiduciary must file any required bond, or complete other arrangements for security before letters are issued. If there is a substantial deviation in the value of assets under protection or administration the fiduciary must petition the court for a review of the bond.

Rule 34. Reserved

Rule 35. Reserved

Rule 36. Reserved

Rule 37. Reserved

Rule 38. Reserved

Rule 39. Reserved

PART 5. CONTESTED PROCEEDINGS

Rule 40. Discovery

- (a) This rule establishes the provisions and structure for discovery in all proceedings seeking relief under Title 15, C.R.S. Nothing in this rule will alter the court's authority and ability to direct proportional limitations on discovery or to impose a case management structure or enter other discovery orders. Upon appropriate motion or *sua sponte*, the court may apply the Colorado Rules of Civil Procedure in whole or in part, may fashion discovery rules applicable to specific proceedings, and may apply different discovery rules to different parts of the proceeding.
- (b) Unless otherwise ordered by the court, the parties may engage in the discovery provided by C.R.C.P. 27 through 36. Any discovery conducted in Title 15 proceedings prior to the issuance of a case management or other discovery order will be subject to C.R.C.P. 26(a)(2)(A), 26(a)(2) (B), 26(a)(4) and (5), and 26(b) through (g). However, due to the unique, expedited and often exigent circumstances in which probate proceedings take place, C.R.C.P. 16, 16.1, 16.2, and 26(a)(1) do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.
- (c) C.R.C.P. 37, 45, and 121 § 1-12 are applicable to proceedings under Title 15.
- (d) Notwithstanding subsections (a) through (c) of this rule, subpoenas and discovery directed to a respondent in proceedings under Title 15, Article 14, Part 3, must not be permitted without leave of court, or until a petition for appointment of a guardian has been granted under § 15-14-311, C.R.S.

Rule 41. Jury Trial – Demand and Waiver

If a jury trial is permitted by law, any jury demand must be filed with the court, and the requisite fee paid, before the matter is first set for trial. The demanding party must pay the requisite jury fee upon the filing of the demand. Failure of a party to file and serve a demand for jury trial and pay the requisite fee as provided in this rule will constitute a waiver of trial by jury as provided in C.R.C.P. 38(e).

Rule 42. Objections to Accounting, Final Settlement, Distribution or Discharge

- (a) If any interested person desires to object to any accounting, the final settlement or distribution of an estate, the discharge of a fiduciary, or any other matter, the interested person must file specific written objections at or before the hearing thereon, and shall serve all interested persons with copies of the objections.
- (b) If the matter is uncontested and set for a hearing without appearance, any interested person wishing to object must file specific written objections with the court at or before the hearing, and must serve all interested persons with copies of the specific written objections. An objector must set an appearance hearing in accordance with Rule 24.

(c) If the matter is set for an appearance hearing, the objector must file specific written objections 14 or more days before the scheduled hearing. If the objector fails to provide copies of the specific written objections within the required time frame, the petitioner is entitled to a continuance of the hearing.

Rule 43. Reserved

Rule 44. Reserved

Rule 45. Reserved

Rule 46. Reserved

Rule 47. Reserved

Rule 48. Reserved

Rule 49. Reserved

PART 6. DECEDENT'S ESTATES

Rule 50. Wills – Deposit for Safekeeping and Withdrawals

A will of a living person tendered to the court for safekeeping in accordance with § 15-11-515, C.R.S., must be placed in a "Deposited Will File" and a certificate of deposit issued. In the testator's lifetime, the deposited will may be withdrawn only in strict accordance with § 15-11-515, C.R.S. After the testator's death, a deposited will must be transferred to the "Lodged Will File."

Rule 51. Transfer of Lodged Wills

If a petition under § 15-11-516, C.R.S., to transfer a will is filed and if the requested transfer is to a court within this state, no notice need be given; if the requested transfer is to a court outside this state, notice must be given to the person nominated as personal representative and such other persons as the court may direct. No filing fee will be charged for this petition, but the petitioner must pay any other costs of transferring the original will to the proper court.

Rule 52. Informal Probate – Separate Writings

The existence of one or more separate written statements disposing of tangible personal property under the provisions of § 15-11-513, C.R.S., will not cause informal probate to be declined under the provisions of § 15-12-304, C.R.S.

Rule 53. Heirs and Devisees – Unknown, Missing or Nonexistent – Notice to Attorney General

In a decedent's estate, whenever it appears that there is an unknown heir or devisee, or that the address of any heir or devisee is unknown, or that there is no person qualified to receive a devise or distributive share from the estate, the personal representative must promptly notify the attorney general. Thereafter, the attorney general must be given the same information and notice required to be given to persons qualified to receive a devise or distributive share. When making any payment to the state treasurer of any devise or distributive share, the personal representative must include a copy of the court order obtained under § 15-12-914, C.R.S.

Rule 54. Supervised Administration – Scope of Supervision – Inventory and Accounting

- (a) In considering the scope of supervised administration under § 15-12-501, C.R.S., the court must order such supervision as deemed necessary, after considering the reasons for the request.
- (b) If supervised administration is ordered, the personal representative must file with the court and serve interested persons:
 - (1) An inventory;
 - (2) Annual interim accountings;

- (3) A final accounting; and
- (4) Other documentation as ordered by the court.

Rule 55. Court Order Supporting Deed of Distribution

When a court order is requested to vest title in a distributee free from the rights of other persons interested in the estate, such order must not be granted ex parte, but must require either the stipulation of all interested persons or notice and hearing, initiated by the requesting party.

COMMENT

2018

Note that Colorado Bar Association Real Estate Title Standard 11.1.7 discusses certain requirements for the vesting of merchantable title in a distributee. A court order is necessary to vest merchantable title in a distributee, free from the rights of all persons interested in the estate to recover the property in case of an improper distribution. This rule requires a notice and hearing procedure as a condition of issuance of such order. A certified copy of the court's order should be recorded with the deed of distribution. Under the title standard, an order is not required to vest merchantable title in a purchaser for value from or a lender to such distributee. See § 38-35-109, C.R.S.

Rule 56. Foreign Personal Representatives

- (a) After the death of a nonresident decedent, copies of the documents evidencing appointment of a domiciliary foreign personal representative may be filed as provided in § 15-13-204, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and must include copies of all of the following that may have been issued by the foreign court:
 - (1) The order appointing the domiciliary foreign personal representative, and
 - (2) The letters or other documents evidencing or affecting the domiciliary foreign personal representative's authority to act.
- (b) Upon filing such documents and a sworn statement by the domiciliary foreign personal representative stating that no administration, or application or petition for administration, is pending in Colorado, the court must issue a Certificate of Ancillary Filing, attesting that the clerk has in his or her possession the documents referenced in subsection (a) of this rule.

Rule 57. Reserved

Rule 58. Reserved

Rule 59. Reserved

PART 7. PROTECTIVE PROCEEDINGS

Rule 60. Physicians' Letters or Professional Evaluation

Any physician's letter or professional evaluation utilized as the evidentiary basis to support a petition for the appointment of a guardian, conservator or other protective order under Article 14 of the Colorado Probate Code, unless otherwise directed by the court, should contain:

- (a) A description of the nature, type, and extent of the respondent's specific cognitive and functional limitations, if any;
- (b) An evaluation of the respondent's mental and physical condition and, if appropriate, educational potential, adaptive behavior, and social skills;
- (c) A prognosis for improvement and recommendation as to the appropriate treatment or rehabilitation plan; and
- (d) The date of any assessment or examination upon which the report is based.

Rule 61. Financial Plan with Inventory and Motion for Approval – Conservatorships

A Conservator's Financial Plan with Inventory and Motion for Approval must be filed with the court and served on all interested persons. The request for approval of the plan may be set on the hearing without appearance docket, the appearance docket, or not set for hearing and treated as a motion under C.R.C.P. 121.

Rule 62. Court Approval of Settlement of Claims of Persons Under Disability

- (a) This rule sets forth procedures by which a court considers requests for approval of the proposed settlement of claims on behalf of a minor or an adult in need of protection pursuant to § 15-14-401, et seq., C.R.S., ("respondent"). In connection with a proceeding brought under this rule, the court must:
 - (1) Consider the reasonableness of the proposed settlement and enter appropriate orders as the court finds will serve the best interest of the respondent;
 - (2) Ensure that the adult respondent, a minor respondent's parent, an adult respondent's or minor respondent's legal guardian, conservator, other fiduciary, next friend, guardian ad litem, and other interested persons as the court deems proper, have been advised of the finality of the proposed settlement;
 - (3) Adjudicate the allowance or disallowance, in whole or in part, of any outstanding liens and claims against settlement funds, including attorney fees; and
 - (4) Make protective arrangements for the conservation and use of the net settlement funds, in the best interest of the respondent, taking into account the nature and scope of the proposed

settlement, the anticipated duration and nature of the respondent's disability, the cost of any future medical treatment and care required to treat respondent's disability, and any other relevant factors, pursuant to § 15-14-101, et seq., C.R.S.

- (b) Venue for a petition brought under this rule must be in accordance with § 15-14-108(3), C.R.S.
- (c) A petition for approval of a proposed settlement of a claim on behalf of the respondent may be filed by an adult respondent, a fiduciary for a respondent, an interested person as defined in § 15-10-201(27), C.R.S., a next friend, or guardian ad litem. The petition must be presented in accordance with the procedures set forth in this rule.
- (d) A petition for approval of settlement must include the following information:
 - (1) Facts.
 - A. The respondent's name and address;
 - B. The respondent's date of birth;
 - C. If the respondent is a minor, the name and contact information of each legal guardian. If the identity or contact information of any legal guardian is unknown, or if any parental rights have been terminated, the petition must so state;
 - D. The name and contact information of the respondent's spouse, partner in a civil union, or if the respondent has none, an adult with whom the respondent has resided for more than six months within one year before the filing of the petition;
 - E. The name and contact information of any guardian, conservator, custodian, trustee, agent under a power of attorney, or any other court appointed fiduciary for the respondent; and
 - F. The date and a brief description of the event or transaction giving rise to the claim.
 - (2) Claims and Liabilities.
 - A. The contact information of each party against whom the respondent may have a claim;
 - B. The basis for each of the respondent's claims;
 - C. The defenses and counterclaims if any, to the respondent's claims; and
 - D. The name and contact information of each insurance company involved in the claim, the type of policy, the policy limits, and the identity of the insured.
 - (3) Damages.

- A. A description of the respondent's injuries;
- B. The amount of any time missed by the respondent from school or employment and a summary of any lost income resulting from the respondent's injuries;
- C. A summary of any damage to respondent's property;
- D. A summary of any expenses incurred for medical or other care provider services as a result of the respondent's injuries; and
- E. The identification of any person, organization, institution, or state or federal agency that paid any of the respondent's expenses and a summary of any expenses that have been or will be paid by each particular source.

(4) Medical Status.

- A. A description of the respondent's current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments and any current treatments and therapies; and
- B. An explanation of the respondent's prognosis and any anticipated treatments and therapies.

(5) Status of Claims.

- A. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties; and
- B. For this claim and any other related claim, identify the amount of the claim and contact information of any party having a subrogation right including any state or federal agency paying or planning to pay benefits to or for the respondent. A list of all subrogation claims and liens against the settlement proceeds must be included as well as a summary of efforts to negotiate them.

(6) Proposed Settlement and Proposed Disposition of Settlement Proceeds.

- A. The name and contact information of any party or entity making and receiving payment under the proposed settlement;
- B. The proposed settlement amount, payment terms, and proposed disposition, including any restrictions on the accessibility of the funds and whether any proceeds will be deposited into a restricted account;
- C. The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms, present value, discount rate, if applicable, payment structure and the identity of the trustee or entity administering such arrangements;

- D. The legal fees and costs being requested to be paid from the settlement proceeds; and
- E. Whether there is a need for continuing court supervision, the appointment of a fiduciary or the continuation of an existing fiduciary appointment. The court may appoint a conservator, trustee, or other fiduciary to manage the settlement proceeds or make other protective arrangements in the best interest of the respondent.

(7) Exhibits.

- A. The petition must list each exhibit filed with the petition.
- B. The following exhibits must be attached to the petition:
 - (i) A written statement by the respondent's physician or other health care provider, if any. The statement must set forth the information required by subsection (d)(4) of this rule and comply with Rule 60 unless otherwise ordered by the court;
 - (ii) Relevant legal fee agreements, statement of costs and billing records and billing summary; and
 - (iii) Any proposed settlement agreements and proposed releases.
- C. The court may continue, vacate, or place conditions on approval of the proposed settlement in response to petitioner's failure to include such exhibits.
- (e) Notice of a hearing and a copy of the petition must be given in accordance with § 15-14-404(1) and (2), C.R.S., and Rule 20, unless otherwise ordered by the court.
- (f) An appearance hearing is required for petitions brought under this rule.
- (g) The petitioner, the respondent, and any nominated fiduciary must attend the hearing, unless excused by the court for good cause.
- (h) The court may appoint a guardian ad litem, attorney, or other professional to investigate and report to the court, or represent the respondent. The court may order the payment of fees and costs for such guardian ad litem, attorney, or other professional to be paid from the settlement or other sources as may be deemed appropriate by the court.

Rule 63. Foreign Conservators

(a) After the appointment of a conservator for a person who is not a resident of this state, copies of documents evidencing the appointment of such foreign conservator may be filed as provided in § 15-14-433, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and must include copies of all of the following:

- (1) The order appointing the foreign conservator;
- (2) The letters or other documents evidencing or affecting the foreign conservator's authority to act; and
- (3) Any bond of foreign conservator.
- (b) Upon filing such documents and a sworn statement by the foreign conservator stating that a conservator has not been appointed in this state and that no petition in a protective proceeding is pending in this state concerning the person for whom the foreign conservator was appointed, the court must issue a Certificate of Ancillary Filing, substantially conforming to JDF 892.

Rule 64. Reserved

Rule 65. Reserved

Rule 66. Reserved

Rule 67. Reserved

Rule 68. Reserved

Rule 69. Reserved

PART 8. TRUSTS

Rule 70. Trust Registration – Amendment, Release and Transfer

- (a) A trustee must file with the court of current registration an amended trust registration statement to advise the court of any change in the trusteeship, of any change in the principal place of administration, or of termination of the trust.
- (b) If the principal place of administration of a trust has been removed from this state, the court may release a trust from registration in this state upon request and after notice to interested parties.
- (c) If the principal place of administration of a trust has changed within this state, the trustee may transfer the registration from one court to another within this state by filing in the court to which the registration is transferred an amended trust registration statement with attached thereto a copy of the original trust registration statement and of any amended trust registration statement prior to the current amendment, and by filing in the court from which the registration is being transferred a copy of the amended trust registration statement. The amended statement must indicate that the trust was registered previously in another court of this state and that the registration is being transferred.

Rule 71. Reserved

Rule 72. Reserved

Rule 73. Reserved

Rule 74. Reserved

Rule 75. Reserved

Rule 76. Reserved

Rule 77. Reserved

Rule 78. Reserved

Rule 79. Reserved

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PART 1. GENERAL

Rule 1. Scope of Rules - How Known and Cited

- (a) **Procedure Governed.** These rules govern the procedure in the probate court for the city and county of Denver and district courts when sitting in probate. In case of conflict between these rules and the Colorado Rules of Civil Procedure (C.R.C.P.), or between these rules and any local rules of probate procedure, these rules will control.
- **(b) How Known and Cited.** These rules will be known and cited as the Colorado Rules of Probate Procedure, or C.R.P.P.
- **(c) In General.** "Colorado Probate Code" means Articles 10 to 17 of Title 15 of the Colorado Revised Statutes (C.R.S.). Except as otherwise provided, terms used in these rules are defined in the applicable sections of Title 15, C.R.S., as amended.

Rule 2. Definitions [Reserved]

Rule 3. Registry of Court – Payments and Withdrawals

Payments into and withdrawals from the registry of the court must be made only upon order of court.

Rule 4. Delegation of Powers to Clerk and Deputy Clerk

- (a) The court by written order may, in addition to duties and powers exercised as registrar in informal proceedings, delegate to the clerk or deputy clerk any one or more of the following duties, powers and authorities to be exercised under the supervision of the court:
 - (1) To appoint fiduciaries and to issue letters, if there is no written objection to the appointment or issuance on file;
 - (2) To set a date for hearing on any matter and to vacate any such setting;
 - (3) To issue dedimus to take testimony of a witness to a will;
 - (4) To approve the bond of a fiduciary;
 - (5) To appoint a guardian ad litem, subject to the provisions of law;
 - (6) To certify copies of documents filed in the court;
 - (7) To order a deposited will lodged in the records and to notify the named personal representative;
 - (8) To enter an order for service by mailing or by publication where such order is authorized

by law or by the Colorado Rules of Civil Procedure;

- (9) To correct any clerical error in documents filed in the court;
- (10) To appoint a special administrator in connection with the claim of a fiduciary;
- (11) To order a will transferred to another jurisdiction pursuant to Rule 51 herein;
- (12) To admit wills to formal probate and to determine heirship, if there is no objection to such admission or determination by any interested person;
- (13) To enter estate closing orders in formal proceedings, if there is no objection to entry of such order by any interested person;
- (14) To issue a citation to appear to be examined regarding assets alleged to be concealed, etc., pursuant to § 15-12-723, C.R.S.;
- (15) To order an estate reopened for subsequent administration pursuant to § 15-12-1008, C.R.S.;
- (16) To enter other orders upon the stipulation of all interested persons.
- **(b)** All orders and proceedings by the clerk or deputy clerk under this rule must be made part of the permanent record.
- (c) Any person in interest affected by an order entered or action taken under the authority of this rule may have the matter heard by the judge by filing a motion for such hearing within 14 days after the entering of the order or the taking of the action. Upon the filing of such a motion, the order or action in question must be vacated and the motion placed on the calendar of the court for as early a hearing as possible, and the matter must then be heard by the judge. The judge may, within the same 14 day period referred to above, vacate the order or action on the court's own motion. If a motion for hearing by the judge is not filed within the 14 day period, or the order or action is not vacated by the judge on the court's own motion within such period, the order or action of the clerk or deputy clerk will be final as of its date subject to applicable rights of appeal. The acts, records, orders, and judgments of the clerk or deputy clerk not vacated pursuant to the foregoing provision will have the same force, validity, and effect as if made by the judge.

Rule 5. Rules of Court

- (a) **Repeal of Local rules.** All local probate rules are hereby repealed. Local rules may be enacted pursuant to C.R.C.P. 121(b).
- **(b) Procedure not otherwise specified.** If no procedure is specifically prescribed by rule or statute, the court may proceed in any lawful manner not inconsistent with these rules of probate procedure and the Colorado Probate Code and must look to the Colorado Rules of Civil Procedure and to the applicable law if no rule of probate procedure exists.

Rule 6. Reserved

Rule 7. Reserved

Rule 8. Reserved

Rule 9. Reserved

PART 2. PLEADINGS

Rule 10. Judicial Department Forms

The Judicial Department Forms (JDF) approved by the Supreme Court should be used where applicable. Any pleading, document, or form filed in a probate proceeding should, insofar as possible, substantially follow the format and content of the approved JDF, if applicable.

Rule 11. Correction of Clerical Errors

- (a) Documents with clerical errors filed with the court may be made the subject of a written request for correction by filing JDF 740 or a document that substantially follows the format and content of the approved JDF, if applicable, and may file a corrected document.
- **(b)** A clerical error may include, but is not limited to:
 - (1) Errors in captions;
 - (2) Misspellings;
 - (3) Errors in dates, other than dates for settings, hearings, and limitations periods; or
 - (4) Transposition errors.
- (c) A clerical error does not include the addition of an argument, allegation, or fact that has legal significance. If the court is not satisfied that a written request for correction is a clerical error, the request may be denied.

Rule 12. Petitions Must Indicate Persons Under Legal Disability

- (a) **Petition Requirements and Notice.** If a person under legal disability has any interest in the subject matter of a petition which requires the issuance of notice, the petition must state:
 - (1) That an interested person is under legal disability as defined in subsection (b) below;
 - (2) The name, age, and residence of the person under legal disability; and
 - (3) The name of the guardian, conservator, or personal representative, if any.
- **(b) Legal Disability.** A person under legal disability includes, but is not limited to, a person who is:
 - (1) Under 18 years of age; or
 - (2) Incompetent or incapacitated to such an extent that the individual is incapable of adequately representing his or her own interest.

- Rule 13. Reserved
- Rule 14. Reserved
- Rule 15. Reserved
- Rule 16. Reserved
- Rule 17. Reserved
- Rule 18. Reserved
- Rule 19. Reserved

PART 3. NOTICE

Rule 20. Process and Notice

The issuance, service, and proof of service of any process, notice, or order of court under the Colorado Probate Code will be governed by the provisions of the Colorado Probate Code and these rules. When no provision of the Colorado Probate Code or these rules is applicable, the Colorado Rules of Civil Procedure will govern. Except when otherwise ordered by the court in any specific case or when service is by publication, if notice of a hearing on any petition or other pleading is required, the petition or other pleading, unless previously served, must be served with the notice. When served by publication, the notice must briefly state the nature of the relief requested. The petition or other pleading need not be attached to or filed with the proof of service, waiver of notice, or waiver of service.

Rule 21. Demands and Requests for Notice

- (a) **Demands for Notice.** Demands for notice in decedents' estates are governed by § 15-12-204, C.R.S. After a demand for notice has been filed with the court, the clerk or registrar may thereafter take any authorized action, including, accepting and acting upon an application for informal appointment of a personal representative.
- **(b) Requests for Notice.** Requests for Notice in Protective Proceedings are governed by § 15-14-116, C.R.S.

Rule 22. Constitutional Adequacy of Notice

When statutory notice is deemed by the court to be constitutionally inadequate, the court must provide on a case-by-case basis for such notice as will meet constitutional requirements.

Rule 23. Waiver of Notice

Unless otherwise approved by the court, a waiver of notice where authorized must identify the nature of the hearings or other matters to which the waiver of notice applies.

Rule 24. Determination of Matters by Hearing Without Appearance

- (a) A hearing without appearance is a setting before or with the court for a ruling without the appearance of the parties.
- **(b)** Unless otherwise required by statute, these rules, or court order, any appropriate matter may be set for a hearing without appearance.
- (c) The procedure governing a hearing without appearance is as follows:
 - (1) Attendance at the hearing without appearance is not required or expected.

- (2) Any interested person wishing to object to the requested action set forth in the court filing attached to the notice must file a specific written objection with the court at or before the hearing, and must serve a copy of the objection on the person requesting the court order and all persons listed on the notice of hearing without appearance. Form JDF 722, or a form that substantially conforms to JDF 722, may be used and will be sufficient.
- (3) If no objection is filed, the court may take action on the matter without further notice or hearing.
- (4) If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. If a hearing is scheduled, the objecting party must file a notice of hearing, and serve a copy on all persons listed on the notice of hearing without appearance. Failure to timely set the objection for an appearance hearing as required will result in action by the court as set forth in subsection (d).
- (d) Upon the filing of an objection, the court may, in its discretion:
 - (1) Rule upon the written filings and briefs submitted;
 - (2) Require oral argument;
 - (3) Require an evidentiary hearing;
 - (4) Order the petitioner, movant, objector, and any other interested person who has entered an appearance to participate in alternative dispute resolution; or
 - (5) Enter any other orders the court deems appropriate.
- (e) The Notice of a Hearing Without Appearance, together with copies of the court filing and proposed order must be served on all interested persons no less than 14 days prior to the setting of the hearing and must include a clear statement of this rule governing a hearing without appearance. Form JDF 712 or JDF 963, or a form that substantially conforms to such forms, may be used and will be sufficient.

COMMENTS

2018

[1] Before the 2018 amendments, the rule was titled "Non-Appearance Hearings," which engendered confusion for practitioners and self-represented parties as it referred to a hearing, which denotes an appearance, and then directed the party not to appear before the court. As a part of the 2018 amendments, the title of the rule changed to "Determination of Matters by Hearing Without Appearance" that more appropriately describes the actual practice; the rule is useful for matters required by statute to have a hearing when a party appearance is not required or mandated.

- [2] The pre-2018 rule directed that matters which are "routine and unopposed" may be scheduled for hearing without appearance, however, there was no definition contained within the rule for what matters are considered to be "routine and unopposed." With the 2018 amendments, language defining a hearing without appearance was added in subsection (a), and language generally describing what may be set on the docket in subsection (b). Motions for summary judgment and motions to dismiss are not appropriate for placement on a docket for hearing without appearance, and these motions should be filed using the procedure set forth in C.R.C.P. 121§ 1-15.
- [3] The rule does not contain a requirement that the court rule on a motion on the date scheduled for hearing without an appearance. There is confusion among practitioners and self-represented parties regarding when the court is required to rule on a matter scheduled under this rule; the court may rule on these matters in due course after the date for hearing without appearance has passed. This rule allows for expediting many matters before the probate court while specifying that matters may be determined by the probate court without an appearance hearing, such as accommodating a real estate closing or other deadline such as a move-in date for a party.
- [4] Matters denoted as requiring immediate action should not be scheduled for hearing without appearance.
- [5] Concerns were raised regarding the shortened time frame in subsection (c)(4) for ruling on motions contained within the rule and whether the failure of a party or counsel to respond within these time frames would unfairly prejudice a party. Practitioners should bear in mind their ethical obligations to opposing parties and counsel when choosing to schedule a motion that may be opposed on the docket for hearing without appearance. Scheduling a motion on the docket for hearing without an appearance for determination on the merits where no responsive pleading has been filed with the court increases judicial economy by placing an opposing party or counsel on notice that a ruling may be entered unless a responsive pleading is filed with the court.

Rule 25. Notice of Formal Proceedings Terminating Estates

The notice of hearing on a petition under § 15-12-1001 or § 15-12-1002, C.R.S., must include statements:

- (a) That interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys, and others, and the distribution of estate assets, because the court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person; and
- **(b)** That if any interested person desires to object to any matter such person must file specific written objections at or before the hearing and must serve the personal representative with a copy pursuant to C.R.C.P. 5.

Rule 26. Conservatorship – Closing

Notice of the hearing on a petition for termination of conservatorship must be served on the protected person, if then living, and all other interested persons, as defined by law or by the court pursuant to § 15-10-201(27), C.R.S., if any. Such hearing may be held pursuant to Rule 24.

Rule 27. Reserved

Rule 28. Reserved

Rule 29. Reserved

PART 4. FIDUCIARIES

Rule 30. Change of Contact Information

- (a) Every fiduciary must promptly notify the court of any change to the name, physical or mailing address, e-mail address, or telephone number of:
 - (1) The fiduciary; or
 - (2) The ward or protected person.
- **(b)** Notice to the court will be accomplished by filing the appropriate JDF or a form that substantially conforms to the JDF.

Rule 31. Accountings and Reports

- (a) A fiduciary accounting or report must contain sufficient information to put interested persons on notice as to all significant transactions affecting administration during the accounting period.
- **(b)** An accounting or report prepared by a personal representative, conservator, guardian, trustee, or other fiduciary must show with reasonable detail:
 - (1) The receipts and disbursements for the period covered by the accounting or report;
 - (2) The assets remaining at the end of the period; and
 - (3) All other transactions affecting administration during the accounting or report period.
- (c) Accountings and reports that substantially conform to JDF 942 for decedents' estates, JDF 885 for conservatorships, JDF 834 for minor guardianships, and JDF 850 for adult guardianships will be considered acceptable as to both content and format for purposes of this rule. All other fiduciary accountings and reports must comply with the requirements of subsection (b).
- (d) The court may require the fiduciary to produce supporting evidence for any and all transactions.

Rule 32. Appointment of Nonresident – Power of Attorney

Any person, resident or nonresident of this state, who is qualified to act under the Colorado Probate Code may be appointed as a fiduciary. When appointment is made of a nonresident, the person appointed must file an irrevocable power of attorney designating the clerk of the court and the clerk's successors in office, as the person upon whom all notices and process issued by a court or tribunal in the state of Colorado may be served, with like effect as personal service on such fiduciary, in relation to any suit, matter, cause, hearing, or thing, affecting or pertaining to the proceeding in regard to which the fiduciary was appointed. The power of attorney required by the provisions of this rule must set forth the address of the nonresident fiduciary. The clerk

must promptly forward, by certified, registered, or ordinary first-class mail any notice or process served upon him or her, to the fiduciary at the address last provided in writing to the clerk. The clerk must file a certificate of service. Such service will be deemed complete 14 days after mailing. The clerk may require the person issuing or serving such notice or process to furnish sufficient copies, and the person desiring service must advance the costs and mailing expenses of the clerk.

Rule 33. Bond and Surety

A fiduciary must file any required bond, or complete other arrangements for security before letters are issued. If there is a substantial deviation in the value of assets under protection or administration the fiduciary must petition the court for a review of the bond.

Rule 34. Reserved

Rule 35. Reserved

Rule 36. Reserved

Rule 37. Reserved

Rule 38. Reserved

Rule 39. Reserved

PART 5. CONTESTED PROCEEDINGS

Rule 40. Discovery

- (a) This rule establishes the provisions and structure for discovery in all proceedings seeking relief under Title 15, C.R.S. Nothing in this rule will alter the court's authority and ability to direct proportional limitations on discovery or to impose a case management structure or enter other discovery orders. Upon appropriate motion or *sua sponte*, the court may apply the Colorado Rules of Civil Procedure in whole or in part, may fashion discovery rules applicable to specific proceedings, and may apply different discovery rules to different parts of the proceeding.
- (b) Unless otherwise ordered by the court, the parties may engage in the discovery provided by C.R.C.P. 27 through 36. Any discovery conducted in Title 15 proceedings prior to the issuance of a case management or other discovery order will be subject to C.R.C.P. 26(a)(2)(A), 26(a)(2) (B), 26(a)(4) and (5), and 26(b) through (g). However, due to the unique, expedited and often exigent circumstances in which probate proceedings take place, C.R.C.P. 16, 16.1, 16.2, and 26(a)(1) do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.
- (c) C.R.C.P. 37, 45, and 121 § 1-12 are applicable to proceedings under Title 15.
- (d) Notwithstanding subsections (a) through (c) of this rule, subpoenas and discovery directed to a respondent in proceedings under Title 15, Article 14, Part 3, must not be permitted without leave of court, or until a petition for appointment of a guardian has been granted under § 15-14-311, C.R.S.

Rule 41. Jury Trial – Demand and Waiver

If a jury trial is permitted by law, any jury demand must be filed with the court, and the requisite fee paid, before the matter is first set for trial. The demanding party must pay the requisite jury fee upon the filing of the demand. Failure of a party to file and serve a demand for jury trial and pay the requisite fee as provided in this rule will constitute a waiver of trial by jury as provided in C.R.C.P. 38(e).

Rule 42. Objections to Accounting, Final Settlement, Distribution or Discharge

- (a) If any interested person desires to object to any accounting, the final settlement or distribution of an estate, the discharge of a fiduciary, or any other matter, the interested person must file specific written objections at or before the hearing thereon, and shall serve all interested persons with copies of the objections.
- (b) If the matter is uncontested and set for a hearing without appearance, any interested person wishing to object must file specific written objections with the court at or before the hearing, and must serve all interested persons with copies of the specific written objections. An objector must set an appearance hearing in accordance with Rule 24.

(c) If the matter is set for an appearance hearing, the objector must file specific written objections 14 or more days before the scheduled hearing. If the objector fails to provide copies of the specific written objections within the required time frame, the petitioner is entitled to a continuance of the hearing.

Rule 43. Reserved

Rule 44. Reserved

Rule 45. Reserved

Rule 46. Reserved

Rule 47. Reserved

Rule 48. Reserved

Rule 49. Reserved

PART 6. DECEDENT'S ESTATES

Rule 50. Wills – Deposit for Safekeeping and Withdrawals

A will of a living person tendered to the court for safekeeping in accordance with § 15-11-515, C.R.S., must be placed in a "Deposited Will File" and a certificate of deposit issued. In the testator's lifetime, the deposited will may be withdrawn only in strict accordance with § 15-11-515, C.R.S. After the testator's death, a deposited will must be transferred to the "Lodged Will File."

Rule 51. Transfer of Lodged Wills

If a petition under § 15-11-516, C.R.S., to transfer a will is filed and if the requested transfer is to a court within this state, no notice need be given; if the requested transfer is to a court outside this state, notice must be given to the person nominated as personal representative and such other persons as the court may direct. No filing fee will be charged for this petition, but the petitioner must pay any other costs of transferring the original will to the proper court.

Rule 52. Informal Probate – Separate Writings

The existence of one or more separate written statements disposing of tangible personal property under the provisions of § 15-11-513, C.R.S., will not cause informal probate to be declined under the provisions of § 15-12-304, C.R.S.

Rule 53. Heirs and Devisees – Unknown, Missing or Nonexistent – Notice to Attorney General

In a decedent's estate, whenever it appears that there is an unknown heir or devisee, or that the address of any heir or devisee is unknown, or that there is no person qualified to receive a devise or distributive share from the estate, the personal representative must promptly notify the attorney general. Thereafter, the attorney general must be given the same information and notice required to be given to persons qualified to receive a devise or distributive share. When making any payment to the state treasurer of any devise or distributive share, the personal representative must include a copy of the court order obtained under § 15-12-914, C.R.S.

Rule 54. Supervised Administration – Scope of Supervision – Inventory and Accounting

- (a) In considering the scope of supervised administration under § 15-12-501, C.R.S., the court must order such supervision as deemed necessary, after considering the reasons for the request.
- (b) If supervised administration is ordered, the personal representative must file with the court and serve interested persons:
 - (1) An inventory;
 - (2) Annual interim accountings;

- (3) A final accounting; and
- (4) Other documentation as ordered by the court.

Rule 55. Court Order Supporting Deed of Distribution

When a court order is requested to vest title in a distributee free from the rights of other persons interested in the estate, such order must not be granted ex parte, but must require either the stipulation of all interested persons or notice and hearing, initiated by the requesting party.

COMMENT

2018

Note that Colorado Bar Association Real Estate Title Standard 11.1.7 discusses certain requirements for the vesting of merchantable title in a distributee. A court order is necessary to vest merchantable title in a distributee, free from the rights of all persons interested in the estate to recover the property in case of an improper distribution. This rule requires a notice and hearing procedure as a condition of issuance of such order. A certified copy of the court's order should be recorded with the deed of distribution. Under the title standard, an order is not required to vest merchantable title in a purchaser for value from or a lender to such distributee. *See* § 38-35-109, C.R.S.

Rule 56. Foreign Personal Representatives

- (a) After the death of a nonresident decedent, copies of the documents evidencing appointment of a domiciliary foreign personal representative may be filed as provided in § 15-13-204, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and must include copies of all of the following that may have been issued by the foreign court:
 - (1) The order appointing the domiciliary foreign personal representative, and
 - (2) The letters or other documents evidencing or affecting the domiciliary foreign personal representative's authority to act.
- (b) Upon filing such documents and a sworn statement by the domiciliary foreign personal representative stating that no administration, or application or petition for administration, is pending in Colorado, the court must issue a Certificate of Ancillary Filing, attesting that the clerk has in his or her possession the documents referenced in subsection (a) of this rule.

Rule 57. Reserved

Rule 58. Reserved

Rule 59. Reserved

PART 7. PROTECTIVE PROCEEDINGS

Rule 60. Physicians' Letters or Professional Evaluation

Any physician's letter or professional evaluation utilized as the evidentiary basis to support a petition for the appointment of a guardian, conservator or other protective order under Article 14 of the Colorado Probate Code, unless otherwise directed by the court, should contain:

- (a) A description of the nature, type, and extent of the respondent's specific cognitive and functional limitations, if any;
- **(b)** An evaluation of the respondent's mental and physical condition and, if appropriate, educational potential, adaptive behavior, and social skills;
- (c) A prognosis for improvement and recommendation as to the appropriate treatment or rehabilitation plan; and
- (d) The date of any assessment or examination upon which the report is based.

Rule 61. Financial Plan with Inventory and Motion for Approval – Conservatorships

A Conservator's Financial Plan with Inventory and Motion for Approval must be filed with the court and served on all interested persons. The request for approval of the plan may be set on the hearing without appearance docket, the appearance docket, or not set for hearing and treated as a motion under C.R.C.P. 121.

Rule 62. Court Approval of Settlement of Claims of Persons Under Disability

- (a) This rule sets forth procedures by which a court considers requests for approval of the proposed settlement of claims on behalf of a minor or an adult in need of protection pursuant to § 15-14-401, et seq., C.R.S., ("respondent"). In connection with a proceeding brought under this rule, the court must:
 - (1) Consider the reasonableness of the proposed settlement and enter appropriate orders as the court finds will serve the best interest of the respondent;
 - (2) Ensure that the adult respondent, a minor respondent's parent, an adult respondent's or minor respondent's legal guardian, conservator, other fiduciary, next friend, guardian ad litem, and other interested persons as the court deems proper, have been advised of the finality of the proposed settlement;
 - (3) Adjudicate the allowance or disallowance, in whole or in part, of any outstanding liens and claims against settlement funds, including attorney fees; and
 - (4) Make protective arrangements for the conservation and use of the net settlement funds, in the best interest of the respondent, taking into account the nature and scope of the proposed

settlement, the anticipated duration and nature of the respondent's disability, the cost of any future medical treatment and care required to treat respondent's disability, and any other relevant factors, pursuant to § 15-14-101, et seq., C.R.S.

- (b) Venue for a petition brought under this rule must be in accordance with § 15-14-108(3), C.R.S.
- (c) A petition for approval of a proposed settlement of a claim on behalf of the respondent may be filed by an adult respondent, a fiduciary for a respondent, an interested person as defined in § 15-10-201(27), C.R.S., a next friend, or guardian ad litem. The petition must be presented in accordance with the procedures set forth in this rule.
- (d) A petition for approval of settlement must include the following information:
 - (1) Facts.
 - A. The respondent's name and address;
 - B. The respondent's date of birth;
 - C. If the respondent is a minor, the name and contact information of each legal guardian. If the identity or contact information of any legal guardian is unknown, or if any parental rights have been terminated, the petition must so state;
 - D. The name and contact information of the respondent's spouse, partner in a civil union, or if the respondent has none, an adult with whom the respondent has resided for more than six months within one year before the filing of the petition;
 - E. The name and contact information of any guardian, conservator, custodian, trustee, agent under a power of attorney, or any other court appointed fiduciary for the respondent; and
 - F. The date and a brief description of the event or transaction giving rise to the claim.
 - (2) Claims and Liabilities.
 - A. The contact information of each party against whom the respondent may have a claim;
 - B. The basis for each of the respondent's claims;
 - C. The defenses and counterclaims if any, to the respondent's claims; and
 - D. The name and contact information of each insurance company involved in the claim, the type of policy, the policy limits, and the identity of the insured.
 - (3) Damages.

- A. A description of the respondent's injuries;
- B. The amount of any time missed by the respondent from school or employment and a summary of any lost income resulting from the respondent's injuries;
- C. A summary of any damage to respondent's property;
- D. A summary of any expenses incurred for medical or other care provider services as a result of the respondent's injuries; and
- E. The identification of any person, organization, institution, or state or federal agency that paid any of the respondent's expenses and a summary of any expenses that have been or will be paid by each particular source.

(4) Medical Status.

- A. A description of the respondent's current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments and any current treatments and therapies; and
- B. An explanation of the respondent's prognosis and any anticipated treatments and therapies.

(5) Status of Claims.

- A. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties; and
- B. For this claim and any other related claim, identify the amount of the claim and contact information of any party having a subrogation right including any state or federal agency paying or planning to pay benefits to or for the respondent. A list of all subrogation claims and liens against the settlement proceeds must be included as well as a summary of efforts to negotiate them.
- (6) Proposed Settlement and Proposed Disposition of Settlement Proceeds.
 - A. The name and contact information of any party or entity making and receiving payment under the proposed settlement;
 - B. The proposed settlement amount, payment terms, and proposed disposition, including any restrictions on the accessibility of the funds and whether any proceeds will be deposited into a restricted account;
 - C. The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms, present value, discount rate, if applicable, payment structure and the identity of the trustee or entity administering such arrangements;

- D. The legal fees and costs being requested to be paid from the settlement proceeds; and
- E. Whether there is a need for continuing court supervision, the appointment of a fiduciary or the continuation of an existing fiduciary appointment. The court may appoint a conservator, trustee, or other fiduciary to manage the settlement proceeds or make other protective arrangements in the best interest of the respondent.

(7) Exhibits.

- A. The petition must list each exhibit filed with the petition.
- B. The following exhibits must be attached to the petition:
 - (i) A written statement by the respondent's physician or other health care provider, if any. The statement must set forth the information required by subsection (d)(4) of this rule and comply with Rule 60 unless otherwise ordered by the court;
 - (ii) Relevant legal fee agreements, statement of costs and billing records and billing summary; and
 - (iii) Any proposed settlement agreements and proposed releases.
- C. The court may continue, vacate, or place conditions on approval of the proposed settlement in response to petitioner's failure to include such exhibits.
- (e) Notice of a hearing and a copy of the petition must be given in accordance with § 15-14-404(1) and (2), C.R.S., and Rule 20, unless otherwise ordered by the court.
- (f) An appearance hearing is required for petitions brought under this rule.
- (g) The petitioner, the respondent, and any nominated fiduciary must attend the hearing, unless excused by the court for good cause.
- (h) The court may appoint a guardian ad litem, attorney, or other professional to investigate and report to the court, or represent the respondent. The court may order the payment of fees and costs for such guardian ad litem, attorney, or other professional to be paid from the settlement or other sources as may be deemed appropriate by the court.

Rule 63. Foreign Conservators

(a) After the appointment of a conservator for a person who is not a resident of this state, copies of documents evidencing the appointment of such foreign conservator may be filed as provided in § 15-14-433, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and must include copies of all of the following:

- (1) The order appointing the foreign conservator;
- (2) The letters or other documents evidencing or affecting the foreign conservator's authority to act; and
- (3) Any bond of foreign conservator.
- (b) Upon filing such documents and a sworn statement by the foreign conservator stating that a conservator has not been appointed in this state and that no petition in a protective proceeding is pending in this state concerning the person for whom the foreign conservator was appointed, the court must issue a Certificate of Ancillary Filing, substantially conforming to JDF 892.

Rule 64. Reserved

Rule 65. Reserved

Rule 66. Reserved

Rule 67. Reserved

Rule 68. Reserved

Rule 69. Reserved

PART 8. TRUSTS

Rule 70. Trust Registration – Amendment, Release and Transfer

- (a) A trustee must file with the court of current registration an amended trust registration statement to advise the court of any change in the trusteeship, of any change in the principal place of administration, or of termination of the trust.
- **(b)** If the principal place of administration of a trust has been removed from this state, the court may release a trust from registration in this state upon request and after notice to interested parties.
- (c) If the principal place of administration of a trust has changed within this state, the trustee may transfer the registration from one court to another within this state by filing in the court to which the registration is transferred an amended trust registration statement with attached thereto a copy of the original trust registration statement and of any amended trust registration statement prior to the current amendment, and by filing in the court from which the registration is being transferred a copy of the amended trust registration statement. The amended statement must indicate that the trust was registered previously in another court of this state and that the registration is being transferred.

Rule 71. Reserved

Rule 72. Reserved

Rule 73. Reserved

Rule 74. Reserved

Rule 75. Reserved

Rule 76. Reserved

Rule 77. Reserved

Rule 78. Reserved

Rule 79. Reserved

COLORADO PROBATE CODE FORMS

- Form 703. Petition for Transfer of Lodged Will Pursuant to § 15-11-516(2), C.R.S.
- Form 704. Order for Transfer of Lodged Will
- Form 705. Probate Case Information Sheet
- Form 711. Notice of Hearing
- Form 712. Notice of Hearing Without Non-Appearance Hearing Pursuant to C.R.P.P. 248.8
- Form 713. Notice to Unborn, Unascertained, Minor or Incapacitated Persons
- Form 714. Affidavit Regarding Due Diligence and Proof of Publication Pursuant to §§ 15-10-402(1)(c) AND-§ 15-10-401(3), C.R.S.
- Form 716. Notice of Hearing by Publication Pursuant to § 15-10-401, C.R.S
- Form 718. Personal Service Affidavit
- Form 719. Waiver of Notice
- Form 721. Irrevocable Power of Attorney Designating Clerk of Court as Agent for Service of Process
- Form 722. Objection: to a Hearing Without Non-Appearance Hearing
- Form 726. Claim
- Form 727. Withdrawal or Satisfaction of Claim and Release
- Form 730. Decree of Final Discharge Pursuant to §§ 15-12-1001, §-15-12-1002, or §-15-14-431, C.R.S.
- Form 731. Receipt and Release
- Form 732. Trust Registration Statement
- Form 735. Amended Trust Registration Statement
- Form 740. Request for Minor Correction Pursuant to <u>C.R.P.P.</u> Rule 11 of Colorado Rules of <u>Probate Procedure</u>
- Form 742. Order Appointing Guardian Ad Litem
- Form 781. Provisional Letters Pursuant To § 15-14.5-302, C.R.S.
- Form 783. Petition Requesting Colorado To Accept Guardianship/Conservatorship
- Form 784. Provisional Order to Accept Guardianship/Conservatorship in Colorado From Sending State Pursuant to § 15-14.5-302, C.R.S. <u>The Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act</u>
- Form 785. Final Order Accepting Guardianship/Conservatorship in Colorado from Sending State Pursuant to § 15-14.5-302, C.R.S. <u>Uniform Adult Guardianship and Protective</u>
 Proceedings Jurisdiction Act
- Form 787. Petition to Transfer Guardianship/Conservatorship from Colorado to Receiving State
- Form 788. Provisional Order Re: Petition to Transfer from Colorado To Receiving State Guardianship/Conservatorship Pursuant to § 15-14.5-301, C.R.S. <u>Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act</u>
- Form 789. Final Order Confirming Transfer to Receiving State and Terminating Guardianship/Conservatorship in Colorado Pursuant to § 15-14.5-301, C.R.S. <u>Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act</u>
- Form 800. Acknowledgment of Responsibilities
- Form 805. Acceptance of Office
- Form 806. Notice of Hearing to Interested Persons
- Form 807. Notice of Hearing to Respondent
- Form 809. Order Appointing Court Visitor

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Form 810. Court Visitor's Report
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Form 812. Notice of Appointment of Guardian And/or Conservator

Form 821. Affidavit of Acceptance of Appointment by Written Instrument as Guardian for Minor Pursuant to § 15-14-202, C.R.S.

Form 822. Petition for Confirmation of Appointment of Guardian Pursuant to § 15-14-202(6), C.R.S.

Form 824. Petition for Appointment of Guardian for Minor

Form 825. Consent of Parent

Form 826. Consent or Nomination of Minor

Form 827. Order Appointing Guardian for Minor

Form 828. Order Appointing Temporary Guardian for Minor Pursuant to § 15-14-204(4), C.R.S.

Form 829. Order Appointing Emergency Guardian for Minor Pursuant to § 15-14-204(5), C.R.S.

Form 830. Letters of Guardianship - Minor

Form 834. Guardian's Report - Minor

Form 835. Petition for Termination of Guardianship - Minor

Form 836. Order for Termination of Guardianship - Ward/Minor Pursuant to § 15-14-210, C.R.S.

Form 841. Petition for Appointment of Guardian for Adult

Form 843. Order Appointing Emergency Guardian for Adult Pursuant to § 15-14-312, C.R.S.

Form 844. Notice of Appointment of Emergency Guardian and Notice of Right to Hearing Pursuant to § 15-14-312, C.R.S.

Form 846. Order Appointing Temporary Substitute Guardian for Adult Pursuant to §_15-14-312, C.R.S.

Form 848. Order Appointing Guardian for Adult

Form 849. Letters of Guardianship - Adult

Form 850. Guardian's Report - Adult

Form 852. Petition for Termination of Guardianship – Adult Pursuant to § 15-14-318, C.R.S.

Form 853. Notice of Death

Form 854. Order for Termination of Guardianship – Adult Pursuant to § 15-14-318, C.R.S.

Form 855. Petition for Modification of Guardianship - Adult or Minor Pursuant to §§15-14-318, C.R.S. or §15-14-210, C.R.S.

Form 856. Order for Modification of Guardianship - Adult or Minor_Pursuant to §§15-14-318, C.R.S. or §15-14-210, C.R.S.

Form 857. Petition for Appointment of Co-Guardian or Successor Guardian

Form 858. Order Appointing Co-Guardian or Successor Guardian

Form 861. Petition for Appointment of Conservator for Minor

Form 862. Order Appointing Conservator for Minor

Form 863. Letters of Conservatorship – Minor

Form 865. Order for Deposit of Funds to Restricted Account-Conservatorship

Form 866. Order for Deposit of Funds to Restricted Account and Annual Filing of Restricted Account Report

Form 867. Acknowledgment of Deposit of Funds to Restricted Account

Form 868. Motion to Withdraw Funds from Restricted Account

Form 869. Order RE: Allowing Motion to For Withdrawal of Funds from Restricted Account

Form 876. Petition for Appointment of Conservator for Adult

Form 877. Order Appointing Special Conservator - Adult or Minor

Form 878. Order Appointing Conservator for Adult

- Form 879. Petitioner for Appointment of Co-Conservator or Successor Conservator
- Form 880. Letters of Conservatorship Adult
- Form 882. Conservator's Financial Plan with Inventory and Motion for Approval
- Form 883. Order Regarding Conservator's Financial Plan
- Form 884. Order Appointing Co-Conservator or Successor Conservator
- Form 885. Conservator's Report Adult or Minor
- Form 888. Petition for Termination of Conservatorship Adult or Minor
- Form 889. Waiver of Hearing, Waiver of Final Conservator's Report, Waiver of Audit, And Approval of Schedule of Distribution
- Form 890. Order Terminating Conservatorship
- Form 891. Registration and Recognition of Protective Orders from other States and Sworn Statements Conservator for Adult Pursuant to § 15-14.5-402, C.R.S. Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act
- Form 892. Certificate of Registration and Recognition of Protective Orders from Other States Conservatorship for Adult
- Form 897. Online Conservator's Report Attachment Sheet (OCRA)
- Form 898. Public Administrator's Statement of Accounts Pursuant to Small Estates Procedure
- Form 902. Demand for Notice of Filings or Orders Pursuant to §15-12-204, C.R.S. and C.R.P.P.Rule 218.7 Colorado Rules of Probate Procedures
- Form 903. Withdrawal of Demand for Notice of Filings or Orders Pursuant to § 15-12-204, C.R.S.
- Form 910. Application for Informal Probate of Will and Informal Appointment of Personal Representative
- Form 911. Acceptance of Appointment
- Form 912. Renunciation And/or Nomination of Personal Representative
- Form 913. Order for Informal Probate of Will and Informal Appointment of Personal Representative
- Form 915. Letters Testamentary/Of Administration
- Form 916. Application for Informal Appointment of Personal Representative
- Form 917. Order for Informal Appointment of Personal Representative
- Form 920. Petition for Formal Probate of Will and Formal Appointment of Personal Representative
- Form 921. Order Admitting Will to Formal Probate and Formal Appointment of Personal Representative
- Form 922. Petition for Adjudication of Intestacy and Formal Appointment of Personal Representative
- Form 923. Order of Intestacy, Determination of Heirs and Formal Appointment of Personal Representative
- Form 924. Application for Informal Appointment of Special Administrator Pursuant to §_15-12-614, C.R.S.
- Form 925. Order for Informal Appointment of Special Administrator
- Form 926. Petition for Formal Appointment of Special Administrator Pursuant to § 15-12-614, C.R.S.
- Form 927. Order for Formal Appointment of Special Administrator
- Form 928. Letters of Special Administration
- Form 929. Domiciliary Foreign Personal Representative's Sworn Statement

Form 930. Certificate of Ancillary Filing - Decedent's Estate

Form 940. Information of Appointment

Form 941. Decedent's Estate Inventory

Form 942. Interim/Final Accounting

Form 943. Notice to Creditors by Publication Pursuant to §_15-12-614, C.R.S.

Form 944. Notice to Creditors by Mail or Delivery Pursuant to §_15-12-801, C.R.S.

Form 945. Notice of Disallowance of Claims Pursuant to § 15-12-806, C.R.S.

Form 946. Petition for Allowance of Claim(s) Pursuant to § 15-12-806, C.R.S.

Form 948. Petition for The Determination of Heirs or Devisees or Both, and of Interests in Property

Form 949. Notice of Hearing to Interested Persons and Owners by Inheritance Pursuant to § 15-12-1303, C.R.S.

Form 950. Notice of Hearing by Publication Interested Persons and Owners by Inheritance Pursuant to § 15-12-1303, C.R.S.

Form 951. Application for Informal Appointment of Successor Personal Representative

Form 960. Petition for Final Settlement

Form 962. Notice of Hearing on Petition for Final Settlement

Form 963. Notice of Hearing Without Non-Appearance Hearing on Petition for Final Settlement

Form 964. Order for Final Settlement

Form 965. Statement of Personal Representative Closing Administration Pursuant to § 15-12-1003, C.R.S.

Form 966. Statement of Personal Representative Closing Small Estate Pursuant to § 15-12-1204, C.R.S.

Form 967. Verified Application for Certificate from Registrar Pursuant to § 15-12-1007, C.R.S.

Form 968. Certificate of Registrar

Form 970. Response to Notice and Order Closing Estate After Three Years

Form 971. Notice and Order Closing Estate After Three Years or More

Form 990. Petition to Re-Open Estate Pursuant To § 15-12-1008, C.R.S.

Form 991. Order Re-Opening Estate Pursuant To § 15-12-1008, C.R.S.

Form 999. Collection of Personal Property by Affidavit Pursuant To § 15-12-1201, C.R.S.

Special Mental Forms

Form M-1. Emergency Mental Illness Report and Application

Form M-2. Rights of Patients Being Examined with Regard to Their Mental Condition (English—and Spanish)

Form M-2.1. Advisement to Person on 72 Hour Hold for Evaluation or Certified for Treatment

Form M-3. Affidavit, Motion and Order for Evaluation and Treatment (27-65-105 (1), C.R.S.)

Form M-3.1. Notice of Disposition

Form M-4. Petition for Evaluation and Motion and Order for Screening (27-65-106, C.R.S.)

Form M-5. Notification of Screening

Form M-6. Screening Report

Form M-7. Motion and Order for Evaluation and Treatment (27-65-106 C.R.S.)

Form M-8. Notice of Certification and Certification for Short-term Treatment (27-65-107, C.R.S.)

Form M-9. Notice of Transfer

Form M-10. Notice of Termination of Involuntary Treatment

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Form M-11. Extended Certification for Short-term treatment (27-65-108, C.R.S.)
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Form M-12. Petition for Long-term Care and Treatment (27-65-109, C.R.S.)

Form M-13. Order for Long term Care and Treatment (27-65-107 (8), C.R.S.)

Form M-14. Certification for Extension of Long term Care and Treatment (27-65-109 (5), ——C.R.S.)

Form M-15. Notice of Right to Hearing (27-65-109 (5), C.R.S.)

Form M-16. Order for Extension of Long-term Care and Treatment (27-65-109 (5), C.R.S.)

Form M-17. Discharge Order

Form M-18. Motion and Order to Transport (27-65-107 (8), C.R.S.)

Form M-19. Application for Representation by Legal Counsel

Form M-20. Order Appointing Attorney (27-65-106 & 107, C.R.S.)

		ounty, Colorado	
Court	Address:		
In the	Matter of the Estate	e of:	
			▲ COURT USE ONLY
Decea			
Attorn	ey or Party Without A	ttorney (Name and Address):	Case Number:
		E-mail:	
FAX N	lumber:	Atty. Reg. #:	
	PETITION FOR	All wills and all codicils are re	PURSUANT TO §_15-11-516(2), C.R.S.
The pD	atitionar makaa tha	fallowing statements.	
		following statements:	
1.			
•	(name) is am an inte	'	and and a local colored to the last to the
2.	· ·		ecedent's last <u>w</u> Will has been lodged with this <u>c</u>
-	on		
	Venue is not proper		
4.	The decedent died	on	(date).
Name (
Name (of Court:		State:
Mailing	Address:		
Mailing	Address: The dDecedent's dom The dDeced	nicile or residence was located winicile or residence is not known an ourt identified above. Cknowledging I am filling in the blanks	thin the jurisdiction of the court identified above and property of the decedent was located within and not changing anything else on the form.
Mailing	Address: The dDecedent's dom The dDeced	nicile or residence was located winicile or residence is not known and burt identified above.	thin the jurisdiction of the court identified above and property of the decedent was located within and not changing anything else on the form. Inge to the original content of this form. In at the bottom of the form.
Mailing	Address: The dDecedent's dom The dDeced	nicile or residence was located winicile or residence is not known an ourt identified above. Cknowledging I am filling in the blanks cknowledging that I have made a chato remove JDF number and copyright	thin the jurisdiction of the court identified above and property of the decedent was located within a sand not changing anything else on the form. Inge to the original content of this form. In at the bottom of the form.
Mailing	Address: The dDecedent's dom The dDeced	nicile or residence was located with nicile or residence is not known at purt identified above. Concluding I am filling in the blanks of the control of the I have made a charter remove JDF number and copyright versions. VERIFICATION of the facts set forth in this document are now deliberate falsification of the facts.	thin the jurisdiction of the court identified above and property of the decedent was located within and not changing anything else on the form. Inge to the original content of this form. Int at the bottom of the form.

			City, State, Zip Code
	_		
			Phone Number
		VERI	FICATION
declare unde	r penalty of periury up		orado that the foregoing is true and correct.
		der the law of con	Trade that the foregoing is that and correct.
Executed on the		onth) (year)	<u>.</u>
at			
	ocation, and state OR	22112421	

Note:

(signature)

- If the requested transfer is to a ccourt within this state, no notice is required. If the requested transfer is to a ccourt outside of Colorado, notice mustshall be given to the person nominated as personal representative and such other person as the ccourt may direct pursuant to Rule 23 of the Colorado Rules of Probate Procedure (C.R.P.P.) § 15-11-516(2), C.R.S.
- All wills and codicils are referred to as "the will."

District Court Denver Probate Court	
Court Address:	
☐In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
ORDER FOR TRANSFER OF LODGED	OWILL
Upon consideration of the Petition for Transfer of Lodged Will filed by petitioner) on (date),	(name of
The <u>c</u> Court finds:	
1. Notice:	
☐Was not required because the will is being transferred to another	court in Colorado:
	oodit iii Oolorado,
Was given or has been waived pursuant to C.R.P.P. 51 because another state.	the will is being transferred to
1. The required notices have been given or waived.	
2. Venue is not proper in this <u>c</u> Court.	
The <u>c</u> court orders that <u>:</u>	
+The will be transferred to the following court having probate jurisdiction a pursuant to C.R.P.P. 5123.	at the cost of the p₽etitioner
Name of Court:State:	
Date:	
Clerk-JDF 704SC 39/018 ORDER FOR TRANSFER OF LODGED WILL	

	Judge ☐Magistrate ☐Registrar
	CERTIFICATE OF SERVICE
I certify that onequivalent, to the court list above.	_ (date) a copy of this Order and Will was sent by certified mail, or i
	Clerk

□ District Court □ Denver Prob			
Count Address.	County, Colorado		
Court Address:			
☐ In the Interest of			
THE INTEREST OF			
Respondent/Minor		▲ <u>co</u>	URT USE ONLY
Attorney or Party Without Attorn	ey (Name and Address):	Case Number	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	ROBATE CASE INFORM	ATION SHEET	
Full name of respondent/minor (w	vard/protected person):		
, and the second			
Detection.	0 - 1 - 1 - 0 1 - N	al as the charge and A	
Date of birth:	Social Security Nur	nber (last 4 digits only)	<u>:</u>
Full name of guardian/conservato	or (including co-guardian/co-cor	pearwator or eucoossor	quardian/conservator):
I dil Hame di guardian/conservato	n (including co-guardian/co-cor	iservator or successor	guardian/conservator).
Date of birth:	Social Security Nu	mber (last 4 digits only)):
- "			P. /
Full name of guardian/conservato	or (including co-guardian/co-con	iservator or successor	guardian/conservator):
Date of birth:	Social Security Nu	mber (last 4 digits only)	<u>):</u>
Date:			
		☐Guardian/Conserva	<u>tor</u>
Date:			tor
		I III-IIIardian/Concerva	TOT

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	
(printed name)	
(signature)	

Note:

- This form is for court use only and is to be **sealed** by the court.
- Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.
- This completed form must be filed with the Acknowledgement of Responsibilities prior to issuance of Letters or whenever there is a change of the Fiduciary.

	er Probate Court County, Colorado			
Court Address:	•,			
☐In the Interest of:				
☐ In the Matter of the Es	state of:		•	COURT USE ONLY
Attorney or_ Party Without	t Attorney (Name	and Address):	Case N	lumber:
Phone Number:	E-ma	il:		
FAX Number:			Division	n Courtroom
		NOTICE OF HEAR		
		Time:		Division:
The hearing will take appro	ximately	□days □hours 〔	⊒ minutes.	orney for Person Giving
The hearing will take appro	ximately Sig	□days □hours 〔	minutes.	orney for Person Giving
The hearing will take appro Date:	ximatelySign	days □ hours □ nature of Person Giv	Iminutes. ring Notice or Attornation	orney for Person Giving
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The hearing will take appro Date: certify that on Name of Person to Whom you are Sending	ximatelySig	days □hours □ nature of Person Giv ERTIFICATE OF SE(date) a copy of the	Iminutes. ring Notice or Attornation	ved on each of the followard
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	r Probate Court ounty, Colorado			
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☐In the Interest of:			_	
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			A	🛦
Attorney or Party Without	Attorney (Name	and Address).	Case Number	OURT USE ONLY
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Phone Number:	E-mail:			
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NOTICE OF HEA	RING WITHO	<mark>UT NON-</mark> APPEARAN	CE HEARING	PURSUANT TO
		C.R.P.P. <u>24</u> 8.8		
***** Att	tendance at th	nis hearing is not requir	ed or expecte	d. ******
To <u>aA</u> ll iInterested pPer	sons:			
A <u>hearing without non-</u> ap		ng on		
(name of <u>m</u> Motion/ <u>p</u> Petition			_	
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	VERIFICATION	
I declare under penalty of perjury under the	law of Colorado that the foregoing is true a	and correct.
Executed on the day of	1	
<u>(date)</u> (month) (<u>year)</u>	
at (city or other location, and state OR country	<u>/)</u>	
(printed name)		
(signature)		
kansert one of the following: Hand Delivery,	First-Class Mail, Certified Mail, E-Served or F	-axed.
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VERIFICATION

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

and unopposed.

	(date)	(month)	(year)	
at				
(city or other loc	cation, and	d state OR co	ountry)	
			=	
(printed name)			=	
(printed name)			=	

				1		
District Court Denve	er Probate Cour	ŧ				
C	ounty, Colorado	•				
Court Address:						
In the Interest of:						
	4-4					
In the Matter of the Es	tate or:					
				▲ COU	RT USE ON	LY A
Attorney or Party Without	Attorney (Name	and Address):		Case Number	-	
Phone Number:	E-mail:					
FAX Number:				Division Co	urtroom	
NOTICE TO UNBO		ERTAINED.	WINOR OR			RSONS
	*	NT TO §15-1				
To: List the names of pers			cal interests	to those of the	unborn or u	nascertaine
ersons pursuant to §15-10	-403(4)(D), C.R.	3.				
Name					Interest	
which was previously sent on the following time and location Date:	on or at a later of	date to which the	hearing may	/ be continued.		
			Courtie	JOHN OF DIVISION		
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The hearing will take approx	ximately	tdays_tdho	ours I minute)S.		
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<i>-</i>	_	Signature of	Person Giving N	otice or Attorney for	Person Giving I	Votice
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Name of Person to Whom	Relationship	Address				Manner of
you are Sending this	·					Service*
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	Hand Delivery, I	F irst-Class Mail,	Certified Mail, Signatur		ed.	

Note: This form cannot be used for notice of formal proceedings terminating an estate;. _JDF 962, with appropriate modifications, must be used.

	nver Probate Court	
Court Address:	County, Colorado	
☐ In the Interests of:		
☐ In the Matter of the	Estate of:	COURT USE ONLY
Attorney or Party Witho	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	AVIT REGARDING DUE DILIGENCE PURSUANT TO §§ 15-10-401(1)(c) /	
pleading), because the a diligent efforts as identific	ed below:	s are not known and cannot be ascertained despite
Full Name	Last Known Address	Describe Effort to Identify and Locate*, e.g. Internet search, last known employer, family members
*Insert one of the following	ng: research firm, internet search, last	known employer, family members, or other efforts.
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	Notary Public/Clerk
	Petitioner's Attorney Signature, if any
	By checking this box, I am acknowledgin am-filling in the blanks and not changing anything e
	on the form.
By checking this box, I am acknowledging that I h	nave made a change to the original content of this form.
I declare under penalty of perjury under the law of Control of the	olorado that the foregoing is true and correct.
<u>(date) (month) (year)</u>	
(city or other location, and state OR country)	
(printed name)	

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JDF 714SC R149-138 AFFIDAVIT REGARDING DUE DILIGENCE AND PROOF OF PUBLICATION © 2012, 2013 Colorado Judicial Department for use in the Courts of Colorado

	y, Colorado	
☐In the Interests of:		
☐In the Matter of the Estate of:		
	▲ COURT USE ONLY	
Attorney or Party Without Attorney (Name and	Address): Case Number:	
	#: Division Courtroom	
NOTICE OF HEARING BY PUI	BLICATION PURSUANT TO § 15-10-401, C.R.S.	
To:		
Last Known Address, if any:		
A hearing on	(title of pleading) for (brief description of relief requ	ested)
•	Type or Print name of Person Giving Notice	
Date: Tir	Type or Print name of Person Giving Notice Address	
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Date: Tire Address: Tire Publish only this portion of form.	Type or Print name of Person Giving Notice Address City, State, Zip Code	

VERIFICATION

I declare under	penalty of	perjury unde	r the law of (Colorado that th	<u>e foregoing is tru</u>	e and correct.	
Executed on th	e c (date)	lay of (month)	(year)	<u>,</u>			
	<u>(uate)</u>	(IIIOHIII)	<u>(year)</u>				
at(city or other lo	cation, and	state OR co	untry)				
(printed name)			-				
(signature)			•				

NoteNOTES:

- Insert name and last known address, (if any,) of persons whose present address is unknown. For persons whose identities are unknown, identify persons through name and last known address of an ancestor.
- This <u>nN</u>otice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of <u>3three</u>-consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to §_15-10-401(1)(c), C.R.S.
- The contents of the <u>p</u>Petition or other pleading which is the subject of the hearing need not be published as a part of this <u>n</u>Notice, but this <u>n</u>Notice must briefly state the nature of the relief requested. (<u>C.R.P.P</u>Rule <u>208, C.R.P.P.</u>)
- This form cannot be used for notice of formal proceedings terminating an estate. JDF 963 must be used pursuant to C.R.P.P. 8.3

Court Address:	County, Colorado		
Court Address:	county, colorado		
☐In the Interests of			
☐In the Matter of the	Estate of:		
		▲ cc	OURT USE ONLY
Attorney or Party Withou	ut Attorney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:	Division	Courtroom
FAX Number:	Atty. Reg. #: PERSONAL SERVICE AF		Courtroom
declare under oath t	that I am 18 years or older and no		
	(name of person) in		
State) on	(date) at (time) at the	ne following location:	
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My Commission Expires:	lotary Public
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the	e foregoing is true and correct.
Executed on theday of,,	
at(city or other location, and state OR country)	
(printed name)	
(aimatura)	
(signature)	

	nver Probate Court _ County, Colorado			
Court Address:	_ 000,, 00.0.000			
☐In the Interest of:				
☐In the Matter of the	Estate of:		•	COURT USE ONLY
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JDF 719<u>SC</u> R9/09<u>18</u> WAIVER OF NOTICE 74

VERIFICATION

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(city or other loca	ation, an	d state OR	country)	
(printed name)				
(printed name)				
(signature)				

Note:

- Unless otherwise approved by the <u>c</u>Court, a waiver of notice <u>must shall</u> identify the nature of the hearings or other matters, notice of which is waived pursuant to <u>C.R.P.P.</u> <u>Rule 238.2</u> <u>of Colorado Rules of Probate Procedure (C.R.P.P.)</u>
- When filed with the <u>c</u>Court, a copy of the <u>p</u>Petition or other pleading need not be attached to this waiver.
- Pursuant to § 15-10-402, C.R.S. a person, including a guardian ad litem, conservator, or other fiduciary may waive notice by a signed writing.
- Pursuant to § 15-14-114, C.R.S. a respondent, ward, or protected person may not waive notice.

□ District Court □ Denver Probate Court □ County, Colorado					
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☐ In the Interest of:					
☐In the Matter of the Estate of:					
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Attorney or Party Without Attorney (Name and Ad	dress): Case Number	r:			
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at				
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Court Address:	County, Colorado		
Court Address:			
☐In the Interest of			
☐In the Matter of			
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Attorney or Party W	ithout Attorney (Name and Address):	Case Num	nber:
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Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	ON: TO A HEARING WITHOUTH		
The grounds for my o	objection are as follows:		
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JDF 722SC R1-12—R4-16 R9/18 OBJECTION: TO NON-APPEARANCE HEARING OBJECTION TO A HEARING WITHOUT APPEARANCE

	rt Denver Pr Coun				
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☐In the Inter☐In the Matt	ests of: er of the Estate	e of:	▲ COURT	USE ONLY	
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Claim is made a	against this esta	te, itemized as follows:			
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Signature of Claimant RECEIPT	RECEIPT
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- For information on claims not due and contingent or unliquidated claims, see §_15-12-810, C.R.S. All claims defined pursuant to §_15-10-201(8), C.R.S. must be filed with the court or presented to the presentative of the estate.
- If presented to the pPersonal rRepresentative, either this form or a written statement complying with §
 15-12-804, C.R.S. can be used. If filed with the cCourt, C.R.P.P. 10 provides that either Rule 6 of
 the Colorado Rules of Probate Procedure requires that this form or a form that substantially follows
 the approved JDF be used.
- If this form is presented to the pPersonal rRepresentative, the receipt below may be completed. it is recommended that the below Receipt be completed.

Protective Proceeding Estate Action:

- __This form can be used for the presentation and allowance of claims filed with the <u>o</u>Court pursuant to § 15-14-429, C.R.S.
- If this form is presented to the conservator, the receipt may be completed. it is recommended that the below Receipt be completed.

JDF 726<u>SC</u> 9/08<u>R49/168</u> CLAIM

☐ District Court ☐ Den\	ver Probate Court County, Colorado				
Court Address.					
☐In the Interests of: ☐In the Matter of the	Estate of:				
Attorney or Party Witho	ut Attorney (Name and Address):	Case Number	T USE ONLY A		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom		
	THDRAWAL OR SATISFACTION OF CLA				
Date(s) Obligation Incurred	Type <u>or Description</u> of Claim <u>or</u>			Formatted Table	
		Total	\$	Formatted Table	
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(signature)							

JDF 727 $\underline{\text{SC}}$ 9/08 $\underline{49/168}$ WITHDRAWAL OR SATISFACTION OF CLAIM AND RELEASE

Dis	trict Court Denver Probate Court County, Colorado		
Court	Address:		
☐In t	he Interests of:	-	
☐In t	he Matter of the Estate of:		T USE ONLY
		Case Numbe	r:
		Division	Courtroom
	DECREE OF FINAL DISCHAR PURSUANT TO §§_15-12-1001, §15-12-1002, O	_	C.R.S.
he <u>c</u> C	ourt finds that:		
	The personal representative of this estate has filed receipts	showing complia	ance with the Order
	Final Settlement and Distribution on		
-	The <u>c</u> Conservator of this estate has filed receipts showing con	npliance with the	Order Terminating
Cor	nservatorship on (date).		_
con	Other documentation has been filed and there is not clear tinuation of the conservatorship is still statutorily warrante tected person.		
	Other:		
:			
	The fish signs is disable and disable that the trust and effice.		
1.	The fiduciary is discharged from this trust and office.		
2.	The fiduciary and the surety on any bond are released and di arising in connection with the performance of the fiduciary's d		ny and all liability
3.	Other:		
ate: _			
	□Judge □I	Magistrate 🗖 Re	gistrar

	Denver Probate Court		
Court Address:	County, Colorado		
Court Address.			
☐In the Interest of:		_	
☐ In the Matter of th			
		▲ COURT	USE ONLY
Attornov or Dorty With	hout Attornoy (Nome and Address);	Case Number:	
Attorney or Party With	hout Attorney (Name and Address):	Case Number:	
Phone Number:	E-mail:		
	Atty. Reg. #:	Division	Courtroom
	RECEIPT AND RELEASE		
Received from		. Personal	Representative
Conservator		_,	Representative
Other:Cash in the amount	of \$ property described as: *		-
Real property descri	ibed as: *		

Other (describe): *		
☐I grant a partial rel above partial distribut	ease and satisfaction to the estate and to the fiduciary and any successor as to the	
above partial distribut	on.	
☐I grant a full and successors for any lia	final release and satisfaction to the estate and to the fiduciary and his or her bility in connection with my interest in the estate.	Formatted: Normal, Justified, Border: Bottom: (No
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*Attach additional sl	neets as necessary.	
	Signature of Person Acknowledging Signing Receipt and Release	
	Signature of Person Acknowledging Signing Receipt and Release Print Name	
<u>Date</u>	Signature of Person Acknowledging Signing Receipt and Release Print Name VERIFICATION	
Date I, verify that the facts that penalties for perju	Signature of Person Acknowledging Signing Receipt and Release Print Name VERIFICATION set forth in this document are true as far as I know or am informed. I understand ary follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)	
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(printed name)	

(signature)

JDF 731SC R9/13—49/168 RECEIPT AND RELEASE
©2013 Colorado Judicial Department for use in the Courts of Colorado—

Page 3 of 2

□ District Court □ Denver Proba				
Court Address:	Colorado			
In the Matter of the Trust create	ed by:			
Settlor				OURT USE ONLY
Attorney or Party Without Attorne	y (Name and Addr	ress):	Case Numb	er:
Phone Number: E-ma	il·		Division	Courtroom
FAX Number: Atty. F			DIVISION	Courtiooni
Т	RUST REGIST	TRATION STATE	MENT	
	Impo	ortant Notice		
	•			
The court will not routinely review				
beneficiary, creditor, or other interest the responsibility to protect their of				
provisions of this code by filing a				
administered and serving it on all in				
The name of the trust is:				
Information about the trustee				
Name: Street Address:				
City:				
Mailing Address, if different:		•		
City:				
Primary Phone:				
Email Address:				
			aa walabia i	
The records of this trust are ke (City and I			on, which is if	1
(City and	County) at the follo	owing address:		
• This trust				
has not been registered else	ewhere.			
☐has been registered previou		(date)	with the	
(name of court) in the State of				
,			_ ,	J (-),

• This is

	will of	
The will was admitted to probate on	(date), in (r	name
court) in the State of	in case number:	
☐an <i>inter vivos</i> trust established by	(settlor) dated	
The trustee is		
If multiple trusts are registered on this date	e, provide additional identifying information:	
By checking this box, I am acknowledging I am t	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.	
Date:	Signature of Trustee	
	Signature of Trustice	
	VERIFICATION	
declare under penalty of perjury under the law		
	VERIFICATION w of Colorado that the foregoing is true and correct.	
Executed on the day of, (date) (month)	VERIFICATION w of Colorado that the foregoing is true and correct.	
declare under penalty of perjury under the law Executed on the day of, (date) (month) at city or other location, and state OR country) printed name)	VERIFICATION w of Colorado that the foregoing is true and correct.	

	N OF TRUST RI be completed or	EGISTRATION In the copy of the statement filed with the court.
То:		
	-	
	-	
You are a beneficiary with a present interest or described in the above Trust Registration Statem		a beneficiary with a future interest, in the trust(s)
Upon reasonable request, you may be entitled pursuant to § 15-16-303, C.R.S.	to additional in	formation about this trust and its administration
Date:		Signature of Trustee

Note:

- File this registration statement in the county where the trust is being administered pursuant to § 15-16-101(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and § 15-16-101, C.R.S. and C.R.P.P. 70.
- The requirements of § 15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.

□ District Court □ Denver Probate Court		
Court Address:		
In the Matter of the Trust Created by:		
Settlor	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail:	Di irina Oraștura	
FAX Number: Atty. Reg.#: AMENDED TRUST REGISTRATIO	Division Courtroom	
AMENDED INOUT REGISTRATIO	ON STATEMENT	
Important Notice		
The court will not routinely review or adjudicate matters unless peneficiary, creditor, or other interested person. All interested person the responsibility to protect their own rights and interests in the exprovisions of this code by filing an appropriate pleading with the administered and serving it on all interested persons pursuant to § 1	ons, including beneficiaries and creditors, have estate or trust in the manner provided by the court by which the estate or trust is being	
The name of the trust is:		Formatted: No underline
		Formatted: No underline
The following amendments to the previously filed Trust Registration (date) are made:	Statement for this trust filed on	
(trustee) is no longer a trustee.	+	Formatted: Indent: Left: 0"
The successor trustee is:		
Name:		
Street Address:		
City: State: Zip Code:		
Aailing Address, if different:		
City: State: Zip Co		
Primary Phone: Alternate Pho		
mail Address:		
☐the principal place of administration has been changed to the follo	owing address:	
	owing address.	
Address:		
City: State: Zip Code:		
This trust has terminated	←	Formatted: Indent: Left: 0.25"
☐This trust has terminated.	•	Formatted: Indent: Left: 0"
IDF 735SC R9/18 AMENDED TRUST REGISTRATION STATEMENT	Page 1 of 3	

☐The registration											
3	of this trus	t is transfer	red to this of	court from	າ			(name of	ormatted: Ir	ident: Left: 0'	
court) in the					•			Registration			
No	Att	ached is a co	ourt certified	copy of t	he original	Trust Registr	ation State	ment and any			
Amended Trust Re	gistration St	atement filed	prior to this	amendm	ent.						
By checking this								<u>rm.</u>			
By checking this I	box, I am ack	nowledging the	at I have mad	e a change	to the origin	nal content of t	his form.				
The undersigned the jurisdiction of trustee represents	f this court	in any prod	eeding rela	ting to t	his trust.	Within 30 da					
Date:				<u> </u>	Signature c	f Trustee/Su	ccessor Tru	 ustee			
			VERIF	CATION							
			V LIXII	CATION							
I declare under per	nalty of perju	ry under the	law of Color	ado that t	he foregoin	g is true and	correct.				
Executed on the	day of										
	day of date)	(month)	,(year)								
(c			(year)	,							
at	date)	(month)									
at	date)	(month)									
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at(city or other location	date)	(month)									
at(city or other location (printed name)	date)	(month)									
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at(city or other location (printed name)	date)	(month)									
at(city or other location (printed name)	date)	(month)									
at(city or other location (printed name)	date)	(month)									
city or other location	date)	(month)									

Page 2 of 3

JDF 735SC R9/18 AMENDED TRUST REGISTRATION STATEMENT

It is not no.			RUST REGISTRATIO	· =
it is not ned	cessary that this port	ion of the form be con	npieted on the copy of t	he statement filed with the co
10:				
	eneficiary with a pres he above Trust Regis		represent a beneficiary	with a future interest, in the
Upon reason	able request, you m 15-16-303, C.R.S.	ay be entitled to add	ditional information abo	out this trust and its administ
pursuant to §				

JDF 735SC R9/18 AMENDED TRUST REGISTRATION STATEMENT

Page 3 of 3

District Court Denver Probate Court Court Address: County, Colorado In the Interests of: In the Matter of the Estate of:	A 00/107	
Court Address: In the Interests of: In the Matter of the Estate of:	A court	
☐ In the Matter of the Estate of:	A court	
☐ In the Matter of the Estate of:	A count	
	A COURT	
	A	
		USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division	Courtroom
REQUEST FOR MINOR CORRECTION		Courticom
PURSUANT TO C.R.P.P.11		
l, (name), filed		
(name of documents) on (date) are correction is necessary as follows:	nd due to a clei	rical error, a
 □ By checking this box, I am acknowledging I am filling in the blanks and not chan □ By checking this box, I am acknowledging that I have made a change to the original process. 		
	of Attorney or	Party
declare under penalty of perjury under the law of Colorado that the foregoi	ing is true and	correct.
Executed on the day of		
at (city or other location, and state OR country)		
(printed name)		

JDF 740SC 9/18 REQUEST FOR MINOR CORRECTION

(signature)_——			
			Formatted: Left
CI	ERTIFICATE OF SERVICE		
I certify that on(served as follows on each of the followin	g:	(name of document) was	1
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*	
*Insert one of the following: hand delive	y, first-class mail, certified mail, e-servic	e, or fax.	
	Signature		Formatted: Font: Arial
	VERIFICATION		
I declare under penalty of perjury under		true and correct.	
Executed on the day of	., ,		
JDF 740SC 9/18 REQUEST FOR MINOR CO	DRRECTION		

	(date)	(month)	(year)
at (city or othe	r location, and sta	ate OR country)	
(printed name	10)		
(signature)			

Note:

- Use of this form should be limited to correcting clerical errors in pleadings and petitions. (i.e., errors in captions such as a/k/a, misspellings, errors in dates other than dates for settings, hearings, and limitation periods, or transposition errors).
- Any significant errors in documents filed must be corrected by filing an amended or supplemental document.

JDF 740SC 9/18 REQUEST FOR MINOR CORRECTION

COUNTY COLOROO	
Court Address:	
	A COURT HOT ONLY
☐In the Interest of:	Case Number:
☐In the Matter of the Estate of:	Cass Names.
ORDER APPOINTING GU	Division Courtroom
ORDER AFFOINTING GO	ARDIAN AD LITEM
 Upon the □_⊆Court's own motion; □ stipulation of the par 	ties; Umotion of
(appointee name) at the f	ollowing address: is appointed as guardian ad lite
for the following person .	
Appointee's contact information:	
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
<u>City:</u> <u>State:</u> <u>Z</u>	Zip Code:
	2.
Primary Phone number:	Alternate Phone:
Email Address: Atto	rney Registration #:
Primary Phone number: Atto is appointed as Guardian ad Litem for the following person	rney Registration #:
	rney Registration #:
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This oorder is entered pursuant to section:	rney Registration #:
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This oorder is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised	rney Registration #:
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This o⊖rder is entered pursuant to s⊖ection: □ 15-10-403(5) in a trust, estate, or judicially supervised !Litem to represent the interests of a minor, an incapacita	rney Registration #: d settlement matter - appointment of a geuardian a ated, protected, unborn, or unascertained person,
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This oorder is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised.	rney Registration #: d settlement matter - appointment of a geuardian a ated, protected, unborn, or unascertained person,
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This order is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised leitem to represent the interests of a minor, an incapacity a person whose identity or address is unknown. The	rney Registration #: d settlement matter - appointment of a geuardian a ated, protected, unborn, or unascertained person, a
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This order is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised leitem to represent the interests of a minor, an incapacity a person whose identity or address is unknown. The	rney Registration #: d settlement matter - appointment of a geuardian a geted, protected, unborn, or unascertained person,
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This order is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised leitem to represent the interests of a minor, an incapacity a person whose identity or address is unknown. The	rney Registration #: d settlement matter - appointment of a geuardian a ated, protected, unborn, or unascertained person,
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This order is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised leitem to represent the interests of a minor, an incapacity a person whose identity or address is unknown. The	rney Registration #: d settlement matter - appointment of a geuardian a geted, protected, unborn, or unascertained person,
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This order is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised leitem to represent the interests of a minor, an incapacity a person whose identity or address is unknown. The	rney Registration #: d settlement matter - appointment of a geuardian a ated, protected, unborn, or unascertained person,
Email Address: Atto is appointed as Guardian ad Litem for the following person 2. This order is entered pursuant to section: 15-10-403(5) in a trust, estate, or judicially supervised leitem to represent the interests of a minor, an incapacity a person whose identity or address is unknown. The	rney Registration #: d settlement matter - appointment of a geuardian a ated, protected, unborn, or unascertained person,

□15-14-115 in a matter regarding a person under disability - appointment of a gGuardian ad Litem represent the interests of a respondent or an incapacitated or protected person. The reason for appointment is as follows:
The gGuardian ad ∐item's duty is:
to investigate and prepare specific written recommendations regarding:
☐ the allegations of incapacity or of the need for financial protection.
☐ the appropriateness of limitations to the g⊖uardianship/c⊖onservatorship.
the appropriateness/qualifications of the nominee.
☐ issues raised in the vVisitor's rReport.
☐issues raised in the gGuardian's/cConservator's rReport.
issues raised by
the appropriateness of termination of the g⊕uardianship/c⊕onservatorship.
□other
Other:
The appointee shall must have access to all relevant information regarding the respondent in complia with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, with further order, authorization or release. Relevant information includes, but is not limited to the follow records, reports, and evaluations: medical, psychiatric, psychological, drug, alcohol, law enforcement, so services, school, financial, and estate planning. This of reverse the authority to release sinformation to the appointee regardless of the original source of information. The appointee must shall disclose this information inappropriately.

6.7. The appointee must shall be comp	ensated by:		
The captioned estate.		at \$.	
☐The State of Colorado becaus 05)	•		mpleted). (See CJD
Person to be determined by the	e <u>c</u> Court at a later date.		
Other (explain)			
7.8. Acceptance of this appointment re Justice Directive 04-06. Failure to the appointment list.			

□District Court □Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Ward/Protected Person	Division Courtroom
PROVISIONAL LETTERS PURSI	UANT TO §_15-14.5-302, C.R.S.
	(nName) was appointed or qualified by this ccourt with
an order for provisional appointment on	
in order for provisional appointment on	(uate) as.
☐Conservator. These are Letters of Conservatorship.	
_	
☐Guardian. These are Letters of Guardianship for an	incapacitated person.
These Provisional Letters are proof of the genardian's 60 days from issuance, unless extended by order of the The genardian must shall have access to www.ard's medic www.ard is entitled. The genardian must shall be deemed to relating to www.ard's protected health information, as provide	cal records and information to the same extent that the to be www.ard's personal representative for all purposes
Fhe gGuardian does not have the authority to obtain hospidevelopmental disability, or alcoholism against the will of t	
Other limitations:	
Date:	
	Probate Registrar / □ ⊕ (Deputy)_Clerk of Court
CERTIFIC	ATION
Certified to be a true copy of the original in my of the control o	custody and to be in full force and effect as of
_	Probate Registrar/ → (Deputy) Clerk of Court)
	- Frobate negional/ - tobeputy/ oters of county

	District Court Denver Pro					
C	Count	y, Colora	ido			
In	the Interest of:					
w	ard/Protected Person					COURT USE ONLY
	torney or Party Without Attor	ney (Nar	me and	Address):		Case Number:
_	No lo	11				
		:-mail: .tty. Reg.	#:			Division Courtroom
	PETI ⁻	TION R	EQUE			O TO ACCEPT
	□GUARDIAN	SHIP [CON	SERVATOR	SHIP F	FROM SENDING STATE
	is <u>p</u> Petition is submitted otective Proceedings Juriso			15-14.5-302, (:.R.S. (of the Uniform Adult Guardianship and
aut	e g⊖uardian and/or cconse thority to act (Order of Appo ating to a □Guardianship □	ointment	, Letters	s) and the Pro	visional	rtified copies of any documents evidencing I Order of Transfer from the sending state
Se	nding State:		_ Sendi	ng Court:		
Se	nding Court Case #:					
	Information about the gG					
١.	Name:			_		
	Street Address:					
				Zip Code:		
	Mailing Address, if different			Lip Codo.		
	City:			Zip Code:		
	Home Primary Phone #:					
	Email Address:					<u> </u>
_						
2.	Information about the w	ard <u>√p</u> Pi	rotected	i <u>p</u> ⊬erson:		
	Name:					
	Street Address:	01-1-		Zip Code:		
				Zip Code:		
	Mailing Address, if different City:			Zip Code:		
						
	Primary Phone:	Aiterna	ite Phon	ie:	_	
	Email Address: Name:		Curre	nt age:	Date	e of Birth:
	Street Address (Include nar					
	City: State:					
JDF	- 783 <u>SC</u> R <u>31/16109/18</u> PETITIO	JN KEQUE	STING C	OLORADO TO AC	CEPT GL	UARDIANSHIP/CONSERVATORSHIP Page 1 of 23

following reasons:			
Appearance (JDF 712) to persons ent	this pPetition and a Notice of Non-Appetitled to notice. (§_15-14.5-302(2), C.R.S.)	arance Hearing Without	
Name of Interested Person Requir		Relationship to Ward/Protected Person	Formatted Table
Name of Interested Person Requir	ing Notice in Colorado, not listed above	Relationship to Ward/Protected Person	Formatted Table
Petitioner) verify that the facts set forth	CATION AND ACKNOWLEDGMENT in this document are true as far as I know or a crate falsification of the facts stated herei		
at penalities for penjary rollow deliber	Signature of Guardian and/or C The foregoing instrument was in the County of thisday of	Conservator Date acknowledged before me . State of Colorado.	
	My Commission Expires: Notary Public/Deputy Clerk		
	140tary r abitor Departy Clerk		

I

By chec	ing this box, I am	acknowle	edging that I	have made	e a change	to the orig	inal content	of this form.
			VE	RIFICATI	ON			
I declare un	der penalty of per	jury undei	r the law of 0	Colorado th	at the fore	going is tru	e and correc	ct.
Executed or	the day	of						_
<u>Executed of</u>		nonth)	(year)	- 1				
		,	()					
at	1	1 · OD · · ·	(A					
(city or otne	location, and sta	ite OR col	<u>untry)</u>					
(printed nar	ie)							

 $\mbox{ JDF 783$\underline{SC} } \mbox{ R$\underline{31/46109/18} } \mbox{ PETITION REQUESTING COLORADO TO ACCEPT GUARDIANSHIP/CONSERVATORSHIP } \mbox{ Page 3 of $\underline{23}$ } \mbox{ Page 3 of $\underline{23}$ } \mbox{ Period of Colorado TO ACCEPT GUARDIANSHIP/CONSERVATORSHIP } \mbox{ Page 3 of $\underline{23}$ } \mbox{ Page 3$

	trict CourtDenver Probate Court County, Colorado		
Court	Address:		
In the	Interests of:	-	
III tile	interests of.	▲ COURT USE ONLY ▲	
		Case Number:	-
Ward/	Protected Person	Division Courtroom	
	PROVISIONAL ORDER TO A		
	GUARDIANSHIP CONSERVATORSHIP IN COLO		
P	URSUANT TO § 15-14.5-302, C.R.S. THE UNIFORM	ADULT GUARDIANSHIP AND	
	PROTECTIVE PROCEEDINGS JURIS	SDICTION ACT.	
Unon	consideration of the Petition to Accept and having reviewe	ed the provisional order to transfer from	n
	(name of state) pursuant to § 15-14.5-301(6)		
evide	entiary hearing or \square non-appearance hearing <u>without appearance</u>	ce;	
The • 0	and the day		
	ourt finds: That the statements in the p₽etition are true and notice has bee	en properly given or waived.	
2.	That the transfer is not contrary to the interests of the wwward/pl	Protected Pperson.	
3.	That the gGuardian and/or gGonservator is eligible for appointment	nent in this state.	
The cC	ourt orders the following:		
_	-		
1.	This <u>c</u> Court provisionally grants the Petition to Accept.		
2	This ccourt willshall appoint (r	name) as the Guardian Gonservato	r
	upon receipt of a final court order transferring the proceeding to		
_	-	· ·	
3.	The <u>c</u> Gourt further orders:		
	☐ Pending filing of the Final Order Confirming the Transfer to	Colorado, the $\underline{c} \underline{c}$ ourt directs the issuance	e
	of Provisional Letters to expire within 60 days.		
	Other:		_
			_
Date:			
	 □Judge □M	lagistrate	
	— 333395 —	agiotrato	
Note:			
Note:	Upon receipt of the Provisional Order to Accept Transfer issued		
Note:	responsibility of the guardian and/or conservator to file this Prov	visional Order and necessary documents	
Note:		visional Order and necessary documents ending state. It is anticipated that the	
Note: •	responsibility of the guardian and/or conservator to file this Prov to terminate the guardianship and/or conservatorship with the s	visional Order and necessary documents ending state. It is anticipated that the	
Note: ●	responsibility of the guardian and/or conservator to file this Prov to terminate the guardianship and/or conservatorship with the s sending state will not issue a Final Order confirming the transfe	visional Order and necessary documents ending state. It is anticipated that the	Formatted: Left Border: Top: (No horder) Botton
Note: •	responsibility of the guardian and/or conservator to file this Prov to terminate the guardianship and/or conservatorship with the s sending state will not issue a Final Order confirming the transfe	visional Order and necessary documents ending state. It is anticipated that the	Formatted: Left, Border: Top: (No border), Bottom border), Left: (No border), Right: (No border)
•	responsibility of the guardian and/or conservator to file this Prov to terminate the guardianship and/or conservatorship with the s sending state will not issue a Final Order confirming the transfe	visional Order and necessary documents ending state. It is anticipated that the	
Note:	responsibility of the guardian and/or conservator to file this Prov to terminate the guardianship and/or conservatorship with the s sending state will not issue a Final Order confirming the transfe	visional Order and necessary documents ending state. It is anticipated that the r to Colorado, until such documents are	

Upon receipt of the Provisional Order to Accept Transfer issued by the Colorado Court, it is the responsibility of the Guardian and/or Conservator to file this Provisional Order and necessary documents to terminate the guardianship and/or conservatorship with the sending state. It is anticipated that the sending state will not issue a Final Order Confirming the Transfer to Colorado, until such documents are

JDF 784 $\underline{\text{SC}}$ 394 $\underline{\text{1609R9/18}}$ PROVISIONAL ORDER TO ACCEPT GUARDIANSHIP/CONSERVATORSHIP IN COLORADO FROM SENDING STATE

□District Court □Denver Probate Court	
County, Colorado	
Court Address.	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Was I/Dual and a Danasa	
Ward/Protected Person	Division: Courtroom:
FINAL ORDER ACCEPTING □GUARDIANS	
IN COLORADO FROM SEN	
PURSUANT TO §15-14.5-302, C.R.S. UNIFORM ADUL	
PROCEEDINGS JURISDIC	CTION ACT
The <u>c</u> Court has received the Final Order Confirming Transfer	from (state) and:
The ${f c}$ Court appoints the following person as $f \Box$ Guardian $f \Box$ C	Conservator:
Name:	
Street_Address:	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	Email Address:
Home Primary Phone #: Alternate	
Email Address:	
Email / tearlood.	
The <u>c</u> Court directs the issuance of □Letters of Guardiansh	nin DI etters of Conservatorship consistent
with the final order of transfer that includes the order of appo	intment issued by
(state).	
The ccourt orders the following pursuant to §_15-14.5-302(6),	C.R.S.:
1. The gGuardian and/or cGonservator mustshall notify th	ne Court within 30 days of any if his/her home
address, email address, or phone number changes a	and/or any change of address for the wwward
/p₽rotected p₽erson.	
——□The g⊊uardian must	
 shall file an Annual Guardian's Report (JDF 850) on or be 	efore
(date) beginning in	
3. ☐The cConservator mustshall file:	
□ Inventory with Financial Plan within 90 days from the c	date of this order:
an Annual Conservator's Report (JDF 885) on or befor	
(year) for the duration of the conservatorship.	(48.6) 809111119 11
JDF 785 <u>SC</u> R <u>38-4639/18</u> FINAL ORDER ACCEPTING GUARDIANSHIP/CONS	SERVATORSHIP IN COLORADO Page 1 of 3

		Relationship to Ward/Protected Person	Formatted Table
		Ward/Protected Person	
		Spouse or partner in a civil union, if applicable	
		Adult Children, if applicable	
		Parents, if applicable	
		Conservator, if applicable Guardian, if applicable	
		Guardian, ii applicable	
Į			
,		ovide a copy of this Final Order to the wAWard_or in 30 days of appointment and file a Notice of -311 or 15-14-409, C.R.S.	
6.	The conservator shall:		
		reason(s):	
		•	Formatted: Indent: Left: 0"
		. The bond must be posted with the Court by	Formatted: Indent: Left: 0.5"
		. The bond must be posted with the Court by ed by a surety, notice of any proceeding must be	Formatted: Indent: Left: 0.5"
j	(date). If bond is poster provided to the surety.		Formatted: Indent: Left: 0.5"
j	(date). If bond is poste		Formatted: Indent: Left: 0.5"
j	(date). If bond is poster provided to the surety.		Formatted: Indent: Left: 0.5"
j	(date). If bond is poster provided to the surety.		Formatted: Indent: Left: 0.5"
j	(date). If bond is poster provided to the surety.		Formatted: Indent: Left: 0.5"
6. <u>7.</u>	(date). If bond is poster provided to the surety. The cCourt further orders		Formatted: Indent: Left: 0.5"
j	(date). If bond is poster provided to the surety.		Formatted: Indent: Left: 0.5"
6. <u>7.</u>	(date). If bond is poster provided to the surety. The cCourt further orders		Formatted: Indent: Left: 0.5"
6. <u>7.</u>	(date). If bond is poster provided to the surety. The cCourt further orders		Formatted: Indent: Left: 0.5"
6. <u>7.</u>	(date). If bond is poster provided to the surety. The cCourt further orders	ed by a surety, notice of any proceeding must be	Formatted: Indent: Left: 0.5"
6.7.	(date). If bond is poster provided to the surety. The cCourt further orders □ Judge □ Magistrate Notice to Interester	ed by a surety, notice of any proceeding must be	Formatted: Indent: Left: 0.5"
6-7.	(date). If bond is poster provided to the surety. The cCourt further orders □ Judge □ Magistrate Notice to Interester	ed by a surety, notice of any proceeding must be ed Persons ne guardianship pursuant to §§ 15-14-210 and 15-14-	Formatted: Indent: Left: 0.5"

	<u> </u>
□ District Court □ Denver Probate Court	
Court Address:	
In the Interests of:	
Ward/Protected Person	COURT USE ONLY
Attorney or Party Without Attorney (Name	and Address): Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom GUARDIANSHIP GONSERVATORSHIP FROM
	RADO TO RECEIVING STATE
0020.	
This pPetition is submitted pursuant t Protective Proceedings Jurisdiction Act.	o § 15-14.5-301, C.R.S. of the Uniform Adult Guardianship and
-	
	pPetitioner requests the cGourt to approve the transfer of this, to (County) in
(State).	, to (County) in
	s physically present in or □is reasonably expected to permanently □the pProtected pPerson has significant connections to the receiving
state.	ine perotected peerson has significant connections to the receiving
2. The appointment requests that Colors	do transfer this gGuardianship_/cGonservatorship for the following
reasons:	do transfer this generalitation programme to the following
<u> </u>	
2 The appetitionary has send assemble	and sufficient along for any and assistant for the walker and/or has
	and sufficient plans for care and services for the $\underline{w}W$ ard and/or has management of the $\underline{p}P$ rotected $\underline{p}P$ erson's property in the receiving
4. The pPetitioner will provide this pPetition 712) to persons entitled to notice. (§ 15	on and a Notice of Non-Appearance Hearing Without Appearance (JDF 5-14.5-302(2), C.R.S.)
4.5. The interested persons given notice ar	e as follows:
JDF 787 <u>SC</u> R <u>31/4609/18</u> PETITION TO TRANSF FROM COLORADO TO RECEIV	ER GUARDIANSHIP/CONSERVATORSHIP Page 1 of 2

Name of Interested Person Requiring Notice in C	Colorado	Relationship to Ward/ Protected Person	Formatted Table
By checking this box, I am acknowledging I am filling in the	blanks and not changing ar	nything else on the form.	
By checking this box, I am acknowledging that I have made	a change to the original cor	ntent of this form.	
VERIFIC	CATION		
I (Petitioner) verify that the facts set forth in this documer	nt are true as far as I kno	w or am informed. I understand	
that penalties for perjury follow deliberate falsification of t	he facts stated herein. (§	15-10-310, C.R.S.)	
	Signature of Petitioner or	r Attorney Date	
	Type or Print name of Po	etitioner	
	Address		
	City, State, Zip Code		
	Phone Number		Formatted: Left, Indent: Left: 3.5"
VERIFIC	CATION		Pormatted. Left, Indent. Left. 3.3
I declare under penalty of perjury under the law of Colora	do that the foregoing is to	rue and correct	
	ao anat ano nonogomy no a	<u> </u>	
Executed on the day of , (date) (month) (year)	<u></u>		
at (city or other location, and state OR country)			
(printed name)			
(signature)			
JDF 787 <u>SC</u> R <u>31/1599/18</u> PETITION TO TRANSFER GUARDIANS		Page 2 of 2	

□ District Court □ Denver Probate CourtCounty, Colorado	
Court Address:	
In the Interests of:	A 00007 007 000 V
	Case Number:
Ward/Protected Person	Division: Courtroom:
PROVISIONAL ORDER RE: PETITION TO TRA TO RECEIVING STATE □GUARDIANSHIF	
PURSUANT TO §15-14.5-301, C.R.S. UNIFORM ADUL	
PROCEEDINGS JURISDICT	
Upon consideration of the Petition to Transfer, any objections appearance hearing without appearance;	filed and \square evidentiary hearing or \square non-
Γhe <u>c</u> Court finds that:	
 The statements in the pPetition are true and notice has been 	n properly given or waived.
2. The transfer is not contrary to the interests of the www.ard_pp	Protected pPerson.
3. The www.ard_perotected person is physically present in or to the receiving state or the perotected person has si	
pursuant to §_15-14.5-201, C.R.S. 4. The plan for care and services for the w₩ard in the received the plan for the www.	ving state is reasonable and sufficient and/or
adequate arrangements will be made for the management of	f the pProtected pPerson's property.
5. The ccourt is satisfied that the gcuardianship and/or ccon state.	servatorship will be accepted in the receiving
The <u>c</u> Court orders the following:	
Provisionally grants the Petition to Transfer to	(county) in (state).
 The ☐Guardian ☐Conservator must shall file a Petition to Provisional Order to Accept. 	to Accept in the receiving state requesting a
3. The □Guardian □Conservator must shall file a final repo	ort (JDF 850 and/or JDF 885) for Colorado to
terminate this Guardianship and/or Conservatorship pursufollowing documents as otherwise ordered by the court for	uant to §_15-14.5-301(6)(b), C.R.S. and the
and § 15-14-431, C.R.S.:	
Onto:	
Date: □Judge □Magistrate	
, , , , , , , , , , , , , , , , , , ,	
CERTIFICATION	
Certification Stamp or_—Certified to be a true copy of the original in ras of:	my custody and to be in full force and effect
Date:	
Probate Registrar/(I	Deputy)Clerk of Court

Note:

• The Colorado cCourt must shall-not issue a Final Order Confirming Transfer until a provisional order from the receiving sState is filed pursuant to §_15-14.5-301(6)(a), C.R.S. In addition, the required documents to terminate this guardianship and/or conservatorship must be filed with the Colorado cCourt unless as otherwise directed by the Colorado cCourt pursuant to §_15-14-431, C.R.S.

□ District Court □ Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	
	▲ COURT USE ONLY ▲
	Case Number:
Ward/Protected Person	Division Courtroom
FINAL ORDER CONFIRMING TRANSFER TO RECEIVE	
☐GUARDIANSHIP ☐CONSERVATORSH PURSUANT TO § 15-14.5-301, C.R.S. <u>UNIFORM AI</u>	
PROTECTIVE PROCEEDINGS JURIS	
The court has received a Provisional Order from the receiving state Further the court has received documents it required pursuant to terminate this gouardianship conservatorship and issues this Final Or 1. This Guardianship Conservatorship is terminated and Conservatorship are no longer valid in Colorado.	§§_15-14-431_and_15-14-318, C.R.S. to rder Confirming Transfer.
2. ⊕The most current ☐Guardian's ☐Conservator'sReport is attach	ed
3. The gGuardian_/cGonservator_must_shall provide a copy of this pPerson and interested persons.	s Final Order to the <u>w</u> ₩ard_/p₽rotected
Date:	

County, Colorado Court Address:		
In the Interests of:		A
in the interests of.		RT USE ONLY
	Case Number	er:
Protected Person	Division:	Courtroom:
ACKNOWLEDGMENT OF RESPON	-	
	GUARDIAN	
(name)_ acknowledge that	I was appointed as	the conservator and/or
uardian for (name of ward or p date) and I understand that Letters of Guardianship/Conservatorshind provided to the court. I agree to comply with statutory and coesponsible for preparing and filing reports and/or plans with the	orotected person) on _ nip will not be issued ourt requirements and	until this form is signed d understand that I am
ersons as identified in the Order of Appointment.		•
have received the following information to review regarding my respi		
User's Manual for Guardians ☐User's Manual for Conset☐ User's Manual for Conset☐ User's Manual for Conset☐ User's Manual for Conset☐ User's Manual for Conset	rvators	
☐ Attendance at mandatory training session on	(date).	
Other:	(
cknowledgment of Responsibilities:		
I am responsible for promptly providing the court with any ch and telephone number by filing a Notice of Change Regarding		
2. I am responsible for maintaining supporting documentation disbursements out of the accounts under my control during documentation includes bank statements and check copies receipts, and other such forms of proof that support my interested persons may request copies at any time.	the duration of my a s, credit card stateme	ppointment. Supporting ints and receipts, sales
4-3. If funds must be placed in a restricted account, I undorder.	derstand that any with	ndrawals require a court
The Acknowledgment of Deposit of Funds to Restricted court as documentation that the funds were deposited, within	n 30 days or by	(date).
☐All requests for withdrawal must be in writing by submitting	g a Motion to Withdrav	w Funds (JDF 868).
2.4. I understand that the following reports and/or plans a Initial Guardian's Report/Care Plan - Adult (JDF 850)	are due on	(date).
Conservator's Inventory with Financial Plan with Inventory	and Motion for Appro	<u>val</u> (JDF 882)
3.5. I understand that the following reports are due on thereafter on such day and month, unless I am notified by the	e court:	(date) and every year
Guardian's Report - Minor (IDE 934)		
☐ Guardian's Report - Minor (JDF 834)☐ Guardian's Report - Adult (JDF 850)☐ Conservator's Re	eport (JDF 885)	
☐Guardian's Report - Adult (JDF 850) ☐☐☐Conservator's Re	. , ,	aguired by James
, ,	or conservator, I am <u>r</u>	

	ts must be filed on the most current version of the form and that the form rt website: http://www.courts.state.co.us	s are	Formatted: No underline, Font color: Black
By checking this hox. I am acknow	wledging I am filling in the blanks and not changing anything else on the form.		Formatted: No bullets or numbering
	vledging that I have made a change to the original content of this form.		
-			Formatted: No bullets or numbering
	hat I have read and understand my responsibilities as a newly app	pointed	(• • • • • • • • • • • • • • • • • • •
signature below indicates t irdian and/or conservator.	hat I have read and understand my responsibilities as a newly appear of the second of	pointed	To sum to the second

JDF 800<u>SC</u> R47/46149/18 ACKNOWLEDGMENT OF RESPONSIBLITIES ©2014, 2016 Colorado Judicial Department for use in the Courts of Colorado

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

(printed name)
(signature)

ואוואועו	Court □Denver Probate CourtCounty, Colorado		
ourt Ac			
the In	terest of:		
espon		▲ COURT USE ONLY ▲	
ttorney	or Party Without Attorney (Name and Address):	Case Number:	
hone N	lumber: E-mail:		
AX Nur		Division Courtroom	
	ACCEPTANCE OF OFFICE - GUARDIANSHIPS AND	CONSERVATORSHIPS	
1.	I, (name) accept appointment to, ar discharge the trust of, the office of (check all that apply-). ☐ Guardian. ☐ Emergency guardian. ☐ Temporary guardian. ☐ Conservator. ☐ Special conservator.	d agree to perform the duties and	
2.	I submit personally to the jurisdiction of this court in any proce	eding relating to this matter.	
3.	A legible copy of my driver's license, passport $_{\! \scriptscriptstyle \perp}$ or other governiled as a separate document.	nment-issued identification is filed/e-	
4.	□□ request that the court waive required background i paragraph applies, check all boxes below that apply, and skip □□ a public administrator.	questions 5 through 9-):	
	□ a trust company, bank, credit union, savings and loan, or	other financial institution.	
	□⊟a state or county agency.		
	□ the respondent's parent, and I reside with the respondent		
	□ a person or entity for whom good cause exists to waive good cause: good cause:	such disclosures. State reasons of	
	cause:		
- .			Formatted: Font: (Default) Arial, 8 pt
	ourt may require a nominee to obtain additional backgr ders necessary to assist it in determining the fitness of t		Formatted: Font: (Default) Arial, 8 pt
sough	t. Such information may include requiring a nominee to	obtain fingerprint-based criminal	Formatted: Font: (Default) Arial, 8 pt
	y record checks through the Colorado Bureau of Investic igation at the nominee's expense. (§ 15-14-110(5), C.R.S.)	gation and the Federal Bureau of	Formatted: Font: (Default) Arial, 8 pt
	(3 12 11 11 11 11 11 11 11 11 11 11 11 11	///	Formatted: Font: (Default) Arial, 8 pt
IDE 805	SSC R9/18 ACCEPTANCE OF OFFICE R 12-2015		
	Colorado Judicial Department for use in the Courts of Colorado	Page 1 of 3	

5.	I have have not been convicted of, pled no contest to, or received a deferred sentence for one or more felonies or misdemeanors. If so, describe all: Name of State and Court Issuing Order	
6.	I have have not had a temporary or permanent civil restraining/protection order issued against me. If so, describe all: Name of State and Court Issuing Order	
7.	A civil judgment has has not been entered against me. If so, describe all: Name of State and Court Entering Judgment	
8.	I ☐ have ☐ have not been relieved from one or more court-appointed responsibilities. If so, describe all: Name of State and Court Relieving Nominee	
9.	True_Ceopies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)	
10.	I am am not a "professional" which is defined as: <u>aAn</u> individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the <u>respondent protected person/ward-</u> by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.	
11.	The nominee acknowledges and understands that if the nominee fails to file required reports_or plans with the court or fails to respond to an order of the court to show cause why the nominee should not be held in contempt of court, Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in \$\sec{\sections}\$ sections_15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.	
Note:	Social security numbers should not be attached to or written on this Acceptance of Office.	
☐ By	checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.	Formatted: Font: (Default) Arial, 8 pt
	checking this box, I am acknowledging I all I have made a change to the original content of this form.	Formatted: Font: (Default) Arial, 8 pt
	VERIFICATION AND ACKNOWLEDGMENT	Formatted: Font: (Default) Arial, 8 pt
		Formatted: Font: (Default) Arial, 8 pt Formatted: Font: (Default) Arial, 8 pt
		Formatted: Font: 8 pt
		111.1

the best of my knowledge or belief. I understand that penalties for perjurthe facts stated herein. (§ 15-10-310, C.R.S.)		
Signature of Proposed Guardian/Conservator Date		
The foregoing instrument was acknowledged before me in the County of day of by the Proposed Guard	f, State of Colorado, this dian/Conservator.	
My Commission Expires:Notary	Public/Deputy Clerk	
Signature of Attorney	Date	
	Formatted: Space Before: 0 pt, After: 3", Left	0 pt, Tab stop
VERIFICATION I declare under penalty of perjury under the law of Colorado that the foregoing the state of th	going is true and correct.	
Executed on the day of		
(city or other location, and state OR country) (printed name)		
(signature)		
Notes INSTRUCTIONS:		
To obtain a name-based criminal history check from the Colorac contact CBI_at:_ 690 Kipling Street—_Suite 315, Lakewood, Communication of the colorado.gov/cbi.state.co.us. For online search requests: The cost may be less and response time may be faster than written of the cost may be fast	CO 80215;; (303) 239-4208; or at go to www.cbirecordscheck.com.	
is required.		
To obtain a current credit report, contact any of the following cred a) Equifax Credit Information Services, Inc.; P.O. Box 800-685-1111; or-at www.equifax.com;		
b) Experian: 1-888-397-3742: or at-www.experian.com	m ; or, (no mailing address listed) Formatted: Font: (Default) Arial, 8 pt	
c) TransUnion, Annual Credit Report Request Service	P.O. Box 105281, Atlanta, GA	
30348 _{±7} <u>1</u> -877-322-8228 _{±7} or at <u>www.transunion.com</u>	Formatted: Font: (Default) Arial, 8 pt	
§Section§ 15-14-110, C.R.S., requires that the costs for all cr	riminal history checks and credit Formatted: Font: (Default) Arial, 8 pt	
reports be paid by the proposed guardian/conservator.	Formatted: Font: (Default) Arial, 8 pt	
	Formatted: Font: 8 pt	
JDF 805 <u>SC R9/18</u> ACCEPTANCE OF OFFICE R 12-2015		

□ District Court □ Den	ver Probate Court County, Colorado		
Court Address:	County, Colorado		
In the Interest of:			
Respondent			▲ COURT USE ONLY ▲
Attorney or Party Withou	ut Attorney (Name and Addre	ess):	Case Number:
Phone Number: FAX Number:	, ,		Division Courtroom
	NOTICE OF HEARING	TO INTERESTE	D PERSONS
To aAll interested per A hearing on the petition	sons: n identified below will be held	I at the following da	te, time, and location.
Date:	Time:	Courtroom or	Division:
Address:			
The outcome of this property about the respondent's attend the hearing. The respondent has respondent at sepondent at sepondent at expense. The right to present evide appointed physician, psychherwise participate in reasonably accommodat	ceeding may limit or complet personal affairs or financial court. The petitioner is received the right to be represented by the respondent can expense. The respondent method and subpoena witnesses the learing. The respondent. The ay not be closed if over the respondent if over the respondent if over the respondent.	I affairs or both. To quired to make reason attorney and attorney and afford an attorney request a professes and documents; andividual providing affair may ask that respondent has the respondent object	
		Signature of Per	rson Giving Notice or Attorney
	VER	<u>IFICATION</u>	
declare under penalty of	perjury under the law of Col	orado that the foreg	joing is true and correct.
Executed on the(date)	day of,	<u>.</u>	
at_ city or other location, and	d state OR country)		
printed name)			

	CEI	RTIFICATE OF SERVICE	
certify that on		_ (date) a copy of this Notice along with	the Petition identified above
was served on each of the fo		_ ()	
Name of Person to Whom you are Sending this		Address	Manner e Service*
Document			
nsert one of the following:	Hand Delivery, Fir	rst-Class Mail, Certified Mail, E-Served or F	axed
	, , , , , , , , , , , , , , , , , , ,		
	CE	ERTIFICATE OF SERVICE	
certify that on			e of document) was served
as follows on each of the fol	lowing:		
Name and Ad	ddress	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*
		or Protected Person	
Insert one of the following:	hand delivery f	First of lace mail of ortified mail a convice	a through ICCES, or fox
Insert one of the following:	hand delivery, f₽	First-cClass mail, cCertified mail, e-service	e through ICCES, or fax.
Insert one of the following:	hand delivery, f₽	First-c C lass mail, c C ertified mail, e-service	e through ICCES, or fax.
Insert one of the following:	hand delivery, f	First-cClass mail, cCertified mail, e-service	e-through ICCES, or fax.
Insert one of the following:	hand delivery, f₽	Signature	e through ICCES, or fax.
Insert one of the following:	hand delivery, f 		e through ICCES, or fax.
		Signature <u>VERIFICATION</u>	
		Signature	
declare under penalty of peace.	erjury under the k	Signature <u>VERIFICATION</u>	
declare under penalty of pe	erjury under the k	Signature <u>VERIFICATION</u>	

(printed name)

(signature)

Court Address	County, Colorado					
Court Address:						
In the Interest of:			-			
Respondent:			▲ COURT USE ONL	LY 🛦		
Attorney or Party With	nout Attorney (Name and Ad	dress):	Case Number:			
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:	DESDONDENT (Division Courtroom			
NO	ICE OF HEARING TO	KESPUNDENI (A	ADULI UK MINUK)			
Fo «Doono» dont						
Го <u>r</u> Respondent:						
A hearing on the follow	ing petition will be held at t	he following date, tim	e, and location.			
Date:	Time:	Courtroom o	r Division:			
Address:						
Petition for Appoi	ntment of Guardian	☐Adult ☐Minor				
Petition for Appoi	ntment of Guardian	☐ Adult ☐ Minor ☐ Adult ☐ Minor				
☐ Petition for Appoi	ntment of Guardian ntment of Conservator	□Adult □Minor □Adult □Minor				
Petition for Appoi	ntment of Conservator	☐Adult ☐Minor	ECONDENTS::::			
Petition for Appoi	ntment of Conservator	☐Adult ☐Minor	ESPONDENTS****			
Petition for Appoi	INTERPORTANT NOTICE OF TO THE PROPERTIES THE PROPE	□ Adult □ Minor E TO ADULT R Inpletely take away you must appear in pe	your right to make decisions erson unless excused by the			
Petition for Appoi	MPORTANT NOTICE or occeeding may limit or core financial affairs or both. Y make reasonable efforts to	Adult Minor TO ADULT R Inpletely take away you must appear in penalely be a support of the help you attend the help you atte	your right to make decisions erson unless excused by the	<u>c</u> Court. The		
Petition for Appoi	IPORTANT NOTICE Proceeding may limit or corr financial affairs or both. Y make reasonable efforts to be represented by an attorne appointed for you at State	Adult Minor TO ADULT R Inpletely take away you must appear in pendelp you attend the help you rehoice at you expense. You may remain the help you may remain the help you attend the hel	your right to make decisions erson unless excused by the gearing. our own expense. If you can request a professional evalua-	cCourt. The not afford an ation of your		
Petition for Appoi	MPORTANT NOTICE or occeeding may limit or core or financial affairs or both. Y make reasonable efforts to the represented by an attorne appointed for you at State the right to present evidence	Adult Minor TO ADULT R Inpletely take away you must appear in perhelp you attend the help you renoice at you expense. You may reand subpoena witness	your right to make decisions erson unless excused by the gearing. Dur own expense. If you can request a professional evaluates and documents; examine	not afford an ation of your se witnesses,		
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- This Notice of Hearing to Respondent must be personally served on the Respondent (12 years of age or older), along with a copy of the Petition, at least 14 days prior to the hearing pursuant to § 15-14-113, C.R.S. as well as § 15-14-309(1), C.R.S. or § 15-14-404(1), C.R.S.
- Do not attach copies of the pPetition when filing the Notice of Hearing to Respondent with Personal Service Affidavit with the cCourt.

□District Court □Denv					
Court Address:	County, Colorado				
In the Interest of:					
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Respondent Attorney or Party Without	Attorney (Name and Address):		Case Numb	er:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroom	
AX Number.	PERSONAL SERV	ICE AFFIDA		Courtiooni	
anding the documents to	o a person identified to me as the	respondent ii	i tilis case.		
		Signatur	e of Process	S Server	
		Name (F	rint or type)	of Process Serve	<u>er</u>
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	IOTICE OF HEARING TO RESPONDENT			Page 2 of 2	

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JDF 807SC R47-1829/18 NOTICE OF HEARING TO RESPONDENT © 2012 Colorado Judicial Department for use in the Courts of Colorado

Page 3 of 2

Count Address -:	County, Colorac	do	
Court Address:	•		
In the Interest of:			
			COURT USE ONLY
		Case Nu	
Respondent		Division:	Courtroom:
	ORDER APPOINTING	COURT VISITOR	
On the <u>c</u> ourt's own <u>m</u> Hotic	on, s that this appointment is neces	is appoint	ted as the <u>c</u> Court <u>v</u> ∀
this matter. The <u>c</u> court finds	s that this appointment is neces	sary	
to investigate the 305(1) C.R.S.	e allegations made in the Petiti	on for Appointment of G	Guardian pursuant to §
and/or			
☐to investigate the 14-406(1) C.R.S.	allegations made in the Petition	on for Appointment of a (Conservator pursuant t
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Court A	ddress:	County, Colorado			
In the li	nterest of:				
Respor	ndent		▲ COUR	T USE O	NIY A
Court V	isitor (Name and Ad	dress):	Case Number:		
	Number:	E-mail: Atty. Reg. #:	Division	Courtro	oom
	□GUA	COURT VISITOR'S REF RDIANSHIP □CONSERVATOR		ΞD	
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pplicab	le, please enter N/	Α.			
		(name), su			
	_	ed as the court-appointed visitor in thi oursuant to § 15-14-406, C.R.S.	is 🗕 guardianship pu	rsuant to	5 §_15-14-
J.R.S. (■ conservatorsnip p	ursuant to 9_15-14-406, C.R.S.			
Summar	y:			Yes	No
A	A. A lawyer should	be appointed to represent the responde	ent.		
	_	espondent requested a lawyer.			
_	Other	:			
E	-	tem should be appointed to represent the	ne respondent's	П	
	best interests. Reason:			_	_
C	C. A professional e		•	d 🗖	
		espondent has demanded an evaluation	۱.		
г		: posed guardianship, including the type o	of quardianshin is		
		that less restrictive means of intervention			
		tions on guardian's powers and duties: _			
-	The neminated a	userdies about he associated for the rec	nondent	П	
		uardian should be appointed for the resposed conservatorship, including the typ		_	_
	is appropriate an	d that less restrictive means of intervent	tion are unavailable.		
		tions on conservator's powers and dutie vator should be granted authority:			
G	The nominated c	onservator should be appointed for the	respondent.	_	_
Ó	3. The nominated c	onservator should be appointed for the	respondent.		_

		The respondent needs an interpreter. yes, for what language?	Yes No
	L	ist any interested other persons involved who may need an interpression	eter, and for what language:
	I. S	Significant concern(s):	
I.	Obs	ervations:	
	A.	The activities of daily living (daily functions) that the responder could manage with the assistance of supportive services of appropriate technological assistance; and cannot manage are a	or benefits, including the use of
	В.	The financial functions that the respondent can or cannot effect	ively manage <u>are as follows</u> :
II. I inter (locat under	viewed ion). I p	the respondent, in person, on	extent the respondent was able to
	A.	Other persons present at the interview:	
	В.	Respondent's physical appearance:	
	C.	Respondent was oriented to time and place	□Yes □No

D.	an	er I explained the substance of the petition, the nat d the general powers and duties of a guardian, c se, I asked the following questions and the responde	onservator, or both, as appropriate to this
	1.	Do you understand what I've explained to you? If No , please explain or comment.	☐Yes ☐No ☐Did not respond
	2.	Do you understand the <u>Notice</u> statement of <u>Rright</u> No Did not respond	ts to Respondent (JDF 797)? — Yes
	3.	Do you have a lawyer? If Yes , please provide name:	☐Yes ☐No ☐Did not respond
	4.	Do you want a lawyer to be appointed for you? If Yes , please explain:	☐Yes ☐No ☐Did not respond
	5.	Do you have a doctor? If Yes , please provide name:	☐Yes ☐No ☐Did not respond
		Is your doctor the same doctor who provided the proceedings? Who are the family members or other people who	☐Yes ☐No ☐Did not respond
	••	who are the family members of other people who	are the most response you.
Guardia	nship (Only	
	Do you	need any help with your daily living activities or unctions? in what areas?	☐Yes ☐No ☐Did not respond
2.	If Yes,	who do you think the pProposed guardian is? who do you think the pProposed guardian is? why not? condent provides the wrong name of the proposed proposed guardian).	
3.	Do you	think that he or she should be appointed as your go	uardian? ☐Yes ☐No ☐Did not respond
4.	□Did	o you feel about the proposed guardianship? (Scope not respond sponded as follows:	-
		49/18 VISITOR'S REPORT Judicial Department for use in the Courts of Colorado	Page 3 of 8

onse	rva	atorsh	ip Only	
	1.		u need any help with your finances? y specific areas (check writing, bill paying, etc.)	☐Yes ☐No ☐Did not respond
:	2.	Do you Propos	u know the proposed conservator? sed-conservator is who do you think the proposed conservator is?	☐Yes ☐No ☐Did not respond
		If No respon	 why not?. dent provides the wrong name of the proposed 	
;	3.		sed conservator). u think that he or she should be appointed as	
		•	onservator?	☐Yes ☐No ☐Did not respond
	4.	How do	onservator? o you feel about the proposed conservatorship? not respond sponded as follows:	(Scope, powers, duties, and duration.)
		How do	o you feel about the proposed conservatorship?	(Scope, powers, duties, and duration.)
, 1		How do	o you feel about the proposed conservatorship? not respond sponded as follows:	(Scope, powers, duties, and duration.)
. 1	Int	How do	o you feel about the proposed conservatorship? not respond sponded as follows: v of Person Nominated as Guardian:	(Scope, powers, duties, and duration.)
. 1	Int A.	How do	o you feel about the proposed conservatorship? not respond sponded as follows: v of Person Nominated as Guardian: ate and place of interview:	(Scope, powers, duties, and duration.)
. 1	Int A.	How do	o you feel about the proposed conservatorship? not respond sponded as follows: v of Person Nominated as Guardian: ate and place of interview: erson seeking appointment was asked and respon	(Scope, powers, duties, and duration.)
. 1	Int A.	How do	o you feel about the proposed conservatorship? not respond sponded as follows: v of Person Nominated as Guardian: ate and place of interview: erson seeking appointment was asked and respon Name and address:	(Scope, powers, duties, and duration.)

		5.	Where has the respondent resided during the last 3three-months?
			a. Who, if anyone, has been caring for the respondent during this period?
			b. What type of care has been provided? □None □In-home care □Assisted living □Hospital or nursing home
			c. What type of care will be provided if you are appointed as guardian? □ None □ In-home care □ Assisted living □ Hospital or nursing home
		6.	What changes in residence are contemplated? ☐None ☐ Private home ☐ Other facility. Please provide name and address:
		7.	What are your qualifications to be guardian for respondent?
IV.	Interv	/iew	of Person Nominated as Conservator:
	A.	Dat	e and place of interview:
	В.	Per	son seeking appointment was asked and responded as follows:
		1.	Name and address:
		2.	Relationship (including non-family) to respondent:
		3.	Occupation:
JDF 810		2/164	Why was this petition initiated? 2/18 VISITOR'S REPORT Page 5 of 8 dicial Department for use in the Courts of Colorado

	5.	Where has the respondent resided during the last 3three-months?
	6.	Who, if anyone, has been handling the respondent's financial affairs during this period?
	7.	Does the respondent owe you (conservator nominee) any money or property? \(\bar{\textsf{Ves}} \) Yes \(\bar{\textsf{If Yes}} \), please explain.
	8.	Do you (conservator nominee) owe the respondent any money or property? Yes N If Yes, please explain.
Inte		What are your qualifications to be conservator for respondent? of Petitioner, if Different than the Nominated Guardian or Conservator
Inte A. B.	rview Na	What are your qualifications to be conservator for respondent? of Petitioner, if Different than the Nominated Guardian or Conservator me of person: te and place of interview:
A.	rview Na Da —	of Petitioner, if Different than the Nominated Guardian or Conservator me of person: te and place of interview: titioner was asked and responded as follows:
A. B.	rview Na Da	of Petitioner, if Different than the Nominated Guardian or Conservator me of person: te and place of interview: titioner was asked and responded as follows: Occupation:
A. B.	Pet 1. 2.	of Petitioner, if Different than the Nominated Guardian or Conservator me of person: te and place of interview: titioner was asked and responded as follows: Occupation: Have there been any significant changes since you filed the petition?
A. B.	Na Da Pet 1. 2.	r of Petitioner, if Different than the Nominated Guardian or Conservator me of person: te and place of interview: titioner was asked and responded as follows: Occupation: Have there been any significant changes since you filed the petition? Comments:
A. B. C.	rview Na Da Pei 1. 2.	of Petitioner, if Different than the Nominated Guardian or Conservator me of person: te and place of interview: titioner was asked and responded as follows: Occupation: Have there been any significant changes since you filed the petition? Comments: of Other Interested Persons:

		1. Address:	
		2. Occupation:	
		3. Should a guardian or conservator be appointed? ☐Yes ☐No	
		Comments:	
		Comments.	
Note:		This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.	
/II.	Repo	ort on Condition of Respondent's Current Residence:	
	A.	Date visited:/	
	В.	Address:	
	C.	Type of dwelling:	
	D.	Condition:	
		1. Lawn and landscaping:	
		2. Exterior:	
		3. Interior:	
		a. Utilities working Yes No Additional comments	
		b. Clean Yes No Additional comments	
		c. Fire hazards	
		d. Appropriate accessibility aYes No Additional comments	
		e. Other issues or concerns (explain)	
			Formatted: Indent: Left: 1.5", No bullets or numb
	E.	I believe the respondent's current dwelling meets his or her needs.	, , , , , , , , , , , , , , , , , , , ,
VIII.		ort on Condition of Respondent's Proposed Residence, if a change is emplated:	
	A.	Date visited:/	
	В.	Address:	
	C.	Type of dwelling:	

	2. Exterior:	
	3. Interior:	
	a. Utilities working ☐Yes ☐No Additional comments	
	b. Clean Yes No Additional comments	
	c. Fire hazards Yes No Additional comments	Formatted: No underline
	d. Appropriate accessibility Yes No Additional comments	Formatted: No underline
	e. Other issues or concerns (explain)	
	d. Appropriate accessibility	
	e. Other issues or concerns (explain)	Formatted: Indent: Left: 0.75", First line: 0
=	Other (explain)	
E.	I believe the respondent's proposed dwelling meets his or her needs.	
Pleas	e identify the sources of the information:	
Α.	Physicians and psychiatrists:	
	Comments:	
В.	Psychologists and psychotherapists:	
	Comments:	
C.	Nurses and nurse aids:	
	Comments:	
	Other compensated health care providers:	
D.	Comments:	
D.		
D. E.	Family members, relatives, and friends:	
	Family members, relatives, and friends: Comments:	
E.	Comments:	
E.	Comments: Others:	

Date:	Signature of Court Visitor		
	VERIFICATION		
declare under penalty of perjury unde	r the law of Colorado that the foregoing is true	e and correct.	
Executed on theday of(date)(month)	(year)		
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city or other location, and state OR co	untry)		
printed name)			
signature)	•		
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County, Colora Court Address:	do I
In the Interest of:	
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Ward/Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Nam	ne and Address): Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. 7	#: Division Courtroom
, ,	MENT OF GUARDIAN AND/OR CONSERVATOR
Check the boxes that apply:	ears of age or older. (§§_15-14-311, C.R.S. and §15-14-409, C.R.S.)
☐The ccourt appointed a gcuardia in the attached order.	n for the above named $\underline{\mathbf{w}}$ ard. Details of the appointment are includ
☐The ccourt appointed a ccons	ervator for the above named pP rotected pP erson. Details of t
appointment are included in the attac	hed order.
You <u>may</u> have the right to request termina	ation or modification of the gGuardianship_and/or cGonservatorship.
By checking this box, I am acknowledging	ation or modification of the gGuardianship_and/or gGonservatorship. I am filling in the blanks and not changing anything else on the form. that I have made a change to the original content of this form.
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Name of Person to Whom you are Sending this		Address	Manne of Service
Joodin Cit	Ward/Protected Person		OCIVIO
Insert one of the following:	Hand Delivery, First	-Class Mail, Certified Mail, E-Served or I	Faxed.
	050		
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as follows on each of the fol	(date),	a copy of this(name	
	(date),	a copy of this (nam	ne of document) was serv Manner of Service*
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Name and A	(date), Illowing: ddress	a copy of this(name	Manner of Service*
Name and A	(date), Illowing: ddress	Relationship to {Decedent, /Ward, or /Protected Person}	Manner of Service*
Name and A	(date), Illowing: ddress	Relationship to (Decedent, /Ward, or /Protected Person) st-cClass mail, cCertified mail, e-service	Manner of Service*
Name and A	(date), Illowing: ddress	Relationship to {Decedent, /Ward, or /Protected Person}	Manner of Service*
Name and A	(date), Illowing: ddress	Relationship to (Decedent, /Ward, or /Protected Person) st-cClass mail, cCertified mail, e-service	Manner of Service*
Name and A	(date), Illowing: ddress	Relationship to {Decedent, /Ward, or /Protected Person} st-cClass mail, cCertified mail, e-servic Signature	Manner of Service*
Name and A	(date), Illowing: ddress	Relationship to (Decedent, /Ward, or /Protected Person) st-cClass mail, cCertified mail, e-service	Manner of Service*
Name and Advisor on each of the following:	(date),	Relationship to {Decedent, /Ward, or /Protected Person} st-cClass mail, cCertified mail, e-servic Signature	e-through ICCES, or fax.
Name and Advisor on each of the following: *Insert one of the following: declare under penalty of	(date),	Relationship to {Decedent, /Ward, or /Protected Person} St-cClass mail, cCertified mail, e-service Signature	Manner of Service* ee through ICCES, or fax.
Name and Advisor on each of the following: *Insert one of the following: declare under penalty of percentage of the following:	hand delivery, fFirs	Relationship to {Decedent, /Ward, or /Protected Person} st-cClass mail, cCertified mail, e-servic Signature VERIFICATION of Colorado that the foregoing is true	Manner of Service* ee through ICCES, or fax.

(printed name)

(signature)

Note:

• A copy of this Notice must be promptly filed with the Court. Do not attach copies of the Order Appointing Guardian or Order Appointing Conservator when filing this Notice with the Court.

Court Address:				
In the Interests of:				
Minor			▲ co	URT USE ONLY
Attorney or Party Without	Attorney (Name a	and Address):	Case Numb	er:
Phone Number:	E-mai	***	B	0 1
FAX Number:		Reg. #: E OF APPOINTME	Division	
		MINOR PURSUAN		
			_	
,	(na	me of gG uardian), a	ccept the appointm	nent of gG uardian fo
above named unmarried m				
above named annamed <u>in</u>	will of wild is	years or age and	DOIN ON	
I Information about the	Annointed aG	uardian		
I. Information about the				
Name:		Relations	ship to Minor:	
Street_Address:				
City:	State:	Zip Code:		
Mailing Address:				
City:	State:	Zip Code:		
PrimaryHome_Phone			none#:	
Email Address:				
2. The appointment was			riting by	
<u>m</u> Minor's parent) on		(date):		
Appointment by wWill	:			
Certified copy of will	is attached.			
or				
Filed in this Court o	n	(date) in	the following case r	iumber:
Filed in	(C	ounty) in	(Stat	e) in the following
number:				e, in the following
Annaintment buckt				
Appointment by othe Original signed writi	•		nt or quardian	
	ny is allactied all	a is signed by the parer	it or guarulari.	

 The parents of the m₩inor are 	and	
both parents are deceased.		<u> </u>
	was the last parent to die and at that	time was a
	(name of County <u>and</u> / State).	
	· · · · · · · · · · · · · · · · · · ·	
(name) survives, but has been adjudicate	is deceased anded incapacitated and order is attached.	<u> </u>
both parents are alive and have been	adjudicated incapacitated. Attach orders adjudicating inc	capacity.
I. No other gGuardian for the mMinor has	been appointed.	
instituted by any interested person. No	this \underline{c} Court in any proceeding relating to this guardianship tice of any such proceeding may be mailed to me by order address as I may later report to the \underline{c} Court.	
		Formatted: No bullets or numbering
	m filling in the blanks and not changing anything else on the format I have made a change to the original content of this form.	<u>m.</u>
	VERIFICATION	
declare under penalty of perjury under the l	law of Colorado that the foregoing is true and correct.	
city or other location, and state OR country) printed name)		
signature)		
/ERIFICATION AND ACKNOWLED	GMENT	
	y of perjury, that I have read the foregoing Affidavit of Addian for Minor Pursuant to §15-14-202, C.R.S. and that the est of my knowledge and belief.	
	Signature of Guardian	Date
The foregoing instrument was subscribed ar State of Colorado, thisday of	nd affirmed, or sworn before me in the County of	
State of Colorado, thisday of		

Signature of Attorney		Notary Public/Deputy Clerk	
Certificate of Service			
certify that on	(dat	te) a copy of this Affidavit was served	on each of the following:
Name of Person You are Sending this Document To (Interested Persons)	Relationship to Minor	Address	Manner ef Service
Insert hand delivery, first class U	S. Mail, certified U.	S. Mail, E-filed, or Fax.	
)ate:		Signature of Person	on Certifying Service
		€	
and the trans		RTIFICATE OF SERVICE	
certify that on as follows on each of the follows		, a copy of this (na	ame of document) was serve
Name and Add	dress	Relationship to (Decedent, /Ward or /Protected Person)	Manner of Service*
Insert one of the following: h	and delivery f	 irst-c C lass mail, c C ertified mail, e-serv	vice through ICCES or fax
moore one or the following.	iana aonvory, n	not octavo man, oconinca man, o oci	vioo unough 100E0, or tax.
		Signature of Person	on Certifying Service
		VERIFICATION	
dealara undar nanaltu of nar	ium under the le	w of Colorado that the foregoing is tru	in and correct
		W or colorado that the foregoing is tru	le and correct.
Executed on the day (date) (r		. <u>ar)</u>	
at			
city or other location, and sta	te OR country)		

(printed name)

(signature)

Formatted: Normal

Note:

- Notice of this Affidavit of Acceptance of Appointment must be given to the appointing parent or g⊆uardian, if livingi, the mMinor, if he_or_/she is 12 years of age or older in and a person other than the parent or g⊆uardian having care and custody of the mMinor.
- Any person receiving this aAffidavit may cause this appointment to terminate by filing a written objection to this appointment within 35 days after receipt of the aAffidavit. However, filing of an objection will not preclude the appointment of this or another suitable guardian by the court in a proper proceeding.
- The minor, if 12 years of age or older, can consent or refuse to consent to the appointment of the gGuardian within 35 days after receipt of the aAffidavit. The Verified Consent of Minor (JDF 826) must be filled with the gGourt.

JDF 821SC R4/149/18 AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT AS GUARDIAN FOR MINOR —© 2012, 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado Page 4 of 2

	er Probate Court County, Colorado		
Court Address:			
In the Interests of:			
Minor		▲ co	OURT USE ONLY
Attorney or Party Withou	t Attorney (Name and Address):	Case Numb	oer:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	I FOR CONFIRMATION OF AF PURSUANT TO § 15-14-		GUARDIAN
,_ appointment as g⊖uardiar	(name of appointed Guardinal and state the following:	an), hereby petition	the <u>c</u> Court to confirm
	ceptance of Appointment was filed with etition is filed within 30 calendar days from		
	2 years of age or older, ☐has or e Verified Consent of Minor (JDF 826)		
3. The aAppointed g	Guardian believes that the confirmation	on is in the best interes	t of the <u>m</u> ⊮inor.
persons (all appliced Appointing pare	If the Affidavit of Acceptance of Appoint the Affidavit of Acceptance of Appoint the Market of Appoint or guardian, if living.	, ,	been given to the follow
	whom the <mark>m</mark> ₩inor is currently residing nad care and custody of the <u>m</u> ₩inor ir		
_	indicate and carried of the miner in	act oc aayo.	
☐The <u>m</u> Minor, if	12 years of age or older.		
	12 years of age or older. n acknowledging I am filling in the blanks	and not changing anythin	g else on the form.
By checking this box, I ar	, ,		
By checking this box, I ar	n acknowledging I am filling in the blanks on acknowledging that I have made a chan	ge to the original content	of this form.
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By checking this box, I ar By checking this box, I ar Date:	n acknowledging I am filling in the blanks on acknowledging that I have made a chan	Signature of Petition Signature of Attorney	of this form.
By checking this box, I and By checking this box, I and Date: Date:	n acknowledging I am filling in the blanks and a change a	Signature of Attorney N	of this form. er / for Petitioner
By checking this box, I ar By checking this box, I ar Date: Date: declare under penalty of Executed on the	n acknowledging I am filling in the blanks in acknowledging that I have made a chan very ma	Signature of Attorney N	of this form. er / for Petitioner
By checking this box, I are By checking this box, I are Date: Date: declare under penalty of	n acknowledging I am filling in the blanks in acknowledging that I have made a chan very ma	Signature of Attorney N	of this form. er / for Petitioner

<u>printed name)</u>			
signature)			
<u>orginataroj</u>	C	ertificate of Service	
certify that on	(date) a	copy of this Petition was served on ea	ach of the following:
Name of Person You are Sending this Document To (Interested Persons)	Relationship to Minor	Address	Mani of Serv
Insert hand delivery, first class U.			
, and a second s		Signature of Person	on Certifying Service
certify that on s follows on each of the follows	(date)		ame of document) was se
Name and Add	ress	Relationship to (Decedent, /Ward or /Protected Person)	Manner of Service*
nsert one of the following: h	and delivery, f ∈ i	rst-cClass mail, cCertified mail, e-serv	vice through ICCES, or fax
		Signature	
		VERIFICATION	
executed on the day (w of Colorado that the foregoing is tru	e and correct.
t city or other location, and star			

<u></u>	Court Address:	• •			
U	ouit Addiess.				
In	the Interest of:				
				A	
	inor				URT USE ONLY
At	torney or Party Without A	Attorney (Name a	nd Address):	Case Numb	er:
DŁ	none Number:	E-mail:			
	AX Number:	Atty. Reg. #:		Division	Courtroom
	PETITI	ON FOR APP	OINTMENT OF GUA	ARDIAN FOR	MINOR
1.	The p₽etitioner is:				
	☐a person interested in	n the welfare of th	e <u>m</u> ₩inor.		
	or		_		
	☐the mMinor and is 12	years of age or o	older.		
	This is a petition for	appointment of a	a(n):		
			pire on the Minor's 18 th birth	day, unless otherwis	e ordered by the court.)
	☐Temporary Guardian	(not to exceed 68	six months). (§_15-14-20)4(4), C.R.S.)	
	■Emergency Guardian	n (not to exceed 6)	0 days). (§_15-14-204(5), C.R.S.)	
	■Emergency Guardian	n (not to exceed 6	0 days). (§_15-14-204(5), C.R.S.)	
•			0 days). (§_15-14-204(5), C.R.S.)	
2.	Information about the	<mark>p</mark> Petitioner:			
2.		<mark>p</mark> Petitioner:			ormerly known as, o
2.	Information about the Name:	pPetitioner:	t all names used (als		ormerly known as, o
2.	Information about the Name:	Petitioner:	t all names used (als		ormerly known as, o
2.	Information about the Name: Relationship to mMinor: Street Address:	Petitioner:	t all names used (als	so known as, fo	ormerly known as, o
2.	Information about the Name: Relationship to mMinor: Street Address: City:	pPetitioner: List State:	t all names used (als	so known as, fo	ormerly known as, o
2.	Information about the Name: Relationship to mMinor: Street Address: City: Mailing Address, if differ	Petitioner: List State:	t all names used (als	so known as, fo	ormerly known as, o
2.	Information about the Name:	State: State:	Zip Code:	so known as, fo	
2.	Information about the Name:	State: State:	Zip Code: Zip Code: Alternate Phone :	so known as, fo	
2.	Information about the Name:	State: State:	Zip Code: Zip Code: Alternate Phone :	so known as, fo	
2.	Information about the Name:	State: State:	Zip Code: Zip Code: Alternate Phone :	work Phone	#:
2.	Information about the Name: Relationship to mMinor: Street Address: City: Mailing Address, if differ City: Home Primary Phone #: Email Address:	State: State:	Zip Code: Zip Code: Alternate Phone :	work Phone	#:
	Information about the Name: Relationship to mMinor: Street Address: City: Mailing Address, if differ City: Home Primary Phone #: Email Address:	State: State: state: on interpreter?	Zip Code: Zip Code: Alternate Phone :	work Phone	#:
	Information about the Name: Relationship to mMinor: Street Address: City: Mailing Address, if differ City: Home Primary Phone #: Email Address: Does Petitioner need an	State: State: state: minimum.	Zip Code: Zip Code: Alternate Phone : No Yes (Language	Work Phone	#:)
	Information about the Name: Relationship to mMinor: Street Address: City: Mailing Address, if differ City: Home Primary Phone #: Email Address: Does Petitioner need an	State: State: state: mMinor:	Zip Code: Zip Code: Alternate Phone : No Yes (Language	Work Phone	#:)
	Information about the Name:	State: State: state: minterpreter?:	Zip Code: Zip Code: Alternate Phone : No Yes (Language	Work Phone:	#:)
	Information about the Name:	State: State: State: mMinor:	Zip Code: Zip Code: Alternate Phone : Current age	Work Phone:	#:)
	Information about the Name:	State: State: Tent: State: In interpreter?: State: State: State: State: State: State:	Zip Code: Zip Code: Alternate Phone : Current age Zip Code:	Work Phone:	#:)

	Does the <u>m</u> Minor need a	an interpreter?÷ 🗖 N	lo 🗖 Yes (La	anguage:			
4.	Information about the	parents:					
	Parent's Name:			Deceas	sed U Unknov	wn (attach Birth C	ertif
	Street Address:						
	City: Sta	ate: Zip C	Code:				
	Mailing Address, if differ	ent:					
	City:	State:	Zip Code:		lome Phone #	·	
	Primary Phone :	Alterna	ite Phone :				
	Primary phone:	Alternate Ph	one:				
	Email Address:				Vork Phone #:		
	Does this person need a						
				_	_		
	Parent's Name:			Deceas	sed U Unknov	vn (attach Birth C	ertif
	Street Address:						
	City: State:		Zip Code:				
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5.	City: State: Mailing Address, if differ City: Primary Phone: Email Address: Does this person need a The parent or gGuardia	State:Alterna an interpreter?÷ □N an □has nominate	Zip Code: tte Phone:	↓ ↓ anguage:	Home Phone #		
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	City: State: Mailing Address, if differ City: Primary Phone: Email Address: Does this person need a The parent or gGuardia (Attach copy of document, Venue for this proceedir	State: Alterna an interpreter?: Alterna an interpreter?: N an has nominate if applicable.) ng is proper in this co	Zip Code: te Phone: O Yes (La d has not repunty because	anguage:	Home Phone #		
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	☐parents are unwilling or unable to exercise their parental rights. (Briefly explain.)
	□ guardianship has previously been granted to a third party who has died or become incapacitated and geuardian has not appointed a successor geuardian by will or written instrument. (Describe and attach order or any relevant documents.)
9.	□Petitioner is 21 years of age or older, nominates himself or Aherself and requests to be appointed general and requests to be appointed or or □Petitioner nominates the following person, who is 21 years of age or older, to be appointed as general (§15-14-206, C.R.S.)
	Name: List all names used (also known as, formerly
	etc.): Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code: Home Phone #:
	Primary phone: Email Address: Alternate phone: Work Phone #:
	Email Address:
	Does this person need an interpreter structure (Language
10.	☐The mHinor, who is 12 years of age or older, has nominated a gGuardian. (Attach Consent or Nomina Minor - JDF 826).
11.	□It is necessary to appoint a themporary general immediate need exists and the appointment of a thempolary general is in the best interest of the mMinor. (§15-14-204(4), C.R.S.)
	(Describe the immediate need.)
	(======================================

-					
bBecause of the likelihoo	d of substantia	al harm to the mMinor	(may not exceed 60 days) for 's health or safety, an emergency nces. (§_15-14-204(5) C.R.S.)	the mMinor _x - exists and no	
(Describe the nature of the	emergency.)				
-					
				▼ Formatted:	ine spacing: 1.5 lines
				roi matteu:	ine spacing. 1.5 lines
The following person had this petition:	the primary ca	are and custody of the	e <u>m</u> Hinor during the 60 days prior	to the filing of	
Name:		Relationship to	Minor:		
Street Address:					
City: State:					
Mailing Address, if differe	nt:				
City:	State:	Zip Code:	Home Phone #:		
Primary Phone :	Alt	ernate Phone :			
Primary phone:		Alternate	phone:		
Email Address:			Work Phone #:		
Dates of Care:					
Does this person need ar	interpreter?	□No □Yes (Lanc	juage:)	
Dood and porcon nood a	o.p.oto	(_ag		/	
 The parents are both found: 	deceased. The	e following person is	the adult relative nearest in kinsh	p that can be	
Name:		Relatio	nship to Minor:		
Street Address:					
	ə:	Zip Code:			
City: State					
	nt:				
Mailing Address, if differe			Home Phone #:		
Mailing Address, if differe	State:	Zip Code:	Home Phone #:e phone:		
Mailing Address, if differe	State:	Zip Code:Alternate	e phone:		

Name:	Relationship to Mind	or:
Street Address:		
	Zip Code:	
	nt:	
	State: Zip Code: Hon	ne Phone #:
	Alternate Phone :	
Primary phone:	Work phone :	
Email Address:	work terpreter?÷ □No □Yes (Language:	Phone #:
☐The basis of compensa	tion has not yet been determined.	
* There is a continuing obligati	tion has not yet been determined. on to disclose any material changes to the basis	s for charging fees.(§ 15-10-602
* There is a continuing obligati	on to disclose any material changes to the basis	s for charging fees.(§ 15-10-602
* There is a continuing obligation C.R.S.) 17. The gGuardian may composite to be including the rates and be including the rates and be including the rates.	on to disclose any material changes to the basis	uant to a published fee sched ervices, and any other bases up
* There is a continuing obligation C.R.S.) 17. The gGuardian may composite to be including the rates and be including the rates and be including the rates.	on to disclose any material changes to the basis ensate his, her, or its counsel. e charged, any amounts to be charged purs asis for charging fees for any extraordinary se	uant to a published fee sched ervices, and any other bases up
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* There is a continuing obligation C.R.S.) 17. The general uardian may composite including the rates and be which a fee charged to the term of the basis of compensa in the including obligation of the including the rates and be which a fee charged to the term of the including the rates and be which a fee charged to the term of the including the including obligation of the including obligation obligation of the including obligation obligation obligation obligation of the including obligation	on to disclose any material changes to the basis ensate his, her, or its counsel. e charged, any amounts to be charged pursuasis for charging fees for any extraordinary see estate will be calculated, are as stated below the control of the contro	uant to a published fee schedervices, and any other bases upor in an attachment to this petiti
* There is a continuing obligation C.R.S.) 17. The gGuardian may composite including the rates and by which a fee charged to the temperature of t	on to disclose any material changes to the basis ensate his, her, or its counsel. e charged, any amounts to be charged pursuasis for charging fees for any extraordinary see estate will be calculated, are as stated below the country of the countr	uant to a published fee schedervices, and any other bases upor in an attachment to this petit

18	The	m M inor's	assets	are:
10.	1110	IIII IVI IIIUI 3	assets	aı c.

Description of Assets (e.g. bank accounts, property) ☐None	Estimated Value
	\$
	\$
Total	\$

19. The <u>m</u>₩inor's income is:

Description of Income (e.g. social security, insurance) None	Estimated Amount of Income
	\$
	\$
Total	\$

☐In addition, pPetitioner requests the follow	wing:
☐ By checking this box. I am acknowledging	I am filling in the blanks and not changing anything else o
form.	nat I have made a change to the original content of this form.
l (Petitioner) verify that the facts set forth in this	N AND ACKNOWLEDGMENT S document are true as far as I know or am informed. I understance of the facts stated herein (815-10-310, C.R.S.)
I (Petitioner) verify that the facts set forth in this	Signature of Petitioner The foregoing instrument was acknowledged before
I (Petitioner) verify that the facts set forth in this	s document are true as far as I know or am informed. I under cation of the facts stated herein. (§15-10-310, C.R.S.) Signature of Petitioner
I (Petitioner) verify that the facts set forth in this	Signature of Petitioner The foregoing instrument was acknowledged before in the County of
I (Petitioner) verify that the facts set forth in this	Signature of Petitioner The foregoing instrument was acknowledged before in the Country of, State of Colouthis, by the Petitioner, by the Petition, by the Petition, by the Petition of, by the Petition, by the Petition, by the Petition of the Country of, by the Petition, by the Petition, by the Petition of the Country of, by the Petition, by the Petition

JDF 824SC R12/149/18 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR © 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

(year)

Executed on the day of (date) (month)

Page 6 of 7

at (city or other location, and state OR country (printed name)					
(printed name)	city o	other loca	tion, and	d state O	R country
(printed name)					
	(printe	d name)			
	(signa	ure)			

JDF 824SC R12/149/18 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR © 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

Page 7 of 7

Court Address:			
In the Interest of:			
Minor		▲ cour	T USE ONLY
Attorney or Party Without Attorney (Name and Add	dress):	Case Number:	
	,		
Phone Number: E-mail:			
FAX Number: Atty. Reg. #.:		Division	Courtroom
CONSE	NT OF PARENT		
(na	ameparent), am the pare	nt of the above	named minor.
consent to the appointment of			(name) as g⊖uardian.
consent to the appointment of			(name) as genardian.
$oldsymbol{\square}$ I consent to a $oldsymbol{g}$ uardianship with the following re	estrictions:		
VEDIEICATION A			
VENITOR FOR A	ND ACKNOWLEDO	MENT	
(Parent) verify that the facts set forth in this docu	ment are true as far as	I know or am	
(Parent) verify that the facts set forth in this docu	ment are true as far as	I know or am	
(Parent) verify that the facts set forth in this docu	ment are true as far as	I know or am	
(Parent) verify that the facts set forth in this docu	ment are true as far as	I know or amein. (§ 15-10-3	
(Parent) verify that the facts set forth in this docu	ment are true as far as in of the facts stated her	I know or amein. (§ 15-10-3	10, C.R.S.)
(Parent) verify that the facts set forth in this docu	ment are true as far as on of the facts stated her Signature of Parer Address	I know or amein. (§ 15-10-3	Date
(Parent) verify that the facts set forth in this docu	ment are true as far as in of the facts stated her Signature of Parer	I know or amein. (§ 15-10-3	10, C.R.S.)
(Parent) verify that the facts set forth in this docu	ment are true as far as on of the facts stated her Signature of Parer Address	I know or amein. (§ 15-10-3	Date
(Parent) verify that the facts set forth in this docu	Signature of Parer Address City Daytime Phone Nu	I know or amein. (§ 15-10-3 It State Imber rument was ac	Date Zip Code
(Parent) verify that the facts set forth in this docu	Signature of Parer Address City Daytime Phone Nu	I know or amein. (§ 15-10-3 It State Imber rument was ac	Date Zip Code
(Parent) verify that the facts set forth in this docunat penalties for perjury follow deliberate falsification	Signature of Parer Address City Daytime Phone Nu The foregoing inst in the County of thisday of	I know or amein. (§ 15-10-3	Zip Code Zip Code knowledged before m, State of Colorado 0, by the Parent.
(Parent) verify that the facts set forth in this docu	Signature of Parer Address City Daytime Phone Nu	I know or amein. (§ 15-10-3	Zip Code Zip Code knowledged before m, State of Colorado 0, by the Parent.

VERIFICATION

(month)	(year)			
nd state OR cou	ntry)			
	nd state OR cou	nd state OR country)	nd state OR country)	nd state OR country)

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:		
Minor	▲ c	OURT USE ONLY
Attorney or Party Without Attorney (Name and Addre	ss): Case Num	ber:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division	Courtroom
	MINATION OF MINOR	Courticom
☐Consent to the appointment of	(na	ame) as my <mark>g⊊</mark> uardian.
☐Consent to the appointment of	(na	ame) as my g⊖uardian.
☐ Do not consent to the appointment ofg Guardian.		(name) as m
□Nominate	(name), who is 21 y	years of age or older, as m
□g⊕uardian □c⊕onservator. (Optional)		
VERIFICATION AN	D ACKNOWLEDGMENT	
(Minor) verify that the facts set forth in this document tenalties for perjury follow deliberate falsification of the		
	(6	-, ,
	Signature of Minor	Date
	 The foregoing instrument w	as acknowledged before me
	in the County of thisday of	, State of Colorado , 20, by the Minor.
	My Commission Expires:	
	Notary Public/Deputy Clerk	

VERIFICATION

Executed of	on the	day of			
	<u>(date)</u>	(month)	(year)		
at					
(city or oth	er location, an	nd state OR co	ountry)		
(printed na	\		_		

Court Address: In the Interest of: A COURT USE ONLY A Case Number: Minor ORDER APPOINTING GUARDIAN FOR MINOR Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on	Dis	rict Court Denver Probate Court	
Minor ORDER APPOINTING GUARDIAN FOR MINOR Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on(date), The cCourt has considered any expressed wishes of the minor concerning the selection of the guardian. The guardian soft the nominee. The gCourt has considered any expressed wishes of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee. The gCourt finds, determines and orders: 1. Venue is proper and required notices have been given or waived. 2. The minor was born on	Court		
Minor ORDER APPOINTING GUARDIAN FOR MINOR Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on(date), The cCourt has considered any expressed wishes of the minor concerning the selection of the guardian. The guardian soft the nominee. The gCourt has considered any expressed wishes of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee. The gCourt finds, determines and orders: 1. Venue is proper and required notices have been given or waived. 2. The minor was born on			
Minor ORDER APPOINTING GUARDIAN FOR MINOR Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on(date), The gCourt has considered any expressed wishes of the minor concerning the selection of the guardian. The gCourt has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee. The gCourt finds, determines and orders: 1. Venue is proper and required notices have been given or waived. 2. The minor was born on	In the	Interest of:	_
ORDER APPOINTING GUARDIAN FOR MINOR Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on(date), The gCourt has considered any expressed wishes of the minor concerning the selection of the guardian. The gCourt has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee. 1. Venue is proper and required notices have been given or waived. 2. The minor was born on			-
ORDER APPOINTING GUARDIAN FOR MINOR Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on(date), The court has considered any expressed wishes of the minor concerning the selection of the guardian. The guardian so the nominee. The court finds, determines and orders: 1. Venue is proper and required notices have been given or waived. 2. The minor was born on			Case Number.
ORDER APPOINTING GUARDIAN FOR MINOR Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on(date), The court has considered any expressed wishes of the minor concerning the selection of the guardian. The guardian so the nominee. The court finds, determines and orders: 1. Venue is proper and required notices have been given or waived. 2. The minor was born on			
Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on(date), The court has considered any expressed wishes of the minor concerning the selection of the guardian. The court has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee. The court finds, determines and orders: 1. Venue is proper and required notices have been given or waived. 2. The minor was born on	Minor		1
		ORDER APPOINTING GUARDIAN	FOR MINOR
Court has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee. The court finds, determines and orders: 1. Venue is proper and required notices have been given or waived. 2. The minor was born on	-		above minor and hearing on
1. Venue is proper and required notices have been given or waived. 2. The minor was born on	cCourt	has considered the powers and duties of the guardian, the scop	
2. The minor was born on	The <u>c</u> (ourt finds, determines and orders:	
 An interested person seeks appointment of a guardian. The minor's best interest will be served by the appointment of a guardian. The minor's parent(s) consent to the appointment of a guardian. The minor's parents' parental rights have been terminated by prior court order. The minor's parents are deceased. The minor's parents are unwilling or unable to exercise their parental rights. Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by wwwill or written instrument. The court appoints the following person as guardian for the minor: Name:	1.	Venue is proper and required notices have been given or waive	ved.
4. The minor's best interest will be served by the appointment of a guardian. 5. The minor's parent(s) consent to the appointment of a guardian. The minor's parents' parental rights have been terminated by prior court order. The minor's parents are deceased. The minor's parents are unwilling or unable to exercise their parental rights. Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by WAIII or written instrument. 6. The Court appoints the following person as guardian for the minor: Name: Street aAddress: City: State: Zip Code: Email Address, if different: City: State: Zip Code: Email Address Alternate Phone #: Email Address; 7. The guardian must shall promptly notify the Court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorac without a Court order.	2.	The minor was born on (date).	
5. The minor's parent(s) consent to the appointment of a guardian. The minor's parents' parental rights have been terminated by prior court order. The minor's parents are deceased. The minor's parents are unwilling or unable to exercise their parental rights. Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument. 6. The court appoints the following person as guardian for the minor: Name: Street anddress: City: State: Zip Code: Email Address, if different: City: State: Zip Code: Email Address Alternate Phone #: Email Address: 7. The guardian must shall—promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorac without a court order.	3.	An interested person seeks appointment of a guardian.	
The minor's parents' parental rights have been terminated by prior court order. The minor's parents are deceased. The minor's parents are unwilling or unable to exercise their parental rights. Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by wwill or written instrument. 6. The court appoints the following person as guardian for the minor: Name: Street aAddress: City: State: Zip Code: Email Address, if different: City: State: Zip Code: Email AddressPrimary Phone: Email Address: 7. The guardian must shall promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorad without a court order.	4.	The minor's best interest will be served by the appointment of	a guardian.
□ The minor's parents are deceased. □ The minor's parents are unwilling or unable to exercise their parental rights. □ Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by www.ill or written instrument. 6. The ccourt appoints the following person as guardian for the minor: Name: Street aAddress: City: State: Zip Code: Email Address, if different: Email Address: 7. The guardian must shall promptly notify the ccourt if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorad without a ccourt order.	5.	☐The minor's parent(s) consent to the appointment of a guar	dian.
□ The minor's parents are unwilling or unable to exercise their parental rights. □ Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by wwill or written instrument. 6. The cCourt appoints the following person as guardian for the minor: Name: Street aAddress: City: State: Zip Code: Primary Phone #: City: State: Zip Code: Email Address Primary Phone: Email Address: 7. The guardian must shall promptly notify the cCourt if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorad without a cCourt order.		The minor's parents' parental rights have been terminated I	by prior court order.
Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by www.ill or written instrument. 6. The court appoints the following person as guardian for the minor: Name: Street aAddress: City: State: Zip Code: Primary Phone #: City: State: Zip Code: Email Address Primary Phone: Email Address: 7. The guardian must shall promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorad without a court order.		·	
the guardian has not appointed a successor guardian by wwill or written instrument. 6. The court appoints the following person as guardian for the minor: Name: Street aAddress: City: State: Zip Code: Primary Phone #: City: State: Zip Code: Email Address Primary Phone: Email Address: 7. The guardian must shall promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorac without a court order.			
Street aAddress: City: State: Zip Code: Primary Phone #: Mailing Address, if different: City: State: Zip Code: Email Address Primary Phone: Alternate Phone #: Email Address: 7. The guardian must shall—promptly notify the cCourt if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorad without a cCourt order.			
Street aAddress: City: State: Zip Code: Primary Phone #: Mailing Address, if different: City: State: Zip Code: Email Address Primary Phone: Alternate Phone #: Email Address: 7. The guardian must shall promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorac without a court order.	6.	The ccourt appoints the following person as guardia	an for the minor:
City: State: Zip Code: Primary Phone #: Mailing Address, if different: City: State: Zip Code: Alternate Phone #: Alternate Phone #: Email Address: Alternate Phone #: Email Address		Name:	
Mailing Address, if different: City: State: Zip Code: Email AddressPrimary Phone: Alternate Phone #: Email Address: 7. The guardian must shall—promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorac without a court order.		Street aAddress:	
City: State: Zip Code: Email AddressPrimary Phone: Alternate Phone #: Email Address: 7. The guardian must shall promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorac without a court order.		City: State: Zip Code:	Primary Phone #:
 Email AddressPrimary Phone: Alternate Phone #:		Mailing Address, if different:	
 Email Address: 7. The guardian must shall promptly notify the court if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorad without a court order. 		City: State: Zip Code:	Land II
 7. The guardian must shall promptly notify the ccourt if the guardian's home address, email address, phone number changes and/or of any change of address for the minor. 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorad without a ccourt order. 			none #:
without a ccourt order.	7.	The guardian must shall promptly notify the ccourt if the gu	
IDE 827SC R6/139/18 ORDER APPOINTING GUARDIAN FOR MINOR Page 1 of 2	8.		dial dwelling outside the State of Colorado
	IDE 927	C P8/420/18 ORDER APPOINTING CHAPDIAN FOR MINOR	Page 1 of 2

11 (year by ☐the minor's birthday or ☐by	al Guardian's Report - Minor (JDF 834) with the <u>c</u> Gourt each (date).	
	Name	Relationship to Minor The minor if 12 years or older at the time of mailing	Formatted Table
		Parent or adult nearest in kinship Parent or adult nearest in kinship Guardian	
d		ne minor's medical records and information. The guardian is entative for all purposes relating to the minor's protected health in 45 CFR 164.502(g)(2).	
13. L	_etters of Guardianship will shall be issue(date), unless o	ed. The Letters will shall expire on the minor's 18th birthday, therwise ordered by the ccourt.	
	☐The powers and duties of the guardian☐The powers and duties of the guardian		
=			
14. 1	The ccourt further orders:		
-			
-			
- -			
- - ate:			
- - ate:		☐Judge ☐Magistrate	

☐District Court ☐Denver Probate Court		
County, Colorado		
Sourt Address.		
n the Interests of:		
in the interests of.	▲ COURT USE ONLY ▲	
	Case Number:	
Minor	Division Courtroom	
ORDER APPOINTING TEMPORARY (PURSUANT TO § 15-14-20		
pon consideration of the Petition for Appointment of Temporary Go	uardian for the above minor and/or hearing on	
he <u>c</u> Court finds, determines and orders:		
1. Venue is proper and required notices have been given or wa	aived.	
2. The minor was born on (da		
3. A qualified person seeks appointment.		
An immediate need exists for the appointment of a temporary best interest of the minor.	y guardian and the appointment would be in the	
5. The temporary guardianship cannot exceed six months from	n appointment.	
6. The c⊊ourt appoints the following person as temp	orary guardian for the minor:	
Name:		
Street Aaddress:		
City: State: Zip Code:		
Malling Aaggress, it different.		
Mailing Aaddress, if different:		
City: State: Zip Code: Primary phone: Alternate phone:		
City: State: Zip Code: Primary phone: Alternate phone:	nate Phone #:	
City: State: Zip Code: Primary phone: Alternate phone: Email aAddress:Alternate phone: 7. The guardian must shall promptly notify the cCourt if th	nate Phone #: rdian's home address, email address, or phone ninor.	
City: State: Zip Code: Primary phone: Alternate phone: Email aAddress:Alternate phone: 7. The guardian must shall promptly notify the cCourt if the guarnumber changes and for of any change of address for the management of the pull of the guardian may not establish or move the minor's custodian may not establish may not	rdian's home address, email address, or phone ninor. al dwelling outside the setate of Colorado without	
City: State: Zip Code: Primary phone: Alternate phone: Email aAddress:Alternate phone: 7. The guardian must shall promptly notify the cCourt if the guarnumber changes and for any change of address for the manufacture of the manufa	rdian's home address, email address, or phone ninor. al dwelling outside the setate of Colorado without the following interested persons:	Formatted Table
City: State: Zip Code: Primary phone: Alternate phone: Email aAddress:Alternate phone: The guardian must shall promptly notify the court if the guarnumber changes and for of any change of address for the many not establish or move the minor's custodial awithout a court order. 9. Copies of all future court filings must shall be provided to the court of the minor's custodial awithout a court order.	rdian's home address, email address, or phone ninor. all dwelling outside the setate of Colorado without the following interested persons:	Formatted Table
City: State: Zip Code: Primary phone: Alternate phone: Email aAddress:Alternate phone: The guardian must shall promptly notify the court if the guarnumber changes and for for any change of address for the many not establish or move the minor's custodial awithout a court order. 9. Copies of all future court filings must shall be provided to the court of the court order.	rdian's home address, email address, or phone ninor. al dwelling outside the setate of Colorado without the following interested persons: Relationship to Minor	Formatted Table
City: State: Zip Code: Primary phone: Alternate phone: Email aAddress:Alternate phone: The guardian must shall promptly notify the court if the guar number changes and for of any change of address for the many not establish or move the minor's custodial awithout a court order. 9. Copies of all future court filings must shall be provided to the court of the court order.	rdian's home address, email address, or phone ninor. al dwelling outside the setate of Colorado without the following interested persons: Relationship to Minor Minor if 12 years or older at time of mailing	Formatted Table

I

10.	The guardian <u>must shall</u> provide a copy of this Order Appointing Temporary Guardian for Minor to the n (if 12 years of age or older) and interested persons within <u>5 five</u> days after the appointment pursuant to 14-204(4), C.R.S.						
11.	The temporary guardian is authorized to access the minor's medical records and information. The temporary guardian is deemed to be the minor's personal representative for all purposes relating to the minor protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).						
12.	Letters of temporary guardianship shall—will be issued. This temporary guardianship expires or (date not to exceed 6 six-months from appointment.)						
	☐ The powers and duties of the temporary guardian are unrestricted. ☐ The powers and duties of the temporary guardian are limited by the following restrictions:						
13.	The <u>c</u> Court further orders:						
13.	The cCourt further orders:						
13.	The cCourt further orders:						
13.	The cCourt further orders:						
13.	The cCourt further orders:						
	The cCourt further orders:						

I

☐District Co	urt Denver Probate Court		
Court Addres	County, Colorado s:		
In the Interes	sts of:		
		COURT USE ONLY	
		Case Number:	
Minor		Division Courtroom	
	ORDER APPOINTING EMERGENO PURSUANT TO §_15-14-		
	(date),	cy Guardian for the above minor and hearing on	
_	inds, determines and orders:		
1. Venue	e is proper.		
☐Disp harme	d before a hearing can be held on the pPetition.	vit or testimony that the minor will be substantially stice, notice of the appointment shall must be given ving:	
	Name	Relationship to Minor Minor if 12 years or older at time of	Formatted Table
		mailing	
		Parent	
		Parent Person with care or custody if other	
		than parent	
В.	A hearing on the appropriateness of the appoint appointment. The hearing will be held at the follow	ment must shall be held within five days after the	
	Date: Time:		
	Date: Time: Address:	Courtroom or Division:	
3. The m	Address:		
4. Follov	Address: ninor was born on ving the procedures in §_15-14-201, et seq. is likely and no other person appears to have authority to a	Courtroom or Division:	
4. Follow safety C.R.S	Address: ninor was born on ving the procedures in §_15-14-201, et seq. is likely and no other person appears to have authority to a	Courtroom or Division: (date). to result in substantial harm to the minor's health or ct in the circumstances pursuant to § 15-14-204(5),	

I

	Name:
	Street aAddress:
	City: State: Zip Code:
	Mailing aAddress, if different:
	City:State:Zip Code:
	Primary phone: Alternate phone:
	Email Aaddress: Alternate Phone #:
7.	Letters of guardianship will shall be issued. This emergency guardianship expires (date not to exceed 60 days from appointment.) The powers and duties of emergency guardian are as follows:
	emergency guardian are as rollows.
	☐To perform any and all acts necessary for the day-to-day care, custody, education, recreation, property of the minor.
	☐ To access minor's medical records and information. The emergency guardian is deemed to be minor's personal representative for all purposes relating to the minor's protected health information provided in HIPAA, Section 45 CFR 164.502(g)(2).
	To authorize any and all medical and dental care for the health and well_being of the minor. This includes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia_and hos
	care. ☐To authorize mental health treatment, subject to §_27-6540-107, C.R.S. ☐Other:
8.	The ccourt further orders:
8.	The court further orders:
8.	The court further orders:
8.	The court further orders:
8.	The court further orders:

☐ District Court ☐ Denver Probate Court	
County, Colorado Court Address:	
Court / Marcoo.	
In the Interest of:	
in the interest of.	Case Number:
	Case Number.
Minor	
Minor	Division Courtroom
LETTERS OF GUARDIANS	SHIP - MINOR
(name	of guardian) was appointed or confirmed by
the <u>c</u> Court on (date) as:	э дам ана трронита от селинист ту
	C. Those letters shall will everine on
☐ Guardian pursuant to §§ 15-14-202 or 204, C.F. , the minor's 18 th birthday, unless otherwise.	
,,	
DeEmergency gGuardian pursuant to §_15-14-204(5),	<u> </u>
(a date not to exceed 60 days from the dare specified in the Order.	ate of appointment). The guardian's powers
are openion in the Graef.	
$lacktriangle$ t $lacktriangle$ emporary $lacktriangle$ Guardian pursuant to $\S_15-14-204(4)$, (
(a date not to exceed six months from the	e date of appointment).
The guardian is authorized to access the minor's medical	I records and information. The guardian is
deemed to be the minor's personal representative for all	purposes relating to the minor's protected
health information, as provided in HIPAA, Section 45 CFR 1	64.502(g)(2).
These Letters of Guardianship for the minor whose date of bir	th is, are proof of
the guardian's full authority to act pursuant to §_15-14-207, C.I	
The minor's place of residence must shall not be cha	anged from the State of Colorado without an
order of the court pursuant to § 15-14-208(2)(b), C.R	-
Other limitations:	
Date:	<u> </u>
Probate Registr	ar /(Deputy)Clerk of Court
CERTIFICATION	N
Certified to be a true copy of the original in my custody	and to be in full force and effect as of
(date).	and to be in tall 19100 and officer do of

□ District Court □ Denver				
Court Address:	Cou	inty, Colorado		
In the Interest of:				
Minor			▲ COURT U	SE ONLY
Attorney or Party Without A	ttorney (Name an	nd Address):	Case Number:	
Phone Number:	E-mail:			
FAX Number:	Atty. Re	g. #:	Division Co	ourtroom
		IAN'S REPORT -		
Current Benerti	ing Boried Ere		To	
Current Reporti	ng Period Fro	MM/DD/YYYY	To)	Υ)
(REPORTING DATES M	UST BE FOR TH	E PAST YEAR AND	MAY NOT REPORT INTO	THE FUTURE.)
You have been ordered to co		structions to guardi		Mhon answering the
questions in this report, you				
since last report" are not acco				
COLORADO LAW REQUIRE	S THAT ANY GL	JARDIAN WANTING	TO REMOVE THE MINOR	CHILD FROM THE
STATE OF COLORADO MU				
		JRT PERIVISSION. Y	ou must file the necessary	forms to make this
request and obtain court perr		JRT PERMISSION. Y	ou must file the necessary	forms to make this
request and obtain court perr	mission.	JRT PERMISSION. Y	ou must file the necessary	forms to make this
request and obtain court perr	mission.			
request and obtain court perr CONTACT INFORMATI Minor's Information	mission. ION	☐ Check if	Updated Information fron	
CONTACT INFORMATI Minor's Information Name:	mission. ION	☐ Check if	Updated Information fron	
CONTACT INFORMATI Minor's Information Name: Street Address:	mission. I <mark>ON</mark> I:	☐ Check if	Updated Information fron	
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House you had any mine?	- Alternate Friorie		Alternate Phone:		
nave you had any criminal	charges filed against you or conviction	ons entered since	the last report?	∕es <u>□</u> ⊟	
No					
If Yes, explain:					
, . <u>-</u>					
Co-Guardian's In	formation: (if applicable)	Check if Up	dated Information	from last	
	Information from last Report				Formatted: Font: (Default) Arial
Name:		Age:			
	Your Relationship to Minor:				
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City:	State: Zip Code:				
	:				
•	State: Zip Code: _				
E-Mail Address:					
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Primary Phone: Alternate	Phone:	=			
	RMATION d that the guardianship continue?		Yes □	No	
- / - · · · · · · · · · · · · · · · · ·					
B. Do you recommend	d any changes to the guardianship?				
B. Do you recommend	nain guardian?				
B. Do you recommend If Yes, explain: C. Do you wish to rem If No, explain:	nain guardian?	o, or modify	by replacing the		
B. Do you recommend If Yes, explain: C. Do you wish to rem If No, explain:	nain guardian?	o, or modify	by replacing the		
B. Do you recommend If Yes, explain: C. Do you wish to rem If No, explain:	nain guardian?	o, or modify	by replacing the		
B. Do you recommend If Yes, explain: C. Do you wish to rem If No, explain: te: If you wish to tardian or adding a co-	nain guardian?	o, or modify parate petitio	by replacing the n with the court.		

-	f No , describe your recommended changes:		☐Yes ☐No	
_				
	Who currently provides the majority of the mine	•	•	
P	Primary Phone:			
A	Alternate Phone:			Formatted: No underline
lf	Has the minor's residence changed since the last f Yes, identify the date of the move, address of	esidence, type of resid	ence and reason for the change.	
ate of Move		Type of Residence	Reason for Change	
F	PERSONAL CARE AND OTHER ISSUI	ES .		
A . D	Date of the minor's last medical exam:	Denta	al exam:	
R A	Are the Minor's immunizations current?	¬ _{No}		
	f No, explain:			
_				
	s the minor covered under health or dental insur f Yes , describe coverage. If No , explain efforts			
-	Describe any counseling services provided to the	e minor.		
D . D	sesonibe any counseling services provided to the			
D. C	Second any counseling services provided to the			

G. Identify any special needs of the minor during this reporting period. H. Has the minor's physical and medical condition changed since the last report? If Yes, explain light in the minor significant events involving the minor since the last report e.g. special awards or relatively any significant events involving the minor since the last report e.g. special awards or relatively. J. Has the minor been involved in a juvenile delinquency case or any other type of court action? No If Yes, in which County? K. Does the minor have any behavioral issues? Yes No Describe the nature of the behavioral issues and any treatment the minor is receiving to help issues. L. If the minor child is not of school age, identify the stages of development for the minor child include but is not limited to, if the child developed his or her motor skills (crawling, walking, to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child developed his or her motor skills (crawling, walking, to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child	
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include but is not limited to, if the child developed his or her motor skills (crawling, walking, to talk, and learned colors, shapes and numbers at age appropriate times. Include if the chil	
developmentally for his or her age and if not on track, explain why not and the steps taker child. Does the child's doctor have any concerns?	etc.), learn d is on tra

	М.	Does the minor have any contact with the parents or other family members? Yes No Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.
III.		EDUCATION AND EXTRACURRICULAR ACTIVITIES
	A.	Is the minor attending school?: ☐Yes ☐No
		If Yes, complete the information below: If No, please be sure to answer question L on page 4, Part II. Name of School: Current Grade Level:
		Address: Minor's grades are: DExcellent Average Delow Average
		If below average explain why.
	В.	If the minor is old enough, does he or she have a job? ☐Yes ☐No Describe.
	C.	Describe the educational services provided to the minor.
	D.	Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.
JDF	834	SC R9/18 GUARDIAN'S REPORT - MINOR Page 5 of 8

	FINANCIAL MATT	ERS ete this section <u>or</u>	nly if the	ere is no cons	ervatorsh	ip
		and the guardia				·
A.	Does the minor own ar	ny property?	ÌΝο			
В.	Do you have possession items), financial account		ıor's asset	s, e.g. property (r	eal estate a	nd personal prope
	If Yes , describe the typ	oe of property and appro	oximate va	alue of the propert	ty:	
	Do you have control of If Yes , describe:	the minor's Income? (☐Yes ☐I	No support from the I	piological pa	rents or other fam
	Do you have control of If Yes, describe:	the minor's Income? the minor receive any No If there is a curre ecent order, and status	financial sent child so of the pa	No support from the I upport order, prov	piological pa	rents or other fam
	Do you have control of If Yes, describe:	the minor's Income? the minor receive any	Yes I	No Support from the lupport order, prov	piological pa	rents or other fam ne of the court, ca Payment Status
	Do you have control of If Yes, describe:	the minor's Income? the minor receive any No If there is a curre ecent order, and status	financial sent child so of the pa	No support from the lupport order, provyments. Date of	piological pa	rents or other fam
D.	Do you have control of If Yes, describe:	the minor's Income? the minor receive any No If there is a curre ecent order, and status Case Number the representative payee	financial sent child set of the paragraph State	Support from the I upport order, provyments. Date of Current Order	piological parvide the nan Amount er income b	rents or other fam ne of the court, ca Payment Status e.g. on time, lat
D.	Do you have control of If Yes, describe:	the minor's Income? the minor receive any No If there is a curre ecent order, and status Case Number the representative payee	financial sent child se of the paragraph State	Support from the Bupport order, proving ments. Date of Current Order I Security and oth Phone Number	piological parvide the nan Amount er income b	rents or other fam ne of the court, ca Payment Statu e.g. on time, lat
E.	Do you have control of If Yes, describe:Do you or members?Yesnumber, date of most r. Name of Court If applicable, identify the Name:Have any fees been page.	the minor's Income? the minor receive any No If there is a curre ecent order, and status Case Number The representative payed aid to you in your role a	financial sent child s	Support from the I upport order, prov yments. Date of Current Order I Security and oth Phone Number	piological pa vide the nan Amount er income ber:	Payment Statu e.g. on time, lat

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+\$	
Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

☐ By checking this box, I am acknowledging I am fil	ling in the blanks and not changing anythir	ng else on the form.
By checking this box, I am acknowledging that I h		
	VERIFICATION	
I declare under penalty of perjury under the law	of Colorado that the foregoing is true a	and correct.
Executed on the day of (date) (month)	(year)	
at (city or other location, and state OR country)	_	
(printed name)		
(signature)		
NOTE: If you wish to change the pother documents filed, you must file		
	TIFICATE OF SERVICE a copy of this (nam	e of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

JDF 834SC R9/18 GUARDIAN'S REPORT - MINOR

Page 7 of 8

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	i.	1
*Insert one of the following: hand delivery, firs	ıt-class mail, certified mail, e-service, o	fax.
	Signature	
	VERIFICATION	
I declare under penalty of perjury under the law	w of Colorado that the foregoing is true	and correct.
Formula de		
Executed on the day of		
Executed on the day of	,, ,	
Executed on the day of, (date) (month)	(year)	
	(year)	
at	(year)	
at	(year) ,	
at(city or other location, and state OR country)	(year) ,	

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Page 8 of 8

Court Address:	•			
In the Interest of:				
Minor			A	COURT USE ONLY
Attorney or Party With	nout Attorney (na	me and address):	Case Nu	mber:
Phone Number: FAX Number:		g. #:	Division	Courtroom
PE.	TITION FOR T	ERMINATION OF GU	ARDIANSHIP	- MINOR
*****To be used o	only when Guard	lianship is to be terminate	ed prior to the M	linor's 18th birthday.**
1. The petitioner is	:			
the mother.				
the father.				
the gGuardian.				
the <u>m</u> Minor.				
-another person i	interested in the t	welfare of the \underline{m} Minor. (State	c nature or interes)
2. Information about	_			
Name:				
Name: Street <u>a</u> Address:		Zip Code:		
Name:	State:			
Name: Street aAddress: City: Mailing Address, if	State:	Zip Code:		one #:
Name: Street aAddress: City: Mailing Address, if City: Primary phone:	State: different:State:	Zip Code: Zip Code: Alternate phone:	Home Ph	
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Name: Street aAddress: City: Mailing Address, if City: Primary phone: E-mail address: Petitioner request	State: different: State:	Zip Code: Zip Code: Alternate phone:	-Home Ph Work Ph	one #:
Name: Street aAddress: City: Mailing Address, if City: Primary phone: E-mail address: The parent(s) ca	State: different: State:	Zip Code: Zip Code: Alternate phone:	- Home Ph Work Ph r the following an circumstances.)	reason(s):
Name: Street aAddress: City: Mailing Address, if City: Primary phone: E-mail address: The parent(e) ca The mMinor was Adoption is attached.	State: different: State:	Zip Code: Zip Code: Alternate phone: dianship be terminated fo ental responsibilities. (Explain bout	- Home Ph Work Ph r the following an circumstances.)	reason(s):
Name: Street aAddress: City: Mailing Address, if City: Primary phone: E-mail address: The parent(s) ca	State: different: State:	Zip Code: Zip Code: Alternate phone: dianship be terminated fo ental responsibilities. (Explain bout	- Home Ph Work Ph r the following an circumstances.)	reason(s):

☐The death of the mM	nor.		_		
Other: (Attach addition					
			_		
the Order Appointing Gu	of age or older), gGuardian, and the uardian, are required by law to be geemed necessary by the Court:				
Name	Address		Relationship to Minor	Formatted Table	
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city of other location, an	id State Oil counti	31.	
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signature)			
		Signature	
Note:			
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As follows on each of the Name and	(da e following: d Address	ate), a copy of this (na Relationship to (Decedent, Award.	Manner of Service*
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Name and Nam	(da following: d Address d Address ng: hand delivery,	Relationship to (Decedent, AWard, or AProtected Person) AFFIRST-cClass mail, cCertified mail, e-serv Signature	Manner of Service* ice-through ICCES, or fax.
Name and Nam	(da following: d Address d Address ng: hand delivery,	Relationship to {Decedent, Ward, or #Protected Person} 1 **First-cClass mail, cCertified mail, e-serv Signature	Manner of Service* ice-through ICCES, or fax.
Insert one of the following declare under penalty of	(date following: d Address ng: hand delivery, of perjury under the	Relationship to (Decedent, AWard, or AProtected Person) AFFIRST-cClass mail, cCertified mail, e-serv Signature	Manner of Service* ice-through ICCES, or fax.
Insert one of the following declare under penalty of the secuted on the	(date following: d Address ng: hand delivery, of perjury under the	Relationship to {Decedent, /Ward, or /Protected Person} If First-cClass mail, cCertified mail, e-serv Signature VERIFICATION e-law of Colorado that the foregoing is true	Manner of Service* ice-through ICCES, or fax.
Insert one of the following declare under penalty of the secuted on the	(da e following: d Address d Address ng: hand delivery, of perjury under the	Relationship to {Decedent, /Ward, or /Protected Person} If First-cClass mail, cCertified mail, e-serv Signature VERIFICATION e-law of Colorado that the foregoing is true	Manner of Service* ice-through ICCES, or fax.
Insert one of the following declare under penalty of the secuted on the	(day of month)	Relationship to (Decedent, AWard, or AProtected Person) (TFirst-cClass mail, cCertified mail, e-serv) Signature VERIFICATION e law of Colorado that the foregoing is true (year)	Manner of Service* ice-through ICCES, or fax.

(printed name)

(signature)

Note:

1

The Petitioner must contact the court to set a date and time for a hearing.

JDF 835 $\underline{\text{SC}}$ R4/109/18 PETITION FOR TERMINATION OF GUARDIANSHIP - MINOR

Page 4 of 2

☐ District Court ☐ Denver		ounty, Colorado		
Court Address:	00	diffy, Golorado		
In the Interests of:				
			▲ COURT USE ONL	.ү 🛦
			Case Number:	
Ward/Minor				
			Division Courtroom	
ORDER F		FION OF GUARDIANS ANT TO §_15-14-210,	SHIP – WARD/ MINOR C.R.S.	
			Guardianship for an order notice and hearing held on	
	ved; and that the v		e true and correct; and/or that of the Ward/mWinor will be so	
The parent (s) can now re	-	•		
☑The Ward/<u>m</u>M inor was a cause.	dopted on or abou	t	(date). Hearing is waived for	r good
Dause. □The Ward/m Minor is ema	ancipated.			
The death of the Ward/m	•			
Other:	_			
Therefore, lit is further or	dered that the qua	ardianship is terminated.		
t is further ordered that:				
Doto:				
Date:		☐Judge ☐Ma	agistrate	
	CER	TIFICATE OF SERVICE		
certify that on		(date) a copy of this Order	r was served on each of the fo	ollowing:
Full Name	Relationship to Ward/Minor	Address		Manner of Service*
	waru/wiiiiUl			OCI VICE
	<u> </u>			

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Clerk

□ District Court □ Denver Probate Court □ County, Colorado		
Court Address:		
In the Interest of:		
Respondent	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail: FAX Number: Atty. Reg. #.:	Division Courtroom	
PETITION FOR APPOINTMENT OF		
□ a person interested in the welfare of the respondent. or □ the respondent. This is a respondent. This is a respondent of a(n): □ Permanent Guardian. (§_15-14-304(1) and (2), C.R.S.) □ Emergency Guardian. (not to exceed 60 days). (§_15-14-304(1) and (2)).	4-312 CRS)	
	. , ,	Formatted: Indent: Left: 0.25", Tab stops: 0.2 Not at 0.17" + 0.92"
	·	Not at 0.17" + 0.92"
. Information about the p₽etitioner:	all names used (also known as, formerly know	Not at 0.17" + 0.92"
2. Information about the pPetitioner: Name:List a	all names used (also known as, formerly know	Not at 0.17" + 0.92"
Name:List a etc.): Relationship to Respondent:Street Address:	all names used (also known as, formerly know	Not at 0.17" + 0.92"
Name: List a etc.): Relationship to Respondent:	all names used (also known as, formerly know	Not at 0.17" + 0.92"
R. Information about the pPetitioner: Name:List a etc.): Relationship to Respondent: Street Address: City:State:Zip Code: Mailing Address, if different:	all names used (also known as, formerly known	Not at 0.17" + 0.92"
. Information about the pPetitioner: Name:List a etc.): Relationship to Respondent: Street Address: City:State:Zip Code: Mailing Address, if different: City:State:Zip Code:	all names used (also known as, formerly known	Not at 0.17" + 0.92"
Primary phone: Name: List a etc.): Relationship to Respondent: Street Address: Zip Code: State: State: State: State: State: State: State: State:	all names used (also known as, formerly known	Not at 0.17" + 0.92"
. Information about the pPetitioner: Name:List a etc.): Relationship to Respondent: Street Address:	all names used (also known as, formerly known	Not at 0.17" + 0.92"
Information about the pPetitioner: Name: List a etc.): Relationship to Respondent: Street Address: Zip Code: Mailing Address, if different: State: Zip Code: Primary phone: Alternate phone:	all names used (also known as, formerly known Home Phone #: Work Phone #:	Not at 0.17" + 0.92"
A. Information about the pPetitioner: Name:List a etc.): Relationship to Respondent:	all names used (also known as, formerly known Home Phone #: Work Phone #:	Not at 0.17" + 0.92"
Relationship to Respondent: Street Address: City: State: City: State: City: State: City: State: City: State: City: State: Does pPetitioner need an interpreter? No Yes (La	all names used (also known as, formerly known Home Phone #: Work Phone #:	Not at 0.17" + 0.92"
Relationship to Respondent: Street Address: City: State: City: Primary phone: Email Address: Does @Petitioner need an interpreter?: Information about the respondent:	all names used (also known as, formerly known Home Phone #: Work Phone #:	Not at 0.17" + 0.92"
Alternate phone: City: State: Zip Code:	all names used (also known as, formerly known Home Phone #: Work Phone #:	Not at 0.17" + 0.92"
Alternate phone: Email Address: Does pPetitioner need an interpreter? Information about the pPetitioner: List a etc.): Relationship to Respondent: Street Address: City: State: Zip Code: Alternate phone: Email Address: Does pPetitioner need an interpreter? Information about the rRespondent: Name (REQUIRED): Sex (REQUIRED): Age: Sex (REQUIRED):	all names used (also known as, formerly known Home Phone #: Work Phone #: anguage: Date of Birth (REQUIRED):	Not at 0.17" + 0.92"
Alternate phone: City: State: Zip Code:	all names used (also known as, formerly known Home Phone #: Work Phone #: anguage: Date of Birth (REQUIRED):	Not at 0.17" + 0.92"

	•	pondent's spouse, partner in a c nan six months in the last year:	·
			p to Respondent:
	Street Address:		
		Zip Code:	
		State: Zip Code:	
		Alternate phone:	
		Alternate phone:	
			Work Phone #:
5.	Venue for this proceeding is p resides in this county. is present in this county.	roper because the rRespondent Check this box only if requesting an E pursuant to an our of a court of a cour	ge:
5. 6.	Venue for this proceeding is puresides in this county. Is present in this county. Is admitted to an institution (Attach copy of the Order to the	roper because the respondent Check this box only if requesting an E pursuant to an our of a court of a Petition.)	mergency Guardian.) (§_15-14-108(2), C.R
6.	Venue for this proceeding is puresides in this county. Is present in this county. Is admitted to an institution (Attach copy of the Order to the Dan appointment of a guard the Petition.)	roper because the respondent check this box only if requesting an E pursuant to an order of a court of Petition.) an for the respondent has been pursuant to a respondent has been pursuant to the respondent to the respondent has been pursuant to	mergency Guardian.) (§_15-14-108(2), C.R of competent jurisdiction sitting in this c

hoolth, potenty or colf core, even with appropriate and recessably evailable technological exciptors at 14	
health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§_15-14-	
102(5), C.R.S.)	
10. The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.	
11. Guardianship is necessary due to the following disabilities or impairments: Physician's letter attached.	
12. Petitioner requests the powers and duties to be ☐unlimited or /unrestricted or ☐limited or /with restrictions.	
The requested limitations or restrictions on the gGuardian's powers and duties, if any, are as follows:	
gGuardian. or	
gGuardian. or □Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian.	Formatted: Indent: Left: 0.25"
Geuardian. or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as geuardian. Name:	Formatted: Indent: Left: 0.25" Formatted: Font color: Red
Geuardian. or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as geuardian. Name:	
gGuardian. or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name:	Formatted: Font color: Red
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Generalian. or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as generalian. Name: List all names used (also known as, formerly know	Formatted: Font color: Red
gGuardian. or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name: List all names used (also known as, formerly known	Formatted: Font color: Red
gGuardian. or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name: List all names used (also known as, formerly known as, etc.): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: Home Phone #:	Formatted: Font color: Red
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gGuardian. or □ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name: List all names used (also known as, formerly known as, etc.): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: Home Phone #: Primary phone: Alternate phone: Email Address: Does this person need an interpreter?: No □Yes (Language:) 14. The nominated gGuardian has priority for appointment because he or /she is: (§.15-14-310, C.R.S.)	Formatted: Font color: Red Formatted: Indent: Left: 0", First line: 0.25"
gGuardian. or □ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name: List all names used (also known as, formerly known as, etc.): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: Home Phone #: Primary phone: Alternate phone: Email Address: Does this person need an interpreter?: No □Yes (Language:) 14. The nominated gGuardian has priority for appointment because he or /she is: (§.15-14-310, C.R.S.) □ a gGuardian currently acting for the respondent in Colorado or elsewhere.	Formatted: Font color: Red Formatted: Indent: Left: 0", First line: 0.25"
gGuardian. or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name:	Formatted: Font color: Red Formatted: Indent: Left: 0", First line: 0.25"
or Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name: List all names used (also known as, formerly known as, etc.): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: Home Phone #: Primary phone: Alternate phone: Email Address: Does this person need an interpreter?: No Yes (Language:) 14. The nominated gGuardian has priority for appointment because he or /she is: (§ 15-14-310, C.R.S.) a gGuardian currently acting for the respondent in Colorado or elsewhere. Inominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.	Formatted: Font color: Red Formatted: Indent: Left: 0", First line: 0.25"
gGuardian. or □ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name: List all names used (also known as, formerly known as, etc.): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: Home Phone #: Primary phone: Alternate phone: Email Address: Does this person need an interpreter?: No Yes (Language:) 14. The nominated gGuardian has priority for appointment because he or /she is: (§ 15-14-310, C.R.S.) □ a gGuardian currently acting for the respondent in Colorado or elsewhere. □ nominated in writing by respondent, including nomination in a durable power of attorney or designated	Formatted: Font color: Red Formatted: Indent: Left: 0", First line: 0.25"
gGuardian. or □ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian. Name: List all names used (also known as, formerly known as, etc.): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: Home Phone #: Primary phone: Alternate phone: Email Address: —Does this person need an interpreter? No □Yes (Language: Does this person need an interpreter? a gGuardian currently acting for the respondent in Colorado or elsewhere. □ nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement. □ an agent under a medical power of attorney.	Formatted: Font color: Red Formatted: Indent: Left: 0", First line: 0.25"
Geuardian. Or ☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as geuardian. Name:	Formatted: Font color: Red Formatted: Indent: Left: 0", First line: 0.25"

the parent of th		
	of the Respondent.	t has resided for more than six months immediately before the fili
this petition.	whom <u>I</u> re spondent	t has resided for more than six months infinediately before the fill
	ent nominated the following	following person as gGuardian, but the pPetitioner does not seek
	J	•
-		
Name:		List all names used (also known as, formerly know
etc.):		
Relationship to Re	spondent:	
		Zip Code:
		Zip Code:
=		Alternate phone:
		Alternate phone:
	·	
rRespondent's hea	alth, safety, or welfa	ment of a gGuardian will likely result in substantial harm to are and no other person appears to have authority and willingness t ₹.S.) The nature of the emergency is as follows:
. Information abou	t rRespondent's a	dult children and parents. None (If none, list an adult relative
		such as a brother, sister, aunt, uncle, etc.)
Name:		Relationship to Respondent:
Street address:		
		Zip Code:
Mailing address, if	different.	
Mailing address, if		Zip Code:
Mailing address, if City:	State:	Zip Code: Alternate phone:

Name:		R	Relationship:
Street Address:			
			Home Phone #:
Email Address:			Work Phone #:
oes this person ne	ed an interpreter?÷ 🖵	No ☐Yes (Languag	ge:
Name:		Relationsh	nip to Respondent:
Street address:			
City:	State:	Zip Code:	
Mailing address, if	different:		
City:	State:	Zip Code:	
Primary phone:	A	Alternate phone:	
Primary phone:	Alt	ernate phone:	
Email address:			
Name:			Relationship:
		'	
			Home Phone #:
· -			Work Phone #:
			age:
•	•		
		Relationsr	nip to Respondent:
Street address:	01-1-	Zip Code:	
		Zip Code:	
	different:	7'- 0-4-	
City.		Zip Code:	
	P	Alternate phone:	
Primary phone:			
Primary phone: Primary phone:		ernate phone:	
Primary phone:			
Primary phone: Primary phone: Email address:	Alt	ernate phone:	
Primary phone: Primary phone: Email address: Name:	Alt	ernate phone:	Relationship:
Primary phone: Primary phone: Email address: Name: Street Address:	Alt	ernate phone:	Relationship:
Primary phone: Primary phone: Email address: Name: Street Address: Mailing Address, if	Alt	ernate phone:	Relationship:
Primary phone: Primary phone: Email address: Name: Street Address: Mailing Address, if City:	Alt	ernate phone: F Zip Code:	Relationship:

	ie oi Treating Friya	sician:			Phone #:			
Stree	et Address:							
City:		State:		Zip Code:				
Maili	ing Address, if diffe	erent:						
-	S iil Address:		· ·					
					Phone #:			
					Priorie #			
	et Address:S		Zin Codo:					
	ing Address, if diffe							
	S							
(JII V								
Emai 19. □Tr abov	he following pers	son is the <u>l</u> ive payee, tru	Legal <u>r</u>Represe stee, custodian	entative for the of a trust, etc. §	rRespondent not otherwise do	_		
Emai 19. Tr abov	he following persection (Representations:	son is the live payee, tru	Legal rRepresestee, custodian	entative for the of a trust, etc. §_ Type of Lega				
Emai 19. Tr abov Name Phon	he following persection (Representations:	son is the <u>l</u> ive payee, tru	Legal rRepresestee, custodian	entative for the of a trust, etc. §_ Type of Lega	15-14-102(6), C.R.S.) al Representative:			
Emai 19. ☐Tr abov Name Phon Mailir	he following pers ve. (Representatione:	son is the live payee, tru	egal rRepresestee, custodian Email Addres	entative for the of a trust, etc. § Type of Legass:	15-14-102(6), C.R.S.) al Representative:			
Emai 19. ☐Tr abov Name Phon Mailir	he following persection. (Representations: ne #:	son is the live payee, tru	egal rRepresestee, custodian Email Addres	entative for the of a trust, etc. § Type of Legass:	15-14-102(6), C.R.S.) al Representative:		Formatted: Normal, Indeni	
Emai 19. ☐TH abov Name Phon Mailin City:	he following persection. (Representations: ne #:	son is the live payee, tru	egal rRepresestee, custodian Email Addres Zip Code:	entative for the of a trust, etc. § Type of Legass:	15-14-102(6), C.R.S.) al Representative:		lines, Tab stops: Not at -0.9 0.67" + 0.92" + 1.17" + 1 + 2.42" + 2.67" + 2.92" -	9" + -0.5" + -0.0 1.42" + 1.67" +
Emai 19. ☐TH abov Nam Phon Mailin City:	he following person. Ne (Representation in the second in	son is the live payee, tru	egal represestee, custodian Email Addres Zip Code:	entative for the of a trust, etc. § Type of Legasss:	15-14-102(6), C.R.S.) al Representative:		lines, Tab stops: Not at -0.9 0.67" + 0.92" + 1.17" +	9" + -0.5" + -0.0 1.42" + 1.67" +
Emai 19. The abov Name Phon Mailin City: 20. The g	he following person. (Representations: ne #: ing Address: gGuardian may re the hourly rates to	son is the !! State: ecceive competed to be charged basis for	egal rRepresestee, custodian Email Addrese Zip Code: ensation.	entative for the of a trust, etc. § Type of Legass:	15-14-102(6), C.R.S.) al Representative:	schedule,	lines, Tab stops: Not at -0.9 0.67" + 0.92" + 1.17" + 1 + 2.42" + 2.67" + 2.92" -	9" + -0.5" + -0.1 1.42" + 1.67" +
Emai 19. The abov Name Phon Mailin City: 20. The g	he following person. (Representations: ne #: ing Address: gGuardian may re the hourly rates to	son is the !! State: ecceive competed to be charged basis for	egal rRepresestee, custodian Email Addrese Zip Code: ensation.	entative for the of a trust, etc. § Type of Legass:	d pursuant to a published fee nary services, and any other ba	schedule,	lines, Tab stops: Not at -0.9 0.67" + 0.92" + 1.17" + 1 + 2.42" + 2.67" + 2.92" -	9" + -0.5" + -0.0 1.42" + 1.67" +
Emai 19. The abov Name Phon Mailin City: 20. The g	he following person. (Representations: ne #: ing Address: gGuardian may re the hourly rates to	son is the !! State: ecceive competed to be charged basis for	egal rRepresestee, custodian Email Addrese Zip Code: ensation.	entative for the of a trust, etc. § Type of Legass:	d pursuant to a published fee nary services, and any other ba	schedule,	lines, Tab stops: Not at -0.9 0.67" + 0.92" + 1.17" + 1 + 2.42" + 2.67" + 2.92" -	9" + -0.5" + -0.1 1.42" + 1.67" +

Page 6 of 6

JDF 841SC R42/449/18 PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT © 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

	The gGuardian may compensate his, her or its counsel.	
	☐The hourly rates to be charged, any amounts to be charged pursuant to including the rates and basis for charging fees for any extraordinary services, a which a fee charged to the estate will be calculated, are as stated below or in an a *	and any other bases u
	☐The basis of compensation has not yet been determined.	
	nere is a continuing obligation to disclose any material changes to the basis for char	rging fees. (§ 15-10-602
C.R	.S.)	
22.	The respondent's assets are:	
Г	Description of Association and	Father to I Wales
	Description of Assets (e.g. bank accounts, insurance, pensions, property) None	Estimated Value
-	<u> </u>	\$
-		\$
	Total	\$
_		
23.	The rRespondent's income is:	
-		T= -
	Description of Income (e.g. social security, pension) ☐None	Estimated Amount of Income
-		\$
-		\$
Ĺ	Total	\$
_	pPetitioner requests that an appointment of a gGuardian be made after notic addition, the pPetitioner requests the following:	e and hearing.
U١		
<u> </u>		
_	By checking this box. I am acknowledging I am filling in the blanks and not char	nging anything else on
_	By checking this box, I am acknowledging I am filling in the blanks and not char	nging anything else on

VERIFICATION AND	ACKNOWLEDGMENT
I (Petitioner) verify that the facts set forth in this document that penalties for perjury follow deliberate falsification of	nent are true as far as I know or am informed. I understand if the facts stated herein. (§15-10-310, C.R.S.)
	Circulture of Detitioner
	Signature of Petitioner Date
	The foregoing instrument was acknowledged before me in the County of , State of Colorado,
	in the County of, State of Colorado, thisday of, 20, by the Petitioner.
	My Commission Expires:
	Notary Public/Deputy Clerk
Signature of Attorney Date	
,	
<u>VERI</u>	FICATION
I declare under penalty of perjury under the law of Colo	erado that the foregoing is true and correct.
Executed on the day of,	
(date) (month) (year)	
ot.	
(city or other location, and state OR country)	
(printed name)	
<u></u>	
(signature)	
Todioma	

JDF 841SC R42/449/18 PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT © 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

Page 8 of 6

□ Dis	strict Court 🔲 Dei	nver Probate Court County, Colorado				
Court	Address:					
In the	Interest of:				A	A
				_		OURT USE ONLY
				Ca	ase Numb	er:
Resp	ondent			Di	vision	Courtroom
	OF	DER APPOINTI	_		_	OR ADULT
		PURSU	ANT TO §_15-1	4-312, C.F	R.S.	
on			•	y Guardian fo	or the abov	ve respondent and/or hearing
1.	,					
2.	Notice pursuant	to §_15-14-312, C.R	R.S. was:			
	_	th hecause the cCou	rt finds from testim	ony that the re	esnonden	t will be substantially harmed i
		is delayed. The na			зэропаст	t will be substantially flammed t
	_					
	Appointment of E the respondent v	Emergency Guardian	and Notice of Right the appointment.	t to Hearing (JDF 844)	Suardian along with Notice of must be personally served or ed Personal Service Affidavi
3.	because of the		tial harm to the resp	ondent's hea	alth, safety	guardian for the respondent y, or welfare, and that no othe
4.	The emergency	guardianship canno	t exceed 60 days f	rom appointr	nent.	
5.	The <u>c</u> Court ap	opoints the follow	ving person an e	emergency	guardia	n for the respondent:
	Name:					
	City:	State:	Zip Code:			

	Primary phone:	Alternate phone:	
	E-mail <u>a</u> Address:	Alterna	ate Phone #:
6.	Appointment of an eme respondent's incapacit		rithout notice, is not a determinatio
7.	The <u>c</u> Gourt appoints the fol	lowing attorney to represent th	e respondent:
	Name:		
	Address:		
	City: St	ate: Zip Code:	Email <u>a</u> Address:
	Primary Phone Phone #: Attorney Registration #:		Alternate Phone:
8.			r following the entry of this <u>o</u> ⊖rder, are terr
10	. Letters of Guardianship	o willshall be issued. This eed 60 days from appointment)	HIPAA, Section 45 CFR 164.502(g)(2). emergency guardianship expires on . An emergency guardian may exercise f the emergency guardian are as follows
11	. The <u>c</u> Court further orde	ers:	
:_			Judge Magistrate

□ District Court □ De	_ County, Colorado			
Court Address:	•			
In the Interest of				
In the Interest of:				
Respondent				COURT USE ONLY
	out Attorney (Name and A	address):	Case N	umber:
Phone Number:	E-mail: Atty. Reg.#:			
FAX Number:	Atty. Reg.#: TICE OF APPOINTM	AENT OF EME	Division	
	CE OF RIGHT TO HE			
7			<u> </u>	<u>, e</u>
та.		(name of	roop on dont	
10:		(name or	-respondent)	
14 days after receiving y	our request.			
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Note:

• If not present at the hearing, this <u>n</u>Notice must be personally served on the <u>r</u>Respondent, along with a copy of the Order Appointing Emergency Guardian within 48 hours of the appointment pursuant to §_15-14-312(2), C.R.S. A copy of this <u>n</u>Notice (JDF 844) and the Personal Service Affidavit (JDF718) must be filed with the <u>c</u>Court.

oun Ad	County, Colorado ddress:		
n the Inf	nterests of:		
		COURT USE ONLY	
		Case Number:	
Vard		Division Courtroom	
	ORDER APPOINTING TEMPORARY SUBST PURSUANT TO § 15-14-3	ITUTE GUARDIAN FOR ADULT	
	nsideration of the Petition for Appointment of Temporary S in (date),	Substitute Guardian for the above ward and/or	
ne <u>c</u> Co≀	ourt finds, determines and orders:		
1. V	Venue is proper and the required notices have been given	or waived.	
2. A	A qualified person seeks appointment.		
3 ⊤	The current quardian is not effectively performing his or #h	er duties and the welfare of the ward requires	
	mmediate action pursuant to §_15-14-313, C.R.S.		
in		months from appointment.	
in 4. T	mmediate action pursuant to §_15-14-313, C.R.S.		
in 4. T 5. T	mmediate action pursuant to §_15-14-313, C.R.S. The temporary substitute guardianship cannot exceed 6six	orary substitute guardian for the ward:	Formatted: Space After: Auto
in 4. T 5. T	mmediate action pursuant to §_15-14-313, C.R.S. The temporary substitute guardianship cannot exceed 6six The ccourt appoints the following person as temp	orary substitute guardian for the ward:	Formatted: Space After: Auto
in 4. T 5. T N	mmediate action pursuant to §_15-14-313, C.R.S. The temporary substitute guardianship cannot exceed 6six The c-Gourt appoints the following person as temp Name:	orary substitute guardian for the ward:	Formatted: Space After: Auto
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5. T S C	mmediate action pursuant to §_15-14-313, C.R.S. The temporary substitute guardianship cannot exceed 6six The ccourt appoints the following person as temp Name: Street Address: City: State: Zip Code:	orary substitute guardian for the ward: 	Formatted: Space After: Auto
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in 4. T 5. T N S C P P P E E 6. T g	mmediate action pursuant to §_15-14-313, C.R.S. The temporary substitute guardianship cannot exceed 6six The cGourt appoints the following person as temp Name: Street Address: City: State: Zip Code: Primary Phone #: Mailing Address, if different: City: State: Zip Code Primary Phone: Alternate Pho	de: court within 30 days if the temporary substitute	Formatted: Space After: Auto
in 4. T 5. T N S S C P P E E 6. T g f f f f f f f f f f f f f f f f f f	mmediate action pursuant to §_15-14-313, C.R.S. The temporary substitute guardianship cannot exceed 6six The court appoints the following person as temp Name:	de: ate Phone #: court within 30 days if the temporary substitute mber changes and/or of any change of address	Formatted: Space After: Auto

	Name	Relationship to Ward Ward	Formatted Table
		Guardian	
		Spouse or partner in a civil union	
		Parent	
		Adult children	
ł			
ا م	If an appointment is made without previous notice to the ward,	the affected quardian or other interacted	
	persons, the temporary substitute guardian must_shall, within 5 copies to them.		
	The temporary substitute guardian is authorized to access the watemporary substitute guardian is deemed to be the ward's person the ward's protected health information, as provided in HIPAA, S	al representative for all purposes relating to	
11.	Letters of Guardianship will shall be issued. This tem		
		n appointment). The temporary substitute	
	guardian has the same powers as set forth in the previous Orde	r Appointing Guardian, except as follows:	
12.	The CGourt further orders:		
ite:		Magistrate	

Dist	rict Court Denver Probate Court County, Colorado	
Court	Address:	
In the	Interest of:	
		▲ COURT USE ONLY ▲
		Case Number:
Posno	ondent/Ward	Division Courtroom
Kespo	ORDER APPOINTING GUARD	DIAN FOR ADUI T
	onsideration of the Petition for Appointment of Guardian (date),	
The cC	ourt has considered any express wishes of the ward-responding the powers and duties of the guardia diffications of the nominee.	
The <u>c</u> C	ourt finds, determines and orders:	
1.	Venue is proper and required notices have been given o	r waived.
2.	The evidence is clear and convincing that the <u>respo</u> <u>respondentward</u> 's needs cannot be met by less restrict reasonably available technological assistance.	
3.	The nature and extent of the respondentward's incapacit	ty is as follows:
4.	The ccourt appoints the following person as gu	ardian for the ward:
	Name:	
	Street address:	
	City: State: Zip code:	Primary phone #:
	Mailing address, if different:	
	City: State: Zip cod	
	Primary phone: Alt	
	Email address:	Alternate phone #:
5.	The guardian must shall promptly notify the court if the or phone number changes and/or of any change of addr	e guardian's <u>streetheme</u> address, email address, ess for the ward.
6.	The guardian may not establish or move the ward's of without a $\underline{\circ} \text{Court}$ order.	sustodial dwelling outside the State of Colorado
	Within 30 days of appointment, the guardian must shall for Adult to the ward and persons given notice of the perso	etition and must shall advise those persons using
	SC R7/149/18 ORDER APPOINTING GUARDIAN FOR AL 2014 Colorado Judicial Department for use in the Courts of Color	

ο.	The guardian must shall-file the initial Guardian		
		file annual Guardian's Report - Adult (JDF 850) by each	
	, , ,	n (year), for the duration of the guardianship.	
	, , ,		
9.	☐The guardian mustshall manage the day-to-d welfare of the ward. The guardian is required to all disbursements during the duration of this apport		
10.	☐Medical powers of attorney, whether executerminated, except as follows:	ted prior to or following the entry of this oੁ⊖rder, are	
11.	Copies of all future <u>c</u> Court filings <u>must shall</u> be p	rovided to the following interested persons: Relationship to the Ward	Formatted Table
	Name	Ward	rormatted Table
		Guardian	
		Spouse or Partner in a civil union	
		Parent	
		Adult Child	
12.		rd's medical records and information. The guardian is for all purposes relating to ward's protected health FR 164.502(g)(2).	
	The guardian does not have the authority to obtaillness, developmental disability, alcoholism or su	ain hospital or institutional care and treatment for mental ubstance abuse against the will of the ward.	
13.		with an intellectual and developmental disability," and if	t e
	the guardian has reasonable cause to believe imminent risk of abuse or exploitation, the gua	that the ward has been abused or exploited or is at rdian is required to make a report to law enforcement or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).	
14.	the guardian has reasonable cause to believe imminent risk of abuse or exploitation, the gua within 24 twenty-four hours after the observation Letters of Guardianship must-will shall be	rdian is required to make a report to law enforcement or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).	
14.	the guardian has reasonable cause to believe imminent risk of abuse or exploitation, the gua within 24 twenty-four hours after the observation Letters of Guardianship must will shall be The powers and duties of the guardian are un	rdian is required to make a report to law enforcement or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII). e issued. prestricted.	
14.	the guardian has reasonable cause to believe imminent risk of abuse or exploitation, the gua within 24 twenty-four hours after the observation Letters of Guardianship must-will shall be	rdian is required to make a report to law enforcement or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII). e issued. prestricted.	
14.	the guardian has reasonable cause to believe imminent risk of abuse or exploitation, the gua within 24 twenty-four hours after the observation Letters of Guardianship must will shall be The powers and duties of the guardian are un	rdian is required to make a report to law enforcement or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII). e issued. prestricted.	
14.	the guardian has reasonable cause to believe imminent risk of abuse or exploitation, the gua within 24 twenty-four-hours after the observation Letters of Guardianship must will shall be The powers and duties of the guardian are un	rdian is required to make a report to law enforcement or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII). e issued. prestricted.	

 □Judge □Magistrate	

Page 3 of 3

JDF 848SC R7/149/18 ORDER APPOINTING GUARDIAN FOR ADULT © 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

District Court Denver Probate Cou			
County, Colora Court Address:	do		
In the later of all			
In the Interest of:		_ C	OURT USE ONLY
		Case Numb	er:
Respondent/Ward		Division	Courtroom
LETTE	RS OF GUARDIANSHIP -	- ADULT	
	(name of gGuardian) was appo	inted by c⊖ou	rt o⊖rder on
(date) as:	, , , , , , , , , , , , , , , , , , , ,	, _	_
☐Guardian pursuant to §_15-14-311, C.R	.S.		
75	44 242(4) C.D.C. Those letters	المطور الأنبية والمواردة	avaira an
Emergency Guardian pursuant to §_15 (a date not to exceed 60 days from the da	` '		•
☐Temporary Substitute Guardian purs	uant to 8 15-14-313 CRS	These lette	rs mustwill shall evnire or
	d <u>6six</u> -months from the date of a		
specified in the previous Order of Appoint		,	
The gGuardian mustshall have access extent that the respondent/wWard is ewward's personal representative for all nformation, as provided in HIPAA, Section	entitled. The g G uardian <u>must s</u> I purposes relating to <u>his or h</u>	hall be deem	ed to be the rRespondent's
These Letters of Guardianship are proof c	f the g⊖uardian's full authority to	act, except fo	r the following restrictions:
The g⊖uardian does not have the authordevelopmental disability or alcoholism C.R.S.			
The rRespondent/wWard's place of reside of the court pursuant to §_15-14-315(1)(b		from the State	of Colorado without an order
Other limitations:			
Date:	Dulate During (ID)	()0 -1-10	
	Probate Registrar /(Dep	uty)Clerk of Co	ourt
Over the board of the second	CERTIFICATION		
Certified to be a true copy of the original (date).	in my custody and to be in full f	orce and effec	ct as of
	Probate Registrar/(Dep	uty)Clerk of C	Court

COURT USE ONLY Case Number: Division Courtroom ADULT DANNUAL REPORT TO (MM/DD/YYYY) MAY NOT REPORT INTO THE FUTURE.) In: uardian's Report every year. When answering swers such as "same as last report/year" and out may be rejected with those answers. IG TO REMOVE THE ADULT FROM THE u must file the necessary forms to make this confront last report (Annual Report ONLY)
Case Number: Division Courtroom ADULT TO (MM/DD/YYYY) MAY NOT REPORT INTO THE FUTURE.) In: uardian's Report every year. When answering swers such as "same as last report/year" and off may be rejected with those answers. IG TO REMOVE THE ADULT FROM THE u must file the necessary forms to make this
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•	I Security #:				
0 ,	0 1		•	B or last 4 digits of their SSN.	
Occupation:					
Street_Address:				Apt. #:	
-		Zip Code:	E-Mail Addres	:s:	=
Mailing Address, if di					
City:					
Primary Tele Pphone	Numbers: Home	Alternate	Phone:Work	Cell	
Email Address:					
Have you had any cri	iminal charges filed a	against you or convi	ctions entered since	the last report?	
If Yes, explain:					
Co-Guardiar	n's Information (if a	pplicable): □Chec	k if updated inform	ation from last report	
Name: Last 4 digits of Social			AqeDa	e of Birth:	_
0				Described Authors of the COM	
NOTE: Agency desi Occupation:				B or last 4 digits of their SSN.	
				Apt. #:	
Street_Address:				Apt. # :s:	
Mailing Address, if di				···	
			Zip Code:		-
Drimory DTolonhono	Numbers. Home				
Have you had any cri	· ·	,		the last report? Yes No	
Have you had any cri	· ·	,		•	_
Have you had any cri				•	_
Have you had any cri	· ·			•	
Have you had any cri		UPERVISION			
Have you had any cri If Yes, explain: PLACEMEN A. Who currentl	NT AND CARE Solve supervises the www.	UPERVISION ⊬ard's care and trea	tment on a daily bas	s?	
PLACEMEN A. Who currentl	NT AND CARE Solve supervises the www.	UPERVISION ⊬ard's care and trea	tment on a daily bas		
Have you had any cri If Yes, explain: PLACEMEN A. Who currentl Name: Primary Tele B. If the www.are	IT AND CARE Solvy supervises the www.Pphone-Number:	UPERVISION √ard's care and treate the last reporting	tment on a daily bas Alternate period, identify the	s?	of
Have you had any cri If Yes, explain: PLACEMEN A. Who currentl Name: Primary Tele B. If the www.ard residence, ty Date of Na	IT AND CARE Solvy supervises the www. Pphone Number: d has moved since	UPERVISION	tment on a daily bas Alternate period, identify thenge. Type of	s? Phone:	of Formatted Table
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. STATUS INFORMATION	Yes No			
A. Do you recommend that the guardianship continue? If No, explain:		l —-		
B. Do you recommend any changes to the guardianship? If Yes, explain:	0.0	 - -		
C. Do you wish to remain guardian? If No, explain:		 _ I 		
Note: If you wish to terminate this guardianship, or modify b g⊖uardian or adding a c⊆o-g⊖uardian, you must file a separate p	y replacing the c		ormatted: Pattern: Clear	
. CURRENT CONDITION OF THE WARD Please describe in detail the current mental condition of the ward:				
riease describe in detail the current mental condition of the wavard.				
		_		
Please describe in detail the current physical condition of the ward:				
Please describe in detail the current physical condition of the wward: Please describe in detail the current social condition of the wward:				
Please describe in detail the current social condition of the wwward:				
Please describe in detail the current social condition of the wward:				
Please describe in detail the current social condition of the wwward: V. PERSONAL CARE AND OTHER ISSUES A. Has the wwward's physical and medical condition (illness/injuries)	Yes N	 o l		

Have there been any medical, social or psychological evaluations of the www.ard performed? Please explain:		[
Is there a need for further medical, social or psychological evaluations of the w44ard? Please explain:		
Describe the medical, educational, vocational and other services provided to the www.ard. Please describe in detail any medical services provided to the www.ard:		
Please list any medications provided to the wwward:		_
Please describe in detail any educational services provided to the wwward:		
Please describe in detail any vocational services provided to wWard:		
Please describe in detail any other services provided to wwward:		
How often do you contact the w₩ard's medical provider? □Daily □Weekly □Monthly □Other:		_
	Is there a need for further medical, social or psychological evaluations of the www.ard? Please explain: Describe the medical, educational, vocational and other services provided to the www.ard. Please describe in detail any medical services provided to the www.ard: Please list any medications provided to the www.ard: Please describe in detail any educational services provided to the www.ard: Please describe in detail any vocational services provided to www.ard: Please describe in detail any vocational services provided to www.ard: Please describe in detail any other services provided to www.ard:	Please explain: Is there a need for further medical, social or psychological evaluations of the wward? Please explain: Describe the medical, educational, vocational and other services provided to the wward. Please describe in detail any medical services provided to the wwward: Please list any medications provided to the wwward: Please describe in detail any educational services provided to the wwward: Please describe in detail any vocational services provided to wwward: Please describe in detail any vocational services provided to wwward: Please describe in detail any other services provided to wwward:

			·	
		Н.	The wWard's care and living situation is Very Good Good Adequate Poor	
		ı.	Describe your plans for the wwward's future care, including any recommended changes.	
ı				
	٧.	,	VISITATION OF WARD	
1	v.	`	VISITATION OF WARD	
		Α.	Colorado law requires that a guardian maintain sufficient contact with the www.ard. How often do you visit the www.ard? Daily Weekly Monthly Other:	
]			How often do you contact the w₩ard or the w₩ard's care provider?	
			□Daily □Weekly □Monthly □Other:	
		C.	When was the last time you saw the ward in person? (date)	
		D.	Indicate how long your visits are and summarize your activities with and on behalf of the $\underline{w}\!$	
1		E.	Does the w₩ard participate in decision-making? ☐Yes ☐No Briefly describe.	
		_		
	VI.		FINANCIAL MATTERS	
	۷1.	٠		
			Complete this section only if there is no conservatorship and the guardian has custody of funds.	Formatted: Not Highlight
		A.	Are there sufficient financial resources to take care of the wward? Yes No If No, what do you believe is the best way to handle this problem?	
1	IDE	9509	SC R6/45-9/18 GUARDIAN'S REPORT - ADULT Page 5 of 8	
			2015 Colorado Judicial Department for use in the Courts of Colorado	

	have control of the wall-ard's income? Yes No describe:					
If application Name:	cable, identify the representative Payee for Social Security and other in Phone Number:	ncome be	nefits.			
	ny fees been paid to you in your role as guardian? Yes No describe:					
	ny fees been paid to others for the care of the <u>w</u> ₩ard or his/her property describe and identify name of person:					
Please ir	dicate whether you have possession or control of the fo	llowing	:			
		_				
	edicate whether you have possession or control of the foount(s): Name of financial institution(s) and last four numbers of account(_				
ank Acco	bunt(s): Name of financial institution(s) and last four numbers of account(s):				
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Less total monies paid to the Ward, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The <u>c</u>court or any <u>i</u>nterested <u>p</u>Persons as identified in the Order Appointing Guardian may request copies at any time.

	Ву	checking	this	box,	I am	acknowled	ging I	lam	filling	in 1	the	blanks	and	not	changing	anything	else	on	the
for	m.																		
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By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I-swear/affirm under penalty of perjury, that I have read the foregoing GUARDIAN'S REPORT - ADULT and that the statements set forth therein are true and correct to the best of my knowledge. §15-10-310, C.R.S.

Guardian's Signature	Data	Co-Guardian's Signature	Data
Guarulan s Gignature	Date	- O'Guaruian S Olynature	Date

IMPORTANT

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Guardian's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Guardian, including minors 12 years of age or older (§ 15-14-309(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate petition with the <u>c</u>court.

I certify that on _______(date) the original was e-filed/filed with the Court and a copy of this Guardian's Report was served on each of the following:

Name of person receiving this document (Interested Persons)	Relationship to Ward	Address	Manner of Service**
	Ward		

JDF 850SC R6/45-9/18 GUARDIAN'S REPORT - ADULT ©2014, 2015 Colorado Judicial Department for use in the Courts of Colorado

Page 7 of 8

**Insert hand delivery, first class U.S. Mail, cer Colorado law.	rtified U.S. Mail, E-filed, Fax or other me	thod allowed under
	VERIFICATION	
I declare under penalty of perjury under the law	w of Colorado that the foregoing is true a	and correct.
Executed on theday of		
(date) (month) (y	<u>ear)</u>	
at (city or other location, and state OR country)		
(printed name)		
(signature)		
CEI	RTIFICATE OF SERVICE	
		e of document) was served
Name and Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*
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<u></u> ∑- Signature		
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JDF 850SC R6/45-9/18 GUARDIAN'S REPORT - ADULT ©2014, 2015 Colorado Judicial Department for use in the Courts of Colorado

Page 8 of 8

☐District Court ☐De			
Court Address:	County, Colorado		
In the Interests of:			
Ward			▲ COURT USE ONLY ▲
Attorney or Party With	nout Attorney (Name and Address)	:	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #.:		Division Courtroom
PE1	TITION FOR TERMINATION PURSUANT TO §		
	dress:		(full name(s))
City:	State:	Zip Code:	
	sidence, if different:		
	State:		
☐ is the guardian.☐ is the ward.☐ is a person inter	ested in the welfare of the ward. (S	State nature of in	terest-)
2. The guardian was a	ppointed on	(date).	
	quests that the guardianship be ter guardianship for the following reas		the ward no longer meets the standard
□Physician's letter C.R.P.P. 60 27.1 (§		fied person is att	ached, if appropriate in compliance with
DF 852 <u>50 K9/1811/07 I</u>	PETITION FOR TERMINATION OF GUAR	DIANSHIP - ADULT	Page 1 of 2

pe						
F	Full Name	Address		Relationship •	Formatted Table	
Γhe pe 15-14-	e <u>oplersons</u> listed above will -309(3), C.R.S.	be given notice of the	time and place for hearing on this	s petition, pursuant to §		
		at the <u>c</u> Court appoint⊦ (cCheck all that applybox(es) as a	ippropriate.) <u>:</u>		
	Court Visitor					
	Guardian ad Litem (GAL)					
	Attorney Other:					
	Other: None.	_				
<u>i. </u>	he <u>w</u> ₩ard is required to be	present at the heari	ng, unless excused by the ${f c}$ Go	urt for good cause.		
٦		147 11				
The	e nPetitioner requests that th	ne www.ard he excused	from attending the hearing for the	e following reasons:		
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certify that on was served on each		_ (date) a copy of this Petition	on for Termination of (3uardianship - Adu
Full Name	Relationship to	Address		Manner o
	**Cita			OCI VICE
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		Signature	9	
		RTIFICATE OF SERVICE		
certify that onas follows on each of		e), a copy of this	(name of doc	ument) was served
	and Address	Relationship to (Deced		ner of Service*
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declare under pena	alty of perjury under the la	aw of Colorado that the fore	going is true and corre	act.
xecuted on the		1- 1		
<u>_(d</u> :	ate) (month) (ye	ear)		
at				
city or other locatio	n, and state OR country)			
printed name)				

Note:

• The petitioner must contact the court to set a date and time for a hearing.

JDF 852 $\underline{\text{SC}}$ R9/1811/07 PETITION FOR TERMINATION OF GUARDIANSHIP - ADULT

Page 4 of 2

County, Colorado		
Court Address:		
In the Interest of:		
Ward/Protected Person	▲ COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail:		
FAX Number: Atty. Reg.#: NOTICE OF DI	Division Courtroom	
2. ☐ The gGuardian's authority to act on behalf of the wWard ☐ The gGonservator's authority to act on behalf of the pF will conclude administration of the conservatorship estate p	Protected pPerson is limited and the c⊖	
		C.R.
VERIFICATION I declare under penalty of perjury under the law of Colorado that Executed on the	<u>N</u>	C.R.9
VERIFICATION Independent of the law of Colorado that	<u>N</u>	C.R.:
VERIFICATION I declare under penalty of perjury under the law of Colorado that Executed on the	<u>N</u>	C.R.:
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VERIFICATION I declare under penalty of perjury under the law of Colorado that executed on the	t the foregoing is true and correct.	C.R.S
VERIFICATION I declare under penalty of perjury under the law of Colorado that Executed on the	on the foregoing is true and correct. ON Occument are true as far as I know or am	- info
VERIFICATION I declare under penalty of perjury under the law of Colorado that Executed on the day of (date) (month) (year) at (city or other location, and state OR country) (printed name) (signature)	on the foregoing is true and correct. ON Occument are true as far as I know or am	- info
VERIFICATION I declare under penalty of perjury under the law of Colorado that Executed on the	ON Ocument are true as far as I know or aminon of the facts stated herein. (§15-10-31) Date	- info

	Name of Person to Whom you are Sending this Document	Relationship to Protected Person/Ward	Address	Manner of Service*
I				
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I				
	*Insert one of the following:	Hand Dolivery Fire	st-Class Mail Cortified Mail E-Served or Faved	

	CERTIFICATE OF SERVICE	
I certify that on	(date), a copy of this	(name of document) was served
as follows on each of the following:		
Name and Address	Relationship to (Decedor or Protected Pe	
*Insert one of the following: hand delir	very, fFirst-cClass mail, cCertified	mail, e-service-through ICCES, or fax.
	Signature	
	VERIFICATION	
I declare under penalty of perjury under	er the law of Colorado that the fore	going is true and correct.
Executed on the day of (date) (month)	(year)	
at (city or other location, and state OR co	ountry)	
(printed name)	=	
(signature)	=	

^{*}Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

_		
☐District Court ☐Denver Probate Court		
County, Colorado		
Court Address:		
In the Interest of:		
	▲ C(OURT USE ONLY
	Case Number	
		···
Was I		
Ward	Division	Courtroom
ORDER FOR TERMINATION	OF GUARDIANSHIP - /	ADULT
PURSUANT TO §	15-14-318, C.R.S.	
You also have the right to file a petition with the court for rethe court to decide whether to grant you the relief requestion the Application and Petition forms, go to www.courts.stantructions " "Miscellaneous" — "National Instant Crimina Upon consideration of the Petition for Termination Certificate of Death, the Court finds and orders that this court finds are considered for continuing the following good cause:	ed depending on whether yostate.co.us — "Self-Help/Form I Background Check System of Guardianship or Notic guardianship is terminated be	u meet certain criteria. To ns — "All Court Forms and " or click here. ce of Death (JDF 853) or
Date:	Judge DMc sistants	
· · · · · · · · · · · · · · · · · · ·	Judge ☐ Magistrate	

□District Court □Denve			
Court Address:	ounty, colorado		
In the Interests of:			
Ward/Minor		▲ cou	JRT USE ONLY
	Attorney (Name and Address):	Case Numbe	r:
Phone Number:	E-mail:		
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PURS	UANT TO §§15-14-318, C.	R.S. OR §15-14-210, C	R.S.
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	d in the welfare of the ward- (<u>s</u> Sta		
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	The <u>c</u> Court, in its Order Apperson(s):	pointing Guardian, or	dered that notice of all proceedings be	given to the following	
	Full Name	Address		Relationship -	Formatted Table
		at the Court appoint: ((cCheck box(es) as appropriate.)all bo	ces that apply):	
	Court Visitor				
	Guardian ad Litem (GAL)				
	Attorney for Ward/Minor Other:				
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	CER	TIFICATE OF SERVICE			
certify that on		(date) a copy of this Petition for Mod	lification of Guardian	ship was	
served on each of the	he following:	. (,,			
Full Name	Relationship to Protected Person	Address		Manner of	
	Frotected Person		7	Service*	
Insert one of the fol	llowing: Hand Delivery, Fire	st-Class Mail, Certified Mail, E-Served or	Faxed.		
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JDF 855 <u>SC</u> <u>R11/079/1</u>	8 PETITION FOR MODIFICAT	ION OF GUARDIANSHIP – ADULT OR MINOR	R Page 3 of 4		

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Note:

• The pPetitioner must contact the cCourt to set a date and time for a hearing.

 $\mbox{JDF 855$$\underline{\underline{SC}}$} \quad \mbox{$\underline{R11/079/18}$} \quad \mbox{PETITION FOR MODIFICATION OF GUARDIANSHIP - ADULT OR MINOR} \qquad \mbox{Page 4 of 4}$

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Ο	_ County, Colorado					
Court Address:						
In the Interest of:						
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Ward/Minor Attorney or Party Without	out Attorney (name and add	ress):	Case Numb			
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	es and basis for charg	ing fees for any extra	narged pursuant to a published fee schedule aordinary services, and any other bases upon attachment to this Petition
which a fee charg	ompensation has not ye		

☐The basis of compensation has not yet been de	termined.		
* There is a continuing obligation to disclose any mat C.R.S.)	erial changes to the basis for charging	g fees. (§ 15-10-602	
7.9. The pPetitioner hereby adopts the statements appointment of the current gGuardian.	in the original petition for appointn	nent that led to the	
8.10. Petitioner requests that the nominee be app Letters of Guardianship be issued Gethwithimm		or Guardian and that	
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VERIFICATION ANI	O ACKNOWLEDGMENT		
I (Petitioner) verify that the facts set forth in this docun that penalties for perjury follow deliberate falsification of			
	Signature of Petitioner	Date	
	The foregoing instrument was ackr in the County of thisday of, 20	nowledged before me _, State of Colorado, , by the Petitioner.	
	My Commission Expires:		
	Notary Public/Deputy Clerk		
Signature of Attorney Date By checking this box, I am acknowledging I am f	illing in the blanks and not changing	anything else on the	
form. ☐ By checking this box, I am acknowledging that I ha			
<u>VERI</u>	FICATION		
declare under penalty of perjury under the law of Colo	orado that the foregoing is true and cor	rect.	
Executed on the day of . (date) (month) (year)	<u></u>		
at (city or other location, and state OR country)			
(printed name)			
JDF 857SC R8/139/18 PETITION FOR APPOINTMENT OF CO- ©2013 Colorado Judicial Department for use in the Courts of Colora	GUARDIAN OR SUCCESSOR GUARDIAN do	Page 3 of 3	

	CERT	FIFICATE OF SERVICE		
certify that on Successor Guardian was s		_ (date) a copy of this Petition for Appeter following:	pointment of Co-G	uardiar
Name of Person to Whom you are Sending this Document	Protected PersonWard/Min or	Address		Mann of Service
	PersonWard/Minor			
Insert one of the following	: Hand Delivery, Firs	st-Class Mail, Certified Mail, E-Served or	Faxed.	
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	CEF (date).	RTIFICATE OF SERVICE		
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JDF 857SC R8/439/18 PETITION FOR APPOINTMENT OF CO-GUARDIAN OR SUCCESSOR GUARDIAN ©2013 Colorado Judicial Department for use in the Courts of Colorado

Page 5 of 3

Court	County Colorado	
	County, Colorado Address:	
In the	Interests of:	
		COURT USE ONLY
		Case Number:
Ward	/Minor	Division Country on
	ORDER APPOINTING CO-GU	Division Courtroom UARDIAN OR SUCCESSOR GUARDIAN
Jpon		ment of Co-Guardian or Successor Guardian filed b ne of petitioner) on (date),
Γhe <u>c</u>	Court finds:	
1.	The previously appointed guardian has joine	ed in the petition, resigned, died or been removed.
2.	The best interests of the ward/minor will be s	served upon this appointment.
3.	Any required notices have been given or wai	ived.
3.	Any required notices have been given or wai	ived.
	Any required notices have been given or wai	ived.
Γhe <u>c</u>	Court orders the following	
Γhe <u>c</u>		
Γhe <u>c</u>	The ccourt appoints Successor guardian. In an adult guardianship, the court and dire with the restriction that the guardian does no	
Γhe <u>c</u>	The ccourt appoints	(full—name) as ☐co-guardianets the issuance of Letters of Guardianship-Adult (JDF 849) of have the authority to obtain hospital or institutional care and disability, or alcoholism against the will of the ward pursuan
Γhe <u>c</u>	The ccourt appoints	(full—name) as □co-guardian ects the issuance of Letters of Guardianship-Adult (JDF 849 of have the authority to obtain hospital or institutional care and disability, or alcoholism against the will of the ward pursuances as follows:
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Γhe <u>c</u>	The ccourt appoints □ successor guardian. In an adult guardianship, the court and dire with the restriction that the guardian does no treatment for mental illness, developmental to §15-14-316(4), C.R.S. The address, telephone number and e-mail is Street Address: City: State: Mailing Address, if different: City: State:	(full—name) as □co-guardian ects the issuance of Letters of Guardianship-Adult (JDF 849 of have the authority to obtain hospital or institutional care and disability, or alcoholism against the will of the ward pursuances as follows:
The <u>c</u>	The ccourt appoints	(full—name) as ☐co-guard cots the issuance of Letters of Guardianship-Adult (JDF 8 of have the authority to obtain hospital or institutional care disability, or alcoholism against the will of the ward pursues as follows:

2.3. ☐The provisions of the original order apply.	
☐ File the Guardian's Report (JDF 850) by	(date 60 days from appointment).
File the Annual Guardian's Report (JDF 834 or JDF 8 annually one year from said date unless otherwise of	350) by (date) and the ordered by the Court.
Other:	
3.4. The ccourt further orders:	
te:	
□ lude	ge 🗖 Magistrate

Minor Attorney or Party Without Attorney (name and address): Case Number: Atty, Reg. #: Division Countroom PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR The pPetitioner is: a person who would be adversely affected by lack of effective management of the mMinor's property business. a person who is interested in the estate, financial affairs, or welfare of the mMinor. the mMinor and is 12 years of age or older. This is a pPetition for appointment of a: Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless otherwordered by the gCourt.) Special Conservator. While a petition to establish a conservatorship is pending, a sSpecial gConservis in needed to preserve and apply the mMinor's property as may be required for the support of the mMinor individuals who are dependent upon the Minor. Special Conservator. A sSpecial gConservator is necessary to assist in the accomplishment of following protective arrangement or other single transaction. A permanent conservatorship is not requested the month of the main of th	Minor A COURT USE ONLY A		enver Probate Court County, Colorado		
Attorney or Party Without Attorney (name and address): Case Number: Atty Number: Atty Reg. #: Division Courtroom PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR The pPetitioner is: a person who would be adversely affected by lack of effective management of the mMinor's property business. be person who is interested in the estate, financial affairs, or welfare of the mMinor. the mMinor and is 12 years of age or older. This is a pPetition for appointment of a: Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless otherwordered by the pCourt.) Special Conservator. While a petition to establish a conservatorship is pending, a sSpecial property is needed to preserve and apply the mMinor's property as may be required for the support of the mMinor individuals who are dependent upon the Minor. Special Conservator. A sSpecial pConservator is necessary to assist in the accomplishment of following protective arrangement or other single transaction. A permanent conservatorship is not requested the property of the minor is transaction. A permanent conservatorship is not requested the property of the minor is transaction. A permanent conservatorship is not requested the property of the minor is transaction. A permanent conservatorship is not requested the property of the minor is not property and property of the minor is not property of the	Attorney or Party Without Attorney (name and address): Case Number: E-mail: Atty. Reg. #: PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR The pPetitioner is: a person who would be adversely affected by lack of effective management of the mMinor's property business. a person who is interested in the estate, financial affairs, or welfare of the mMinor. the mMinor and is 12 years of age or older. This is a pPetition for appointment of a: Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless other ordered by the gCourt.) Special Conservator. While a petition to establish a conservatorship is pending, a sSpecial gConserv is needed to preserve and apply the mMinor's property as may be required for the support of the mMinor individuals who are dependent upon the Minor. Special Conservator. A sSpecial gConservator is necessary to assist in the accomplishment of following protective arrangement or other single transaction. A permanent conservatorship is not requested to preserve and apply the maintenance of the mainten				
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Does Petitioner need an interpreter?: No Ves (Language:	Doco i citionol need all interpreter:	□Conservator. (Nordered by the cook □Special Conservis needed to prese individuals who are □Special Conservis following protective Information about Name: known as, etc.): Relationship to Min Street Address: City: Mailing Address, if City: Primary Phone:	Note: the appointmen ourt.) vator. While a petitio erve and apply the management upon the vator. A sepecial se	at will expire when the control to establish a conse Minor's property as made Minor. Conservator is necester single transaction. A Zip Code: Zip Code: Alternate Phone:	rvatorship is pending, a Special Conservative by be required for the support of the Minor sarry to assist in the accomplishment of a permanent conservatorship is not requested. List all names used (also known as, form Home Phone #:

	Information about the	mMinor:			
	Name:		Age:	Date of Birth:	
	Street Address:				
				Home Phone #:	
				ate Phone:	
	Email <u>a</u> Address:			-Work Phone #:	
	Does the <u>m</u> Minor need a	an interpreter?÷	□No □Yes (Langua	ge:)	
4.	Information about the	mMinor's paren	ıts:		
	Parent's Name:	·		ed Unknown (attach Birth Certificate)	
	·				
	City: Mailing Address, if differ		•		
	-			Home Phone #	
	Primary Phone:				
	Filliary Friorie.		Alternate Phone.	Work Phone #:	
	Liliali Addiess.			Work I Hone #.	
	Street Address: City:		Zin Code:		
			· ·		
	Mailing Address, if differ	ent:	•		
	Mailing Address, if differ	ent: State:	Zip Code:	Home Phone #	
	Mailing Address, if differ City: Primary Phone:	ent: State:	Zip Code:	Home Phone #one:	
	Mailing Address, if differ City:	ent: State:	Zip Code:Alternate Ph	Home Phone #	
	Mailing Address, if differ City:	ent: State:	Zip Code:Alternate Ph	Home Phone #one:Work Phone #:	Formatted: Indent: Left: 0.25", Line spacing: 1.5 lines
5.	Mailing Address, if differ City:	ent: State: an interpreter?: [Zip Code:Alternate Ph □ No □ Yes (Langua	Home Phone # one: Work Phone #: ge:)	Formatted: Indent: Left: 0.25", Line spacing: 1.5 lines
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	☐needs money for support and education and protection is necessary or desirable to obtain or provide money.
7.	□ A conservator is required for reasons other than the mMinor's age. The mMinor is unable to manage property and business affairs because he_or_/she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments: □ Physician's letter attached.
	In addition: ☐ the Minor has property that will be wasted or dissipated unless proper management is provided.
	and/or
	☐the Minor, or persons entitled to the Minor's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.
8.	\square A \underline{c} Conservator is required because the \underline{m} Minor is missing, detained, or unable to return to the United States. The nature of the \underline{m} Minor's disappearance or detention and any efforts to locate the \underline{m} Minor are as follows:
9.	The pPetitioner requests the pConservator's powers and duties be Qunlimited/unrestricted or Qlimited/with restrictions. The property to be placed under the pConservator's control and the requested limitations/restrictions on the pConservator's powers and duties, if any, are as follows:
<u>10.</u>	The petitioner requests the special conservator's powers and duties be Qunlimited or unrestricted or
	□ limited or with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the Special Conservator's powers and duties, if any, are as follows:

P-11. ☐ Petitioner is 21 y CConservator or _SSpecial or		ler, nominates hims	elf <u>or</u> /herself and requests to	be appointed as		
Petitioner nominates <u>c</u> -conservator or <u>s</u> -specia		erson, who is 21	years of age or older, to be	e appointed as		
Name:			List all names used (also known as,	Formatted: Indent: L	eft: 0.5"
formerly known as,	etc.):					
Relationship to Mind	or:			4-	Formatted: Indent: F	irst line: 0.25"
Street Address:						
City:	State:		Zip Code:			
Mailing Address, if o	lifferent:					
City:	State:	Zip Code:	Home Phone #:			
Primary phone:		Alternate phone	e:			
Email Address:			e:Werk Phone #: anguage:			
Email Address: Does this person ne 1. The nominated cconser	ed an interpreter?	□No □Yes (Lor appointment because	Work Phone #:anguage:)		
Email Address: Does this person ne 1. The nominated cconser □nominated by the m	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne 1. The nominated cconser □ nominated by the mile - JDF 826).	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne 1. The nominated cconser □ nominated by the mile - JDF 826).	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne 1. The nominated cconser □ nominated by the mile - JDF 826).	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne 1. The nominated cconser □ nominated by the ml - JDF 826).	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne I. The nominated cconser □ nominated by the ml - JDF 826).	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne 1. The nominated cconser □ nominated by the mile - JDF 826).	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
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Email Address: Does this person ne 1. The nominated cconser □ nominated by the ml - JDF 826).	ed an interpreter?÷ vator has priority fo	□No □Yes (Lor appointment because is 12 years of ag	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne 1. The nominated cconser □ nominated by the mile - JDF 826).	ed an interpreter?÷ vator has priority fo	or appointment because is 12 years of agreest.)	Work Phone #:anguage:ause he_or_/she is:)		
Email Address: Does this person ne 1. The nominated cconser □ nominated by the mN - JDF 826). □ an interested person.	ed an interpreter?	or appointment because is 12 years of agreest.)	anguage:ause he_or_/she is: e or older. (Attach Consent or No	omination of Minor		
Email Address: Does this person ne 1. The nominated cConser □ nominated by the mN - JDF 826). □ an interested person. 2. The cConservator may r □ The hourly rates to including the rates and	ed an interpreter?: vator has priority for the mean of the mean o	or appointment because is 12 years of agreest.)	Work Phone #:anguage:ause he_or_/she is:	d fee schedule,		

The basis of compensation has not yet been determined.	
3. The conservator may compensate his, her, or its counsel.	
☐The hourly rates to be charged, any amounts to be charged pursual including the rates and basis for charging fees for any extraordinary ser which a fee charged to the estate will be calculated, are as stated below or *	vices, and any other bases
☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis fC.R.S.)	for charging fees. (§ 15-10-6
4. Sections a and b below identify assets and the source and amount of estin property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value.	
property, proceeds from insurance policy, proceeds from pension, etc.)	
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The <u>m</u> Minor's assets are:	of the mMinor, together w
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property)	of the mMinor, together w Estimated Value
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property)	of the mMinor, together w Estimated Value \$
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property) None.	of the mMinor, together w Estimated Value \$ \$ \$
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property)	of the mMinor, together w Estimated Value \$
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The multiplication of Assets are: Description of Assets (e.g. bank accounts, property) None.	of the mMinor, together w Estimated Value \$ \$ \$
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property) None. Total b. The Minor's income is: Description of Income (e.g. social security, insurance or pension)	Estimated Value S S S S S S S S S S S S S S S S S S
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property) None. Total b. The Minor's income is: Description of Income (e.g. social security, insurance or pension)	Estimated Value S S S S Estimated Amount
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property) None. Total b. The Minor's income is: Description of Income (e.g. social security, insurance or pension)	Estimated Value S S S S S S S S S S S S S S S S S S
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property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property) None. Total b. The Minor's income is: Description of Income (e.g. social security, insurance or pension) None.	Estimated Value \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
property, proceeds from insurance policy, proceeds from pension, etc.) estimate of the value. a. The mMinor's assets are: Description of Assets (e.g. bank accounts, property) None. Total b. The Minor's income is: Description of Income (e.g. social security, insurance or pension) None. Total Total	Estimated Value \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Primary Phone: Email Address: Does this person need an interpreter?: No Yes (Language: Work Phone #: Does this person need an interpreter?: No Yes (Language: Relationship to Minor: Street Address: City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Does this person need an interpreter?: No Yes (Language: Work Phone #: Primary Phone: Alternate Phone: Tip Code: Work Phone #: State: Tip Code: Work Phone #: Primary Phone: Alternate Phone: Relationship to Minor: Work Phone #: State: Tip Code: Work Phone #: State: Tip Code: Work Phone #: Street Address: City: State: Zip Code: Work Phone #: Street Address: City: State: Zip Code: Mailing Address, if different: Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code:
Does this person need an interpreter?: □No □Yes (Language: □The mMinor's parents are deceased. The following person is the adult relative neare that can be found with reasonable efforts: Name: Relationship to Minor: Street Address:
□The mMinor's parents are deceased. The following person is the adult relative neare that can be found with reasonable efforts: Name:
that can be found with reasonable efforts: Name:
that can be found with reasonable efforts: Name:
that can be found with reasonable efforts: Name:
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: Does this person need an interpreter?: No Yes (Language: The following person had the primary care and custody of the mMinor during the 60 day filling of this perition: Name: Relationship to Minor: Street Address: City: State: Zip Code:
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: Does this person need an interpreter?: No Yes (Language: The following person had the primary care and custody of the mMinor during the 60 day filling of this petition: Name: Relationship to Minor: Street Address: City: State: Zip Code:
City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: Does this person need an interpreter?: No Yes (Language: The following person had the primary care and custody of the mMinor during the 60 day filing of this petition: Name: Relationship to Minor: Street Address: City: State: Zip Code: Mailing Address, if different:
Mailing Address, if different: City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: Does this person need an interpreter?: No Yes (Language: Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the primary care and custody of the Minor during the 60 day filing of this person had the person
City: State: Zip Code:Home Phone #: Primary Phone: Email Address: Work Phone #: Does this person need an interpreter?: □No □Yes (Language:
Primary Phone: Email Address: Does this person need an interpreter?: The following person had the primary care and custody of the mMinor during the 60 day filing of this petition: Name: Street Address: City: State: Zip Code: Mailing Address, if different:
Email Address:
Does this person need an interpreter?: □No □Yes (Language:
The following person had the primary care and custody of the mMinor during the 60 day filing of this petition: Name: Relationship to Minor: Street Address: City: State: Zip Code: Mailing Address, if different:
filing of this petition: Name: Relationship to Minor: Street Address: City: State: Zip Code: Mailing Address, if different:
City: State: Zip Code: Mailing Address, if different:
Mailing Address, if different:
City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone:
Email Address: Work Phone #:
Dates of Care:
Does this person need an interpreter?: No Yes (Language:
$floor$ The following person is a legal representative for the ${f m}$ Minor not otherwise design
(Representative payee, trustee, custodian of a trust, etc. §_15-14-102(6), C.R.S.)
Name:Type of Legal Representative:
ramo rype or Legar Nepresentative
Street Address:

Email Address:	Phone #:
40. The Detitioner requests then on	annointment of a Concentrator be made often notice and bearing
19. The Fellioner requests than an	appointment of a Conservator be made after notice and hearing.
☐In addition, the Petitioner reques	sts the following:
·	•
By checking this box, I am ackno form.	owledging I am filling in the blanks and not changing anything else on
	eledging that I have made a change to the original content of this form.
By checking this box, I am acknow	neaging that thave made a change to the original content of this form.
VERIF	ICATION AND ACKNOWLEDGMENT
	orth in this document are true as far as I know or am informed. I underst
that penalties for perjury follow deliber	rate falsification of the facts stated herein. (§15-10-310, C.R.S.)
	Signature of Petitioner Date
	The foregoing instrument was acknowledged before
	in the County of, State of Colors thisday of, 20, by the Petition
	thisday or, 20, by the Petition
	My Commission Expires:
	N
	Notary Public/Deputy Clerk
	Notary Public/Deputy Clerk
Circulations of Attachan	
Signature of Attorney	
Signature of Attorney	
	Date
	— Date
I declare under penalty of perjury under	Date VERIFICATION er the law of Colorado that the foregoing is true and correct.
declare under penalty of perjury under	Date VERIFICATION er the law of Colorado that the foregoing is true and correct.
I declare under penalty of perjury under Executed on the day of _(date) (month)	Date VERIFICATION er the law of Colorado that the foregoing is true and correct.
I declare under penalty of perjury under Executed on the day of (date) (month)	VERIFICATION er the law of Colorado that the foregoing is true and correct. (year)
I declare under penalty of perjury under Executed on the day of (date) (month)	VERIFICATION er the law of Colorado that the foregoing is true and correct. (year)
Executed on the day of (month) at (city or other location, and state OR co	VERIFICATION er the law of Colorado that the foregoing is true and correct. (year)
Executed on the day of	VERIFICATION er the law of Colorado that the foregoing is true and correct. (year)
Executed on the day of (month) at (city or other location, and state OR co	VERIFICATION er the law of Colorado that the foregoing is true and correct. (year)

JDF 861SC R12/149/18 PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR ©2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

Page 8 of 6

□ District Court □ Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	▲ COURT USE ONLY ▲	
	Case Number:	
Minor		
ORDER APPOINTING CONSERVATO	Division Courtroom	
ORDER ALL OINTING CONSERVATO	on ton minon	
Jpon consideration of the Petition for Appointment of Conservato (date),	r for the above mMinor and hearing on	
The Court finds that:		
 Venue is proper and required notices have been given or waiv An interested person seeks the appointment of a conservato The person is a minor born on The mMinor's best interest will be served by appointment of a common on the appointment of a common on the appointment of a common on the appointment of a common or property that requires management or protection on the appointment of a common or property that requires management or protection on the appointment of a common or property that may be put at risk or property or support and education and that protection money. Independent of the moment of appointment of a common or property or support and education and that protection money. Independent of appointment of appointment of a common or property or support and evaluate information decisions, even with the use of appropriate and reasonably evidence is clear and convincing in this regard. Additionally property that will be wasted or dissipated unless proper manapersons entitled to the moment of appropriate and protection is necessary or desirable to obtain or provide management or provide man	r (date) (date) (date) (conservator (date) (conservator (date)	
Γhe <u>c</u> Court appoints the following person as <u>c</u> Conservator α		
Name:		
Street Address:		
City: State: Zip C		
Mailing Address, if different:		
City: State: Zin Code:	<u> </u>	
City:State:Zip Code:		Farmantha de Marcondoulina
Primary Home Phone:Alternate Phone:Amail Address:		Formatted: No underline

oth	The Letters shall will expire on (date) the mMinor's 21st birthday, unless
	erwise ordered by the cmCourt.
	The powers and duties of the conservator are unrestricted. The conservator may exercise all the vers granted in §15-14-425, C.R.S.
the pPe	The conservator must open an account in a federally insured financial institution for the sole benefit of mMinor or /pProtected pPerson. The account must be opened on behalf of the mMinor or /pProtected erson. The account must-shall be opened using the sample title, " (Name of Conservator). The servator must shall-deposit \$ and funds received subsequently into the
inte acc Res	ount. The conservator may make internal transfers of funds in order to take advantage of changes in rest rates except for internal transfers, the financial institution must shall permit no withdrawals from the ount(s), except by separate certified o Order of this court. An Acknowledgment of Deposit of Funds to stricted Account (JDF 867) must be returned to the court within 30 days. No attorney fees may be paid
	nis case until the aAcknowledgment form is signed and returned to the cGourt.
<u> </u>	The powers and duties of the conservator are limited by the following restrictions:
cCc	ourt orders the following:
1	•
••	The <u>c</u> Conservator <u>mustshall</u> notify the <u>c</u> Court within 30 days if his <u>or</u> /her home address, email address, or phone number changes and any change of address for the Minor.
	The <u>c</u> Conservator <u>mustshall</u> notify the <u>c</u> Court within 30 days if his <u>or</u> /her home address, email address,
2.	The <u>c</u> Conservator <u>mustshall</u> notify the <u>c</u> Court within 30 days if his <u>or</u> /her home address, email address, or phone number changes and any change of address for the Minor. Within 30 days of appointment, the <u>c</u> Conservator <u>mustshall</u> provide a copy of this <u>o</u> Order <u>Appointing Conservator for Minor to the Minor</u> , if 12 years or older, and persons given notice of the <u>p</u> Petition and <u>must shall</u> advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812)
2.	The conservator mustehall notify the court within 30 days if his or /her home address, email address, or phone number changes and any change of address for the Minor. Within 30 days of appointment, the conservator mustehall provide a copy of this corder Appointing Conservator for Minor to the Minor, if 12 years or older, and persons given notice of the petition and must shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship. The conservator must shall If
2.	The conservator mustical notify the court within 30 days if his or the home address, email address, or phone number changes and any change of address for the Minor. Within 30 days of appointment, the conservator mustical provide a copy of this condendate of the conservator for Minor to the Minor, if 12 years or older, and persons given notice of the petition and mustical advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship. The conservator must shall file for approval with the court a Conservator's Inventory with Financial Plan (JDF 882) on or before (date within 90 days from appointment). The value of the assets must be reported as of the date of this conservator.
2.	The conservator must half notify the court within 30 days if his or /her home address, email address, or phone number changes and any change of address for the Minor. Within 30 days of appointment, the conservator must shalf provide a copy of this corder Appointing Conservator for Minor to the Minor, if 12 years or older, and persons given notice of the petition and must shalf advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship. The conservator must shalf approval with the court a Conservator's Inventory with Financial Plan (JDF 882) on or before (date within 90 days from appointment). The value of the assets must

	File a Restricted Account Report (JDF 896) alor for the restricted account each year of (date) or the restricted a	
4.	The €conservator mustshallwill ☐ serve without bond for the following reason(s):	
	serve with bond in the amount of \$. The bond must be posted with the Co ted by a surety, notice of any proceeding must
5.	Copies of all future Court filings must be provided to th	e following:
	Name of Interested Person	Relationship to Minor The Minor if 12 years or older at th
		time of mailing Parent or adult nearest in kinship
		Parent or adult nearest in kinship Conservator
6.	The ©court further orders:	
	The Court further orders:	Conservator
		Conservator

County, Colorado			
Court Address:			
Count / Idai coo.			
In the Interests of	-		
In the Interests of:			A
		COURT USE	ONLY
	Case Nu	mber:	
Minor	Division	Court	room
LETTERS OF CONSERVATORSH			
,	appointed	by <u>c</u> Court	<u>o</u> ⊖rder on
(date) as <u>c</u> Conservator.			
hese Letters of Conservatorship for As to thea mMinor whose da	ate of hirth i	i q	
re proof of the Conservator's full authority to these Letters of Conservator's full authority to the conservator full authority to the conservator full authority to the conservator full authority fu			,
		<u> </u>	•
the conservator's authority to exercise all the powers in	n § 15-14-	425, C.R.S.,	subject to the
exclusions in § 15-14-411, C.R.S. The powers and dut			
unrestricted.			
	45 44 405	0.00	P 9 11 4
the conservator's authority to exercise the powers in §	15-14-425,	C.R.S., are	limited by the
the conservator's authority to exercise the powers in § following restrictions:	15-14-425,	C.R.S., are	limited by the
following restrictions:			
following restrictions:			
following restrictions: The conservator must not, without prior court estate owned by the protected person. Oother			
following restrictions:			
following restrictions: The conservator must not, without prior court estate owned by the protected person. Oother			
following restrictions: The conservator must not, without prior court estate owned by the protected person. Oother			
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following restrictions: The conservator must not, without prior court estate owned by the protected person. Oother			
Following restrictions: The conservator must not, without prior court estate owned by the protected person. Oother			
following restrictions: The conservator must not, without prior court estate owned by the protected person. Oother			

Date:	Probate Registrar/(Deputy)/Clerk of Court
	CERTIFICATION
Certified to be a true copy of (date)	the original in my custody and to be in full force and effect as of
	Probate Registrar/(Deputy)Clerk of Court

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Interests of:	
III the interest of	A
	COURT USE ONLY
	0 N I
	Case Number:
Protected Person/Minor	
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED	
The court hereby orders that	, Conservator/Specia
Conservator must open an insured account in a financial or	
insured financial institution or a federally insured broker	
Minor/Protected Person. The account must be opened on	
account shall be opened using the sample title,	ame of Minor/Protected Person)".
Conservator/Special Conservator for (N	ame of Minor/Protected Person) .
The fiduciary shall deposit \$	and funds received subsequently into the
account. This person may make internal transfers of funds	
interest rates.	
It is ordered that, except for internal transfers, the financial in the second	
the account(s), except by separate certified Order of this Cou	<u>urt.</u>
It is ordered that an Acknowledgment of Deposit of Funds	to Restricted Account (IDF 867) must be
returned to the Court within 30 days. No attorney fee	
Acknowledgment form is signed and returned to the Court.	
shall file a Motion to Withdraw Funds from Restricted Account	unt (JDF 868) prior to any disbursement o
<u>funds.</u>	
It is fauth an and and the state of an arms of the state	
It is further ordered that the conservator must file a Conser of the most recent bank statement for the account each year	
	
under the minor's/protected person's birthday	(date) or
<u> </u>	
Failure to file an annual Conservator's Report may result i	n the imposition of sanctions by the coul
which could include removal of the fiduciary from further of	
account until further order of the court. The court may als	
fiduciary.	
The court further orders:	

Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected
	person
	Minor/protected person when12 years or older
	Parent or adult nearest in kinship
	Other:

Dated:	
	—————————————————————————————————————

□ District Court □ Denver Probate Court County, Colorado	
Court Address:	
n the Interests of:	
ii tile litterests of.	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Bi idia
ORDER FOR DEPOSIT OF FUNDS TO RESTRICT	Division: Courtroom:
OF RESTRICTED ACCOU	
neHE court COURT finds the limited nature of the pro	otected person's account does not justify
e establishment of a conservatorship.	
is therefore our characteristics that	(name of fFiduciary)
nall-must open an insured account in a financial or broke nancial institution or a federally insured brokerage	rage institutionaccount in a federally insured
Minor/pProtected pPerson. The account shall must be	opened on behalf of the mMinor/pProtected
Person. The account <u>shallmust</u> be opened using the sar	mple title, " (Name of Fiduciary) as Next
riend/Parent for (Name of Minor/Protected Person)	<i>1</i> .
ne fiduciary shall deposit \$ccount. This person may make internal transfers of fund terest rates.	_ and funds received subsequently into the ds in order to take advantage of changes in
is ordered that, except for internal transfers, the fir ithdrawals from the account(s), except by separate certified	nancial institution shall— <u>must not</u> permit no ed o⊖rder of this c⊖ourt.
is our dered that an Acknowledgment of Deposit of Functurned to the our distribution 30 days. The court further o	orders that the fiduciary shall file a Motion to
(ithdraw Funds from Restricted Account (JDF 868) prior to	any disbursement of funds.
o attorney fees may be paid in this case until the Acknow ourt.	vledgment form is signed and returned to the
is further oordered that the fiduciary mustshall file a ith a copy of the most recent bank statement for the restrict	icted account each year on
en-the mMinor's/pProtected pPerson's birthday	(date) or
ailure to file an annual Restricted Account Report and ba anctions by the court which could include removal of the eezing the restricted account until further order of the appointment of a professional fiduciary.	he fiduciary from further duties and an order
F 866SC R8/459/18 ORDER FOR DEPOSIT OF FUNDS TO RESTRICTE	ED ACCOUNT AND ANNUAL FILING OF RESTRICTED
CCOUNT REPORT 2015 Colorado Judicial Department for use in the Courts of Colorado	
CCOUNT REPORT	ED ACCOUNT AND ANNUAL FILING OF RESTRICTED

Formatted: Not Highlight

Name	Relationship to mMinor/pProtected
	pPerson Minor/pProtected pPerson when if—12 years or
	older Parent or adult nearest in kinship
	Other:
Dated:	
	□Judge □Magistrate

Court Address:					
In the Interests of:					
Protected Person/Minor			URT USE ONLY		
Attorney or Party Without Attorney (Name and Ad	ddress):	Case Number	er:		
Phone Number: E-mail: FAX Number: Atty. Reg. #	:	Division	Courtroom		
ACKNOWLEDGMENT OF DEPOS	SIT OF FUNDS	TO RESTRICT			
	•	•	red financial institution		
cknowledges that funds have been deposite	-				
Conservator, Guardian, Next Friend,	or □ Parent for		(nar	no	
rotected Person or Minor) as follows:					
Title of Account	N	Account umber - last 4-	Amount	Formatted Table	
		digits only	\$		
				_	
Total			\$		
By checking this box, I am acknowledging I am filling By checking this box, I am acknowledging that I have This institution submits itself to the jurisdiction withdrawal of funds except upon being furnish such withdrawal.	e made a change to	the original content of	of this form. t willshall not permit a	ny ng	
By checking this box, I am acknowledging that I have "his institution submits itself to the jurisdiction withdrawal of funds except upon being furnish	e made a change to n of this court a ed a certified co	the original content of	of this form. t willshall not permit a of this <u>c</u> ⊖ourt authorizi	ny ng	
By checking this box, I am acknowledging that I have this institution submits itself to the jurisdiction withdrawal of funds except upon being furnish such withdrawal.	e made a change to n of this court a ed a certified co Signature of	and agrees that in py of an order of Authorized Bank	of this form. t willshall not permit a of this court authorizing of this form.		
By checking this box, I am acknowledging that I have this institution submits itself to the jurisdiction withdrawal of funds except upon being furnish such withdrawal.	e made a change to n of this court a ed a certified co Signature of	and agrees that in py of an order of Authorized Bank	of this form. t willshall not permit a of this court authorizing Officer		

Note: Return to the Court name and a	address as shown above.
	VERIFICATION
I declare under penalty of perjury unde	er 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 co	untry)
(printed name)	-
(signature)	-
Note:	

• Return to the Court name and address as shown above.

JDF 867 $\underline{\text{SC}}$ $\underline{\text{R9/1811/07}}$ ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT

□ District Court □ Denver Probate							
Court Address:	County, Colorado						
In the Interest of:							
Protected Person/Minor			COURT USE	ONLY 🛕			
Attorney or Party Without Attorney (Name and Address):	Case	Number:				
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Divisi		troom			
	HDRAW FUNDS FROM						
,, withdraw \$, on	(name of cCo	onservator(s)), count(s) listed b	respectfully requelow:	uest authority t	0		
Attach current bank statement.							
Name and Address of Financial In	stitution		Account Number (last 4-digits only)	Current Balance in Account	•	Formatted Table	
			- J	\$			
	following purchase/reaso	Total		\$cumentation fo	r 	Formatted Table	
our request.		ns(s): Attach		cumentation fo	- -	Formatted Table	
our request.		ns(s): Attach	supporting do	cumentation fo	- -	Formatted Table	
Signature of Conservator and/or Attor	rney Date Signatu	ns(s): Attach	supporting dod	cumentation fo	- -	Formatted Table	
The funds are requested for the syour request. Signature of Conservator and/or Attor Address City, State₂ and Zip Code □ Check if new address	rney Date Signatur Address City, Sta	ns(s): Attach	supporting dod or and/or Attorned	cumentation fo	- -	Formatted Table	
Gignature of Conservator and/or Attor Address City, State, and Zip Code ☐ Check if new address	rney Date Signatur Address City, Sta	re of Conservat s ate, and Zip Cook if new addres	or and/or Attorned	y Date	Ξ	Formatted: Font: 10 pt	
Signature of Conservator and/or Attor Address City, State, and Zip Code Check if new address By checking this box, I am acknorm.	rney Date Signatur Address City, Sta	re of Conservat s ate, and Zip Cook if new addres	or and/or Attorned	y Date	Ξ	Formatted: Font: 10 pt	
Signature of Conservator and/or Attornation Address City, State, and Zip Code Check if new address By checking this box, I am acknown. By checking this box, I am acknown.	rney Date Signatur Address City, Sta	re of Conservat s ate, and Zip Cook if new addres	or and/or Attorned	y Date	=		
Signature of Conservator and/or Attornation Address City, State, and Zip Code Check if new address By checking this box, I am acknown. By checking this box, I am acknown.	rney Date Address City, Sta □Chec	re of Conservates ate, and Zip Cock if new address a blanks and new address	or and/or Attorned	y Date hing else on the	=	Formatted: Font: 10 pt	
Signature of Conservator and/or Attor Address City, State, and Zip Code Check if new address By checking this box, I am acknown. By checking this box, I am acknown	rney Date Address City, Sta □Chec	re of Conservates ate, and Zip Cook if new addres e blanks and new addres change to the or	or and/or Attorned	y Date hing else on the	=	Formatted: Font: 10 pt	
Gignature of Conservator and/or Attornation Address City, State_ and Zip Code Check if new address By checking this box, I am acknown By checking this box, I am acknown Cate:	rney Date Address City, Sta □Chect owledging I am filling in the wledging that I have made a Signatur VERIFICATION	re of Conservat s ate, and Zip Cook if new addres e blanks and n change to the o	or and/or Attorned	y Date hing else on the f this form.	=	Formatted: Font: 10 pt	
Signature of Conservator and/or Attor Address City, State, and Zip Code	rney Date Address City, Sta □Chect owledging I am filling in the wledging that I have made a Signatur VERIFICATION	re of Conservat s ate, and Zip Cook if new addres e blanks and n change to the o	or and/or Attorned	y Date hing else on the f this form.	=	Formatted: Font: 10 pt	
Signature of Conservator and/or Attor Address City, State, and Zip Code Check if new address By checking this box, I am acknown. By checking this box, I am acknown. Com. Com. Com. Com. Com. Com. Com. Com	Address City, Sta Checo City, Sta Checo City	re of Conservat s ate, and Zip Cook if new addres e blanks and n change to the o	or and/or Attorned	y Date hing else on the f this form.	=	Formatted: Font: 10 pt	

printed name)							
signature)							
	e	ertificate of Service					
certify that on	of the following:	(date) a copy of this Motion to With	draw Funds fron	n Restricted			
Name of Person to Whom You are Sending this Document (Interested Persons)	p to	Address		Manner of Service*			
Insert one of the following:	Hand Delivery	 /, First-Class Mail, Certified Mail, E-Se	erved or Faxed.				
		Signature					
		A			Formatted	: Font: 10 pt	
certify that on	(date) wing:	, a copy of this (nam	e of document) v	was served	(7		
certify that on as follows on each of the follow	wing:	Relationship to (Decedent, AWard, or (Protected Person)	e of document) v				
certify that on as follows on each of the follow	wing:	Relationship to (Decedent, /Ward,					
certify that on is follows on each of the follow	wing:	Relationship to (Decedent, /Ward,					
certify that on is follows on each of the follow	wing:	Relationship to (Decedent, /Ward,					
certify that on is follows on each of the follow	wing:	Relationship to (Decedent, /Ward,					
certify that on as follows on each of the follow Name and Add	wing: Iress	Relationship to (Decedent, AWard, or AProtected Person)	Manner of Se	ervice*			
certify that on is follows on each of the follow Name and Add	wing: Iress	Relationship to (Decedent, /Ward,	Manner of Se	ervice*			
certify that on is follows on each of the follow Name and Add	wing: Iress	Relationship to (Decedent, AWard, or AProtected Person)	Manner of Se	ervice*			
certify that on is follows on each of the follow Name and Add	wing: Iress	Relationship to (Decedent, AWard, or AProtected Person)	Manner of Se	ervice*			
certify that on as follows on each of the follow Name and Add	wing: Iress	Relationship to {Decedent, AWard, or AProtected Person} rst-cClass mail, cCertified mail, e-service	Manner of Se	ervice*			
certify that on as follows on each of the follow Name and Add Insert one of the following: ha	wing: iress	Relationship to (Decedent, AWard, or AProtected Person) rst-cClass mail, cCertified mail, e-service Signature	Manner of Se	ervice*			
certify that on as follows on each of the follows Name and Add Name and Add Insert one of the following: had the following: h	wing: Iress and delivery, fF	Relationship to (Decedent, AWard, or AProtected Person) rst-cClass mail, cCertified mail, e-service Signature VERIFICATION w of Colorado that the foregoing is true in the service in	Manner of Se	ervice*			
certify that on as follows on each of the follows Name and Add Name and Add Insert one of the following: had the following: h	wing: Iress and delivery, fF	Relationship to (Decedent, AWard, or AProtected Person) rst-cClass mail, cCertified mail, e-service Signature VERIFICATION w of Colorado that the foregoing is true in the service in	Manner of Se	ervice*			

(signature)

I

JDF 868<u>SC</u> R4/099/18 MOTION TO WITHDRAW FUNDS FROM RESTRICTED ACCOUNT

District Court Denver Probate Court Court Address:						
In the Interest of:	Case Num	COURT USE Onber:	ONLY A			
Protected Person/Minor	Division:	Cou	rtroom:			
ORDER <u>RE: ALLOWING MOTION TO FOR WITH</u> RESTRICTED ACCOU		F FUNDS F	ROM			
This matter comes before the court on the Motion to Withdran (date). The court, having reviewed the tached, and any responses received from interested persons, enters	ne <u>m</u> Motion and s	supporting do				
☐The mMotion is GRANTED. The cConservator is authoriz account(s) specified in the mMotion and as identified below:	_		from the	•		
Name and Address of Financial Institution	Num	ount nber (last	Amount to Withdraw	•	Formatted Table	
	4-diç		from Account			
☐The cconservator is required to file a copy of the receipt(s) for days.	Total		\$	4	Formatted Table	
	Total or the purchase w		\$	4	Formatted Table	
days. Note: All ©Conservators are required to keep all original receipt(s	Total or the purchase w		\$	4	Formatted Table	
days. Note: All ©Conservators are required to keep all original receipt(s	Total or the purchase w		\$	4	Formatted Table	
days. Note: All Conservators are required to keep all original receipt(s The Motion is DENIED for the following reasons: The Court further Orders:	Total or the purchase v	with the ccou	\$	4	Formatted Table	
days. Note: All Conservators are required to keep all original receipt(s The Motion is DENIED for the following reasons: The Court further Orders:	Total or the purchase w	with the ccou	\$	4	Formatted Table	
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days. Note: All conservators are required to keep all original receipt(s The mMotion is DENIED for the following reasons: The court further corders:	Total or the purchase v	with the ccou	\$	4	Formatted Table	
days. Note: All @Conservators are required to keep all original receipt(s The mMotion is DENIED for the following reasons: The @Court further @Orders: CERTIFICATION certify that this is a true and correct copy of the original in my custody.	Total or the purchase v	with the ccou	\$ urt within 10 ter	4	Formatted Table	

		_ County, Colorado			
Co	ourt Address:				
In	the Interest of:				
Re	espondent			▲ COURT USE ONLY	
		out Attorney (name ar	nd address):	Case Number:	
Ph	none Number:	E-mail:			
FA	AX Number:			Division Courtroom	
	PETIT	ION FOR APPOIN	NTMENT OF CONS	SERVATOR FOR ADULT	
	_	for appointment of a	a:		
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(n to			_		
	City:			ZI	p Code:	
	Mailing Address, if diff					
	•		•		_County of Residence: _	
	Does Respondent nee	ed an interpreter?	⊥ No ∟ Yes	s (Language	e:)
	If this appointment	is made, the Respo	ndent's dwellin	g will chang	ge to:	
_						
	nformation about th he <mark>r</mark> Respondent for				il union, or adult who h	as resided with
١	Name:		R	elationship t	to Respondent:	
5	Street Address:					
(City:	State:		Zip Code:		
١	Mailing Address, if diff	erent:				
C	City:	State:	Zip Code:		Home Phone #:	
E	Primary phone:		Alternate phor	ie:		
Е	Email Address:				Work Phone #:	
	Venue for this proced ☐ resides in this count ☐ does not reside in the	ty.			<u>r</u> Respondent	
	resides in this coundoes not reside in t	ty. his state, but has property of the state, but has property of the state of the	operty in this o	county.	rRespondent such a copy to the Pretition	on.) The agent's
[] [] []	☐resides in this coun☐does not reside in t☐A Power of Attornename and mailing add	ty. his state, but has put y exists for financial ress are: beneficiary agreer	or medical ma	eounty. Attach a co		

	In addition:
	The respondent has property which will be wasted or dissipated unless proper management is provided and/or
	the <u>r</u> Respondent, or persons entitled to the <u>r</u> Respondent's support, require money for support, ceducation, health, and welfare, and protection is necessary or desirable to obtain or provide money.
9.	☐A cConservator is required because the rRespondent is missing, detained, or unable to return to the Un States. The nature of the rRespondent's disappearance or detention and any efforts to locate rRespondent are as follows:
<u>10.</u>	
<u>10.</u>	□limited/with restrictions. The property to be placed under the sSpecial cConservator's control and
<u>10.</u>	□limited/with restrictions. The property to be placed under the sSpecial cConservator's control and
<u>10.</u>	□limited/with restrictions. The property to be placed under the sSpecial cConservator's control and
<u>10.</u>	The pPetitioner requests the sSpecial cConservator's powers and duties beunlimited/unrestrictedlimited/with restrictions. The property to be placed under the sSpecial cConservator's control and requested limitations/restrictions on the sSpecial cConservator's powers and duties, if any, are as follows:
<u>10.</u>	□limited/with restrictions. The property to be placed under the sSpecial cConservator's control and
	□limited/with restrictions. The property to be placed under the s\$pecial cConservator's control and requested limitations/restrictions on the s\$pecial cConservator's powers and duties, if any, are as follows: 11. The pPetitioner requests the cConservator's powers and duties be □unlimited/unrestricted
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	□limited/with restrictions. The property to be placed under the sSpecial cConservator's control and requested limitations/restrictions on the sSpecial cConservator's powers and duties, if any, are as follows: 11. The pPetitioner requests the cConservator's powers and duties be □unlimited/unrestricted □limited/with restrictions. The property to be placed under the cConservator's control and the request

or ☐Petitioner nominate	es the following r	person who is 21	vears of age or old	der to be appoi	inted as		
<u>c</u> Conservator or <u>s</u> Spec			years or age or en	or, to so appor			
Name:		List all r	ames used (also kno	wn as, formerly kr	nown as,	Formatted: Inc	dent: Left: 0.5"
etc.):			_				
Relationship to Re	spondent:						
Street Address:							
City:	S	tate:	Zip Code:		_		
Mailing Address, it	different:						
			Home Phone				
Primary phone:		Alternate phone:					
Email Address:			Work Phone #	*			
			anguage:				
□ a conservator, g where the protected p □ nominated in writing beneficiary agreemer □ an agent appointer attorney.	Guardian, or other for the serson resides. In graph by Respondent it.	iduciary appointed or including nomination to manage the recent to manage the recent	recognized by a cour n in a durable power	of attorney or de	liction		
where the protected part of the protected part appointed attorney. the spouse or part part of the part of the part of the part of the protected part of the part	Guardian, or other foreson resides. Ing by respondent It. It by the respondent In a civil union It respondent. It respondent It respondent It respondent It respondent It respondent It respondent has	iduciary appointed or including nomination and to manage the respondent. resided for more that ollowing person as o	recognized by a courn in a durable power espondent's property on a courn of the course	t in another jurisd of attorney or de under a durable po	esignated ower of		
□ a cConservator, gwhere the protected purpose in writing beneficiary agreemer □ an agent appointer attorney. □ the spouse or part □ an adult child of the □ an adult with whom this pPetition. 3.14. □ The responder that person's appointments.	Guardian, or other foreson resides. Ing by respondent it. In by the respondent it. In a civil union or respondent. In respondent. In respondent has and nominated the forest for the following in the properties.	iduciary appointed or including nomination on to manage the respondent. resided for more that ollowing person as greason:	recognized by a cour n in a durable power espondent's property on 6six months immedi	t in another jurisd of attorney or de under a durable po ately before the fil	liction esignated ower of ling of not seek		
□ a gConservator, gwhere the protected purpose in writing beneficiary agreemer □ an agent appointer attorney. □ the spouse or part □ an adult child of the □ a parent of the pretition. 3.14. □ The presponder that person's appointments.	Guardian, or other foreson resides. Ing by respondent it. If by the respondent in a civil union or respondent. In respondent in the following in the respondent in the respo	iduciary appointed or including nomination on to manage the respondent. Tresided for more that ollowing person as greason: List all r	recognized by a cour n in a durable power espondent's property on 6six months immedi	t in another jurisd of attorney or de under a durable po ately before the fil	liction esignated ower of ling of not seek		
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City:	State:	Zip Code:	Home Phone #:
Primary phone:		Alternate phor	ne:
Email Address:			Work Phone #:
including the rates an	o be charged, and d basis for chargi	y amounts to be ch	narged pursuant to a published fee schedu aordinary services, and any other bases up ated below or in an attachment to this p
☐The basis of compe	nsation has not ye	t been determined.	
·	•		s to the basis for charging fees. (§ 15-10-602
including the rates an	be charged, and	y amounts to be ch	narged pursuant to a published fee schedu aordinary services, and any other bases up ated below or in an attachment to this pPetiti
☐The basis of compe	nsation has not ye	t been determined.	
* There is a continuing obl C.R.S.)	igation to disclose	any material changes	s to the basis for charging fees. (§ 15-10-602
	e, real property, pr		e and amount of anticipated income or recei ce policy, proceeds from pension, etc.), toget
a. The respondent	s assets are:		

Description of Assets None.	(,)	,	pensions, property)	Estimated Value
				\$
Total				\$
b. The respondent's in	come is:			
Description of Income	e (e.g. social se	ecurity, pension ar	nd insurance)	Estimated Amount
☐None.				Income
				\$
Total				\$
or elsewhere: Name:		Rela	_	_
Name:Street Address:		Rela	tionship to Responder	nt:
or elsewhere: Name: Street Address: City:	State	Rela	_	nt:
or elsewhere: Name: Street Address: City: Mailing Address, if differ	State	Rela	tionship to Responder	nt:
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or elsewhere: Name:	State ent: State:	Rela	Zip Code: Home Pho Work Phon	one #:
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or elsewhere: Name:	State ent: State: state: state: un interpreter? ut adult childre	Zip Code: Alternate phone: No Yes (Laternate parents. a brother, sister, aur	Zip Code: Home Pho Work Phon anguage: None (If none, list t, uncle, etc.):	one #: t an adult relative that ca
or elsewhere: Name:	State ent: State: in interpreter?: ut adult childre fforts, such as a	Zip Code: Alternate phone: No Yes (Lagen and parents. a brother, sister, aur	Zip Code: Home Pho Work Phon anguage: None (If none, list nt, uncle, etc.): Relationship:	one #: t an adult relative that ca
or elsewhere: Name:	State ent: State: in interpreter?: ut adult childre fforts, such as a	Zip Code: Alternate phone: No Yes (Laten and parents. a brother, sister, aur	Zip Code: Home Pho Work Phon anguage: None (If none, list nt, uncle, etc.): Relationship: 🗆 Ad	t an adult relative that ca
or elsewhere: Name:	State ent: State: un interpreter? ut adult childre fforts, such as a	Zip Code: Zip Code: Alternate phone: No	Zip Code: Zip Code: Home Pho Work Phon anguage: None (If none, list at, uncle, etc.): Relationship: Ad Zip Code:	t an adult relative that ca
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or elsewhere: Name:	State ent: State: un interpreter?: ut adult childre fforts, such as a State ent: State:	Zip Code: Zip Code: Alternate phone: No	Zip Code: Home Phoe Work Phon anguage: None (If none, list at, uncle, etc.): Relationship: Ac Zip Code:	t an adult relative that ca

			Relationship: Adult Child or	⊔ Pa
Street Address:				
City:	State:	Zip	Code:	_
Mailing Address, if diff	erent:			
		Zip Code:	_	
Primary phone:		Alternate phone:		
Email Address:			_	
,				
			Home Phone #:	
Email Address:			Work Phone #:	
Does this person need	d an interpreter?፥〔	□No □Yes (Language:		
Name:			Relationship:	
Street Address:				
City:	State:	Zip	Code:	_
Mailing Address, if diff	erent:			
City:	State:	Zip Code:	_	
Primary phone:		Alternate phone:		
Email Address:				
Mailing Address, if diff				
City:	State:	Zip Code:	Home Phone #:	
City:Email Address:	State:	Zip Code:	Work Phone #:	
City: Email Address: Does this person need	State:	Zip Code:		
City: Email Address: Does this person need The following prior to the filling of the following the following prior to the filling of the f	State: d an interpreter? person had the this Petition:	Zip Code:No □Yes (Language:	Work Phone #:ly of RRespondent during the	e 60 d
City: Email Address: Does this person need The following prior to the filling of the following the following prior to the filling of the f	State: d an interpreter?÷ [person had the this Petition:	Zip Code:	Work Phone #:	e 60 d
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Name of Treating Physician:		
		hone:
Street Address:		
		Zip Code:
Mailing Address, if different:		
City: State: _	Zip Code:	
Email Address:		
Name of Caregiver:		L
		hone:
Street Address:		Zip Code:
Mailing Address, if different:		Zip Code.
City: State: _		
·		
Email Address:	erson is a <u>l</u> Legal <u>r</u> Repr entative payee, trustee, cus	esentative for the rRespondent not of todian of a trust, etc. §_15-14-102(6), C.R.S.) pe of Legal Representative:
Email Address:	erson is a <u>l</u> Legal <u>r</u> Repr entative payee, trustee, cus	todian of a trust, etc. § 15-14-102(6), C.R.S.)
Email Address:	erson is a Legal representative payee, trustee, cus Ty	todian of a trust, etc. §_15-14-102(6), C.R.S.) pe of Legal Representative:
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Email Address:	erson is a legal representative payee, trustee, cus Ty ate: Zip Co State:Zip Code:Alter	todian of a trust, etc. §_15-14-102(6), C.R.S.) pe of Legal Representative: ode: nate Phone:
Email Address:	erson is a Legal representative payee, trustee, cus	pe of Legal Representative: pade: nate Phone: Phone #:

<u>form.</u>	am filling in the blanks and not ch		
By checking this box, I am acknowledging that	I have made a change to the origin	al content	of this form.
VERIFICATION	AND ACKNOWLEDGMENT		
I (Petitioner) verify that the facts set forth in this detail penalties for perjury follow deliberate falsificate	ocument are true as far as I know o	r am infor	med. I understar
that penalties for perjury follow deliberate raisilicat	tion of the facts stated herein. (§ 15-	10-310, C	.K.S.)
	Signature of Petitioner		Data
	Jighature of Fetitioner		- Date
	The foregoing instrument w	as acknov	wledged before m
	in the County of this day of	20	State of Colorad
	My Commission Expires:		
	Notary Public/Deputy Clerk		
Signature of Attorney Date			
\	/ERIFICATION		
-			
I declare under penalty of perjury under the law of	Colorado that the foregoing is true	and corre	ct.
Executed on the day of			
Executed on the day of , (date) (month) (year)			
(date) (month) (year)			
_(date) (month) (year)	-		
_(date) (month) (year)	-		
(date) (month) (year) at (city or other location, and state OR country)	-		
(date) (month) (year) at (city or other location, and state OR country)	-		
Executed on the day of . (date) (month) (year) at (city or other location, and state OR country) (printed name) (signature)	-		

JDF 876SC R42/449/18 PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT © 2013, 2014 Colorado Judicial-Department for use in the Courts of Colorado

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□ District Court □ Denver Probate Court □ County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL CON □ ADULT □ MINOR	NSERVATOR
Upon consideration of the Petition for Appointment of Conservator(date),	for the above person and hearing on
The cGourt finds that:	
 Venue is proper and required notices have been given or waive An interested person seeks the appointment of a <u>s</u>Special <u>c</u>Co The <u>p</u>Protected <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's best interest will be served by the appointment of a <u>s</u>Special <u>p</u>Person's appointment of a <u>s</u>Special <u>p</u>Person appointment of	nservator.
The <u>Go</u> ourt finds by clear and convincing evidence that:	
□For the following reasons, it is necessary to appoint a sepecial perotected person's property as may be required for the support of the are in fact dependent upon the perotected person, until a hearing can Conservator:	he perotected person or individuals who
☐It is necessary to appoint a Sepecial Ceonservator to assist in the a arrangement or other authorized single transaction. (§_15-14-412(3), C.R.S	
The <u>c</u> Court appoints the following person as <u>s</u> Special <u>c</u> Cons	ervator:
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	Home Phone:
JDF 877SC R8/439/18 ORDER APPOINTING SPECIAL CONSERVATOR - ADULT © 2013 Colorado Judicial Department for use in the Courts of Colorado	OR MINOR Page 1 of 3

	y Phone:		
Email A	Address:	Work Phone:	=
The <u>c</u> €	Court directs the issuance of Letters	of Conservatorship as follows:	
The <u>l</u> Le	etters shall will -expire on	(date), unless otherwise ordered by the cGourt.	
The <u>s</u> S	pecial Conservator is granted only the follo	owing authority:	
			-
			-
			-
			-
The <u>c</u> €	Court orders the following:		
1.		ify the <u>c</u> Court within 30 days if his <u>or/</u> her home address, emain or of any change of address for the <u>p</u> Protected <u>p</u> Person.	il
2.	Appointing Special Conservator to the Pr notice of the pPetition and must shall ac	pecial <u>c</u> Conservator <u>must</u> <u>shall</u> provide a copy of this Order otected Person, if 12 years of age or older, and persons given dvise those persons using Notice of Appointment of Guardian have the right to request termination or modification of the	n n
3.		ions and protective arrangements. The sepecial seconservator (date). The report must shall include the	
			-
			-
			-
4.	The <u>s</u> Special <u>c</u> Conservator <u>will</u> Shall-serve without bond for the following	g reason(s).	-
		of \$ The bond must be posted with the ate). If bond is posted by a surety, notice of any proceeding	
5.	Copies of all future court filings must be		
	1.00	Polationahin to Adult/Miner	Formatted Table
	Name of Interested Person	Relationship to Adult/Minor Adult/Minor	rormatted Table

			Parents
			Special Conservator
			Special Conservator Agent under power of attorney
6. The <u>c</u> €our	rt further orders:		
te:			
		山 Judge	Magistrate

JDF 877SC R8/139/18 ORDER APPOINTING SPECIAL CONSERVATOR - ADULT OR MINOR © 2013 Colorado Judicial Department for use in the Courts of Colorado

Page 3 of 3

1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a conservator. 3. The protected person's best interest will be served by appointment of a conservator. The court finds by clear and convincing evidence that a basis exists for a conservatorship because: The protected person is unable to manage property and business affairs because of an inability to effectively receive or evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance. or The protected person is missing, detained, or unable to return to the United States; The court further finds by a preponderance of evidence that: The protected person has property that will be wasted or dissipated unless proper management is provided. and/or The protected person, or persons entitled to the protected person's support, require money for support, care, education, health, and welfare; and protection is necessary or desirable to obtain or provide money. The court has considered any expressed wishes of the perotected person concerning the selection of the conservator. The court has considered the powers and duties of the conservator, the scope of the		
In the Interest of: Case Number:		
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Street a	address:					
Mailing	address, if different:					
_					me phone #:	
rimary	/ Phone:		Alternate Phone):		
Email a	ddress:			Wor	k phone #:	
ex		5-14-411 <u>, C.R.S</u>	The powers and c	uties of the con	_15-14-425, <u>C.R.S.</u> , subje servator are otherwise unres trictions, if any:	
_ _	The conservator shall	l <u>must</u> not, witho	out prior <u>c</u> Court ord	ler, convey or e	encumber any real estate c	owned
the	protected person.			-	•	
the	Clerk & Recorder of of of the recording to	the County in value of the count.			Letters evidencing appointr The conservator mustsha	
The <u>c</u> (ourt orders the fo	ollowing:				
		all <u>must</u> notify th			ner home address, email ad ected person.	ldress,
1.	The conservator shaphone number chan Within 30 days of Conservator for Adadvise those person	allmust notify the allmust and/or of a appointment, the protections using Notice	ny change of addresses of acceptance of acce	ess for the protest allmust providents providents providents providents providents providents protested to the protested providents protested pro		ppointir shall mu that the
1.	The conservator shappened within 30 days of Conservator for Adadvise those person have the right to require the conservator shappened with the conservator	allmust notify the appointment, to the proteins using Notice quest termination allmust file for a 882) on or before	the conservator stated person and portion of Appointment or modification or modification of approval with the conservation of	ess for the protest provided and provided ersons given no Guardian and the conservator and Conservator (dat	ected person. e a copy of this Order Apotice of the Petition and effor Conservator (JDF 812) orship. vator's Inventory with Finance within 90 days from appo	ppointing that the that the that the that the that the thick that
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7	O	
٠.	Copies of all future <u>c</u> Court filings must be provided to	the following:
	Name of Interested Person	Relationship to the Pi
		Person The protected person
		Spouse or partner in a civil un
		Adult Children
		Parents
		Conservator
8.	If the protected person is an "at risk elder," — "atdevelopmental disability" and if conservator has rehas been abused or exploited or is at imminent risk make a report to law enforcement within twenty-four to C.R.S. § 18-6.5-108(1)(b)(XII).	asonable cause to believe that the protected of abuse or exploitation, conservator is re
	developmental disability" and if conservator has re- has been abused or exploited or is at imminent risk make a report to law enforcement within twenty-four	asonable cause to believe that the protected of abuse or exploitation, conservator is re
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□District Court □Denver Probate Court County, Colorado	
Court Address:	
n the Interest of:	
if the interest of.	
Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address	s): Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
	APPOINTMENT OF
□CO-CONSERVATOR □S	SUCCESSOR CONSERVATOR
nis petition is submitted pursuant to §_15-14- llowing statements:	112(1) – (3), C.R.S. and the petitioner makes the
nowing statements.	
Petitioner,	_ (name), is an interested person. State relationship
pProtected pPerson:	
Letters of Conservatorship were issued on	(date).
Letters of Conservatorship were issued on	(date).
Letters of Conservatorship were issued on The previously appointed conservator,	
The previously appointed <u>c</u> Conservator,	(name):
The previously appointed conservator,	(name): on (date).
The previously appointed <code>cConservator</code> , joins in this petition. Itendered a resignation approved by the <code>cCourt</code> o (date o (date o the court issued on the court is sued	(name): on(date). of death)(date).
The previously appointed <code>cConservator</code> ,	(name):(date). of death)(date). resignation.
The previously appointed <code>cConservator</code> , joins in this petition. Itendered a resignation approved by the <code>cCourt</code> o (date o (date o the court issued on the court is sued	(name):(date). of death)(date). resignation.
The previously appointed <code>cConservator</code> ,	(name): n(date). of death)(date). resignation.
The previously appointed <code>cConservator</code> ,	(name): on(date). of death). (date). resignation.
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The previously appointed <code>cConservator</code> ,	(name): on(date). of death)(date). resignation ates himself_or_/herself and requests to be appointed a
The previously appointed <code>cConservator</code> ,	(name): on(date). of death)(date). resignation ates himself_or_/herself and requests to be appointed a
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The previously appointed <code>cConservator</code> ,	(name):(date). of death)(date). resignation.

Primary Phone: Email Address: Work-Phone #: 5. The nominated □Co-Conservator or □Successor Conservator has priority for appointment because she is: (§,15-14-413, C.R.S.) □ a gConservator, gCuardian, or other like fiduciary appointed or recognized by a court in another juris where the pProtected pPerson resides. □ nominated in writing by pProtected pPerson, including nomination in a durable power of attorney. □ an agent appointed by the pProtected pPerson to manage the pProtected pPerson's property undurable power of attorney. □ the spouse or partner in a civil union of the pProtected pPerson. □ an adult child of the pProtected pPerson. □ an adult with Mom pProtected pPerson. □ an adult with whom pProtected pPerson has resided for more than 6 six-months immediately before filling of this pPetition. 6. The pCo-pConservator or sSuccessor pConservator may receive compensation. □ The hourly rates to be charged, any amounts to be charged pursuant to a published fee sof including the rates and basis for charging fees for any extraordinary services, and any other base which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pP including the rates and basis for charging fees for any extraordinary services, and any other base which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pP including the rates and basis for charging fees for any extraordinary services, and any other base which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pP including the rates and basis for charging fees for any extraordinary services, and any other base which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pP including the rates and basis for charging fees for any extraordinary services, and any other base which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pP including the rates and basis for charging f		City:	State:	Zip Code:	Home Phone #:
5. The nominated \ \text{Co-Conservator} \ or \ \text{Successor} \ Conservator has priority for appointment because she is: (§.15-14-413, C.R.S.) \ \text{a gConservator}, gGuardian, or other like fiduciary appointed or recognized by a court in another juris where the pProtected pPerson resides. \ \text{Important manage the pProtected pPerson}, including nomination in a durable power of attor designated beneficiary. \ \text{an agent appointed by the pProtected pPerson to manage the pProtected pPerson's property undurable power of attorney. \ \text{the spouse or partner in a civil union of the pProtected pPerson.} \ \text{an adult thild of the pProtected pPerson}. \ \text{an adult thild of the pProtected pPerson}. \ \text{an adult thild of the pProtected pPerson}. \ \text{an adult thind of the pProtected pPerson}. \ \text{adult thind of the pProtected pPerson}. \ \text{adult thind of the pProtected pPerson}. \ \text{adult thind of the pProtected pPerson}. \ adult thind of t		Primary Phone:		Alternate Phone:	
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JDF 879SC R8/439/18 PETITION FOR APPOINTMENT OF CO-CONSERVATOR OR SUCCESSOR CONSERVATOR		•	gation to disclose	any material changes	to the basis for charging fees. (§-15-10-602
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Petitioner requests that the nominee be a	appointed as <u>c</u> Co- <u>c</u> Conservator or <u>s</u> Successor <u>c</u> Conservator and that d forthwith d after the following event:	
By checking this box, I am acknowledgi	ng I am filling in the blanks and not changing anything else on the	
	that I have made a change to the original content of this form.	Formatted: Normal, Left, Right: 0"
eclare under penalty of perjury under the la	VERIFICATION aw of Colorado that the foregoing is true and correct.	
cecuted on the day of (date) (month) (ye	ear)	
ty or other location, and state OR country)	_	
rinted name)		
gnature)	•	Formatted: Normal, Left, Right: 0"
VERIFICATION	ON AND ACKNOWLEDGMENT	
far as I know or am informed. I understa ated herein. (§15-10-310, C.R.S.)	_(Ppetitioner), verify that the facts set forth in this document are true nd that penalties for perjury follow deliberate falsification of the facts	
	Signature of Petitioner Date	
	The foregoing instrument was acknowledged before me in the County of, State of Colorado, thisday of, 20, by the Petitioner.	
	My Commission Expires:	

Signature of Attorney			
	CERT	FIFICATE OF SERVICE	
certify that onSuccessor Conservator was		(date) a copy of this Petition for Appoint fithe following:	intment of Co-Conservator
Name of Person to Whom you are Sending this Document		Address	Manner ef Service
Insert one of the following:	Hand Delivery, Firs	st-Class Mail, Certified Mail, E-Served or	Faxed.
	(date)	RTIFICATE OF SERVICE , a copy of this (name)	ne of document) was serve
certify that on as follows on each of the fol	(date).		ne of document) was serve
as follows on each of the follows	(date).	a copy of this(nan	
as follows on each of the follows	(date).	a copy of this(nan	
as follows on each of the follows	(date).	a copy of this(nan	
Name and Ac	(date), lowing: ddress	Relationship to (Decedent, AWard, or /Protected Person)	Manner of Service*
Name and Ac	(date), lowing: ddress	a copy of this(nan	Manner of Service*
Name and Ac	(date), lowing: ddress	Relationship to (Decedent, AWard, or /Protected Person)	Manner of Service*
Name and Action in the following:	(date), lowing:	Relationship to (Decedent, AWard, or /Protected Person) rst-cClass mail, cCertified mail, e-service Signature	Manner of Service*

	(date)	(month)	(year)
at			
(city or other loc	ation, and	l state OR co	ountry)
(printed name)			=
(printed name)			_
(signature)			_

Note:

• The petitioner must contact the court to set a date and time for a hearing.

JDF 879<u>SC</u> R8/439/18 PETITION FOR APPOINTMENT OF CO-CONSERVATOR OR SUCCESSOR CONSERVATOR 5 of 3
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Page

☐ District Court ☐ Denver Probate Court ☐ County, Colorado	
Court Address:	
In the Interest of:	COURT USE ONLY
	Case Number:
Protected Person	Division Courtroom
LETTERS OF CONSER	
on(name (date) as	of <u>c</u> Conservator) was appointed by <u>c</u> Court <u>o</u> Ordes:
☐Conservator pursuant to §_15-14-409, C.R.S.	
☐Special Conservator pursuant to §_15-14-4	•
(date), diffess officially	sied by the <u>c</u> ourt.
☐ Special Conservator pursuant to §_15-14-412(
completion of the single transaction described in t	The attached Ceourt Gerder appointing the Sepecia
-These Letters of Conservatorship are proof of:	
in § 15-14-411, C.R.S. The powers and duties of the co	
the conservator's authority to exercise the post-	wers in § 15-14-425, C.R.S., are limited by th
The conservator must not, without prior owned by the protected person.	court order, convey or encumber any real estate
Oother Oother	

				servators l	hip a	are proo	f of 1	the	Conser	vator	's full	aut	horit	y to a	ict, e	xcept	for th
following																	
Subject to	o the	follo	wing re	estrictions	:												
D-1																	
Date:									_	Proba	to Do	aictr	or//D	oputy)	Clark	of Cou	urt
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						C	CERT	IFIC	CATION								
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										Jobat	o ixey	Judi	'' (DC	outy ju	CIK O	Jourt	

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
Protected Person Attorney or Party Without Attorney (Name and Address):	Case Number:
Attorney of Farty Williout Attorney (Name and Address).	Case Number.
Phone Number: E-mail:	Division Courtroom
FAX Number: Atty. Reg. #: CONSERVATOR'S FINANCIAL PLAN WI	
AND MOTION FOR APPROV	_
□INITIAL REPORT □AMENDED F	
GINTIAL KET OKT GAMENDED I	CLI OICI
DATE OF APPOINTMENT	(MM/DD/YYYY)
INVENTORY VALUES AS OF DATE OF APPOINTMENT	(MM/DD/YYYY)
FILING DUE DATE(MM/DD/YYYY)
	_
I <u>,</u> (name of <u>c</u> Conservator), mov	e this ${f c}$ Court to approve this $f \Box$ Initial
Amended Conservator's Financial Plan with Inventory.	
As grounds therefore, the conservator states the following:	
g.	
1. The information contained in the Financial Plan with Invento	
plan is necessary to protect and manage the income and ass	· -
2. The Financial Plan is based on the actual needs and best into	erest of the perotected person.
I understand that I am required to maintain supporting documentation for	all receipts and disbursements including
detailed billing statements from any professional. The court or any inte	
Appointing Conservator may request copies at any time.	
I understand that I must provide copies of this Financial Plan with Inver	tory to the perstacted person and any
others as identified in the Order Appointing Conservator, within 10 days	
having done so by completing the Certificate of Service at the end of the	is form. (§_15-14-404(4), C.R.S.)
Unless the <u>c</u> Court receives a timely objection to this <u>m</u> Motion, this mare reviewed by the <u>c</u> Court.	atter will be considered unopposed and
reviewed by the <u>c</u> eourt.	
Notice to interested persons. Interested persons have the res	
interests within the time and in the manner provided by the Probate	Code, including the appropriateness of
disbursements, the compensation of fiduciaries, attorneys, and others Interested persons may file an objection with the court. The court may	
matters unless specifically requested to do so by an interested person.	y not review or adjudicate these or other
JDF 882 <u>SC</u> R8-15-9/18 CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AN	ID MOTION FOR APPROVAL Page 1 of 9
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Protected Person's Inform		heck if <u>u</u> ⊎pdated <u>i</u> lnformation from <u>p</u> Pe
Name:		Age_Date of Birth:Ac
(Include Name of Living Center or N	Juraina Hama, if applicable)	
(Include Name of Living Center or N Street Address:	vursing nome, ii applicable)	
	State:	Zip Code:
Mailing Address, if differnty:		Zip code
City: State:		
Primary Phone: A		<u> </u>
		I digits of Social Security #
•		,
Conservator's Information	n·	heck if u⊎pdated ilnformation from pPe
		
Last 4 digits of Social Security #		AgeDate of Birth:
		provide their DOB or last 4 digits of their
		ons entered since the last report? \(\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{
If Yes, explain:	illed against you or conviction	ons entered since the last report? These
,	Your Relationship to pro	tocted parean:
Street Address:	rour relationship to pro	
City: State:	· Zip Codo:	E-Mail Address:
Mailing Address, if different:	•	L-Iviali Aduress.
City: State:		
	•	Alternate Telephone: Work
<u>Filmary</u> releptione mumbers. The		Alternate relephone. work
Energy and describe		
Email address:		
	_	
Co-Conservator's Informa	· · · · /	heck if Updated Information from Petiti
Name:		AgeDate of Birth:
Last 4 digits of Social Security #		
NOTE: Agency designees and prof	essional fiduciaries need not	provide their DOB or last 4 digits of their
Have you had any criminal charges	filed against you or conviction	ons entered since the last Petition? □Yes
If Yes, explain:		
Occupation:	Your Relationship to P	rotected Person:
Street Address:	: Zip Code:	
	. Zip Code.	
	. Zip Code.	

Prima	aryphone	Alternate Telephone:		
Email	address:	_		
Addre	988:			Apt. #
City:	State: _	Zip Code:	E-Mail Address:	
Telep	hone Numbers: Home	Work	Cell _	
PART	B: CONSERVATORSHI	PISSUES PISSUES		
1.	Are the assets in the estate in the estate in the Protected Person? Yes the Court to take action, you remaind the court to take action.	No If No, describe wh	y and what steps should be	
2.	Should there be a change in s steps should be taken. If you			
3.	Bond has been set in the a The setting of bond was de Motion for Approval. The Cor Bond has been waived by the	eferred pending filing of the servator now requests the	nis Conservator's Financial F	Plan with Inventory and

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

Steps 1 and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

Step 3 is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

Step 4 summarizes all costs and expenses incurred by the estate related to this proceeding.

Step 5 summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

Step 6 and 7 are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

PART C: FINANCIAL PLAN

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

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Formatted Table

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Wages <u>Wages</u>		
Social Security Social Security		
Interest / Dividends Interest / Dividends		
Pensions / Retirement Plan Distributions Pensions /		
Retirement Plan Distributions		
Rental Income <u>Tax Refunds</u>		
Gifts from Others Proceeds from Sales of Assets		
Disability, Unemployment or Worker's Compensation		
Rental Income		
Other Public Assistance Gifts from Others		
Other Receipts / Income (Please list) Disability.		
Unemployment or Worker's Compensation		
Other Public Assistance		
Other Receipts / Income (Please list)		
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/ Worker's Compensation		
<u>Distribution – Annuity</u>		
<u> Distribution – Pensions/Retirement Plan</u>		
<u> Distribution - Trust</u>		
Farm/Ranch Income		
Gifts from Others		
<u>Inheritance</u>		
Insurance Settlement/Benefit		
Interest/Dividends		
Loan Repayment		
Oil/Gas/Mineral Royalties		
Other Public Assistance		
Other Receipts/Income		
Proceeds from Sale of Assets		
Rental Income		
Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
<u>Wages</u>		

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Total Receipts/Income			Formatted Table
Enter the total projected monthly and annual amounts		· ·	
in Step 6.			

Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Professional Fees	\$	\$
— Conservator fees		
— Guardian Fees		
— Guardian ad litem		
Legal Fees for Protected Party		
Legal Fees for Conservator		
— Legal Fees for Guardian		
— Legal Fees for GAL		
— Accountant/ CPA		
— Other: Describe		
— Other: Describe		
Distributions to Protected Person		
Income Taxes		
FICA and Medicare Taxes		
Health Care (including health insurance, prescriptions)		
Other Insurance		
Rent or Mortgage		
Property Taxes and Assessments		
Repairs and Maintenance		
Utilities, including phones		
Home Furnishings		
Food and Household Supplies		
Clothing		
Personal Care		

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Education Entertainment, Vacations and Travel Monthly Debt Repayments (excluding mortgage) Other Disbursements/Expenses, e.g. gifts (Please-list) Other Disbursements/Expenses (Please-list) Assisted Living/Care Facility Bank/Investment Account FeesAutomobile Insurance Caregiver/In-Home Provider/Automobile Loan Payments Charitable Contributions/Automobile Registration/Other Clothing/Automobile Repairs/Maint/Fuel Collectibles/Bank/Investment Account Fees Debt Repayment (excluding CC)Caregiver/In-Home Provider Debt Repayment (Credit Card)Charitable Contributions Distributions-Protected Person_Clothing Education/Tuition/Student Loan; Entertainment/Movies/Debt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch Expense Distributions Protected Person Fees-Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator-Non Prof Entertainment/Movies Fees-Conservator-Professional Fees-Court Visitor Farm/Ranch Expense Fees-Guardian-Non Prof Fees-Accountant/CPA	
Monthly Debt Repayments (excluding mortgage) Other Disbursements/Expenses, e.g. gifts (Please list) Assisted Living/Care Facility Bank/Investment Account FeesAutomobile Insurance Caregiver/In-Home ProviderAutomobile Loan Payments Charitable ContributionsAutomobile Registration/Other ClothingAutomobile Repairs/Maint/Fuel CollectiblesBank/Investment Account Fees Debt Repayment (excluding CC)Caregiver/In-Home Provider Debt Repayment (Credit Card)Charitable Contributions Distributions-Protected PersonClothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees—Conservator—Non Prof Entertainment/Movies Fees—Conservator—Professional Fees—Court VisitorFarm/Ranch Expense	
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Other Disbursements/Expenses, e.g. gifts (Please list) Other Disbursements/Expenses (Please list) Assisted Living/Care Facility Bank/Investment Account FeesAutemobile Insurance Caregiver/In-Home ProviderAutemobile Lean Payments Charitable ContributionsAutemobile Registration/Other ClothingAutemobile Repairs/Maint/Fuel CollectiblesBank/Investment Account Fees Debt Repayment (excluding CC)Caregiver/In-Home Provider Debt Repayment (Credit Card)Charitable Contributions Distributions-Protected PersonClothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator—Non Prof Entertainment/Movies Fees—Conservator—Professional Fees—Court VisitorFarm/Ranch Expense	
Other Disbursements/Expenses (Please list) Assisted Living/Care Facility Bank/Investment Account FeesAutomobile Insurance Caregiver/In-Home ProviderAutomobile Loan Payments Charitable ContributionsAutomobile Registration/Other ClothingAutomobile Repairs/Maint/Fuel CollectiblesBank/Investment Account Fees Debt Repayment (excluding CC)Caregiver/In-Home Provider Debt Repayment (Credit Card)Charitable Contributions Distributions-Protected PersonClothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch Expense Distributions Protected Person Fees-Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator-Non Prof Entertainment/Movies Fees-Conservator-Professional Fees-Court VisitorFarm/Ranch Expense	
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CollectiblesBank/Investment Account Fees Debt Repayment (excluding CC)Caregiver/In-Home Provider Debt Repayment (Credit Card)Charitable Contributions Distributions-Protected PersonClothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees-Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator-Non Prof Entertainment/Movies Fees-Conservator-Professional Fees-Court VisitorFarm/Ranch Expense	
CollectiblesBank/Investment Account Fees Debt Repayment (excluding CC)Caregiver/In-Home Provider Debt Repayment (Credit Card)Charitable Contributions Distributions-Protected PersonClothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees-Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator-Non Prof Entertainment/Movies Fees-Conservator-Professional Fees-Court VisitorFarm/Ranch Expense	
Debt Repayment (excluding CC)Caregiver/In-Home Provider Debt Repayment (Credit Card)Charitable Contributions Distributions-Protected PersonClothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees—Conservator—Non Prof_Entertainment/Movies Fees—Conservator—Professional Fees—Court VisitorFarm/Ranch Expense	
Provider Debt Repayment (Credit Card) Charitable Contributions Distributions-Protected Person Clothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees—Conservator—Non Prof_Entertainment/Movies Fees—Conservator—Professional Fees—Court Visitor_Farm/Ranch Expense	
Debt Repayment (Credit Card) Charitable Contributions Distributions-Protected Person Clothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator—Non Prof_Entertainment/Movies Fees—Conservator—Professional Fees—Court Visitor_Farm/Ranch Expense	
Distributions-Protected Person Clothing Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees—Conservator—Non Prof Entertainment/Movies Fees—Conservator—Professional Fees—Court VisitorFarm/Ranch Expense	
Education/Tuition/Student Loani Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees—Conservator—Non Prof Entertainment/Movies Fees—Conservator—Professional Fees—Court VisitorFarm/Ranch Expense	
Entertainment/MoviesDebt Repayment (excluding CC) EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees—Conservator—Non Prof Entertainment/Movies Fees—Conservator—Professional Fees—Court VisitorFarm/Ranch Expense	
EquipmentDebt Repayment (Credit Card) Farm/Ranch ExpenseDistributions Protected Person Fees—Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator—Non Prof Entertainment/Movies Fees—Conservator—Professional Fees—Court VisitorEarm/Ranch Expense	
Farm/Ranch Expense Distributions Protected Person Fees—Accountant/CPA Education/Tuition/Student Loan Fees-Conservator—Non Prof Entertainment/Movies Fees—Conservator—Professional Fees—Court Visitor Farm/Ranch Expense	
Fees-Accountant/CPAEducation/Tuition/Student Loan Fees-Conservator-Non Prof Entertainment/Movies Fees-Conservator-Professional Fees-Court VisitorFarm/Ranch Expense	
Fees-Conservator-Non Prof Entertainment/Movies Fees-Conservator-Professional Fees-Court VisitorFarm/Ranch Expense	
Fees-Conservator-Professional Fees-Court VisitorFarm/Ranch Expense	
Fees-Court VisitorFarm/Ranch Expense	
Fees-Guardian-Non Prof Fees-Accountant/CPA	
Fees-Guardian-Professional Fees-Conservator-Non Prof	
Fees-Guardian Ad Litem (GAL) Fees-Conservator- Professional	
Fees-Investment Acct Management Fees-Court Visitor	
Fees-Legal for Conservator Fees Guardian Non Prof	
Fees-Legal for Guardian-Professional	
Fees–Legal for GAL Fees–Guardian Ad Litem (GAL)	
Fees-Legal for Protected PersonFees Investment Acct	
Management	
Fees-Other Professional Fees Legal for Conservator	
<u>Funeral</u> <u>Fees Legal for Guardian</u>	
GiftsFees Legal for GAL	_
Groceries/Hygiene/Household SuppliesFees Legal for Protected Person	
HOA Fees Fees-Other Professional	
Hobbies Groceries / Hygiene / Household	

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Home Furnishings Funeral		
Insurance – Home/RenterGifts		
Insurance – LifeHOA Fees		
Insurance – Long Term CareHobbies		
Insurance – Other Home Furnishings		
JewelryInsurance - Home/Renter		
<u>Livestock</u> Insurance – Life		
<u>Loan InterestInsurance – Long Term Care</u>		
<u>Loans</u> Insurance – Other		
Medical-Doctor/Prof/Hospital		
Medical- Furnishings/Supplies		
Medical-InsuranceLoan Interest		
Medical-Medicab/TransportationLoans		
Medical-Medications Medical-Doctor/Prof/Hospital		
Medical-Other Medical Furnishings/Supplies		
Mortgage Medical Insurance		
Motor Vehicle - Insurance		
Motor Vehicle – Loan Payments		
Motor Vehicle – Registration/Other		
Motor Vehicle – Repairs/Maint/Fuel		
Moving Expenses		
Other Disbursement/Expense		
Other Transportation		
Pet Care		
Property Repairs/Maintenance		
Rent		
Restaurants/Dining Out		
School Supplies		
Services - Cleaning		
<u>Services - Personal Care</u>		
<u>Subscriptions/Dues</u>		
<u>Taxes – FICA and Medicare</u>		
<u>Taxes – Income</u>		
<u>Taxes – Property and Assessments</u>		
<u>Travel/Vacations</u>		
<u>Utilities (Including Phone/Cell)</u>		
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.Travel/Vacations	\$	\$
	1	1

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Travel/Vacations Utilities Disbursements/Expe Enter the total projected in Step 6.	nses		,	\$ ts			\$		Formatted Table
NVENTORY									
Step 3: Current Asse	<u>ts</u>								
Report the fair market value By indicating "None", you category. Note: If additional space i nitial inventory has been co	are statir s needed,	ng affirr separa	matively that te sheets ma	the Prote	ected Po	erson do	es not ems are	have assets in that discovered after the	
Cash on Hand, Bank, Checking,Savings, Certificate of Deposits, and Health Accounts Name of Bank or Financial Institution)	Payable Death	on	Type of Ad	ccount		int # (la only)	est 4-	Balance	Formatted Table
None									
								\$	_
otal								\$	Formatted Table
		1							
Stocks, Bonds, Mutual Fu Securities, Annuities and Investment Accounts (Na Joint Owner or Transfer o Beneficiary)	me of	Accou	er of Shares int Number -digits only		ty	Curren	t Value		Formatted Table
None						\$			_
						Ψ			
Total						\$			Formatted Table
- Ottal						Ψ			
Life Insurance (Name of Company/Beneficiary)	Type of	Policy		Face Amo	ount of	Policy	Cash	Value	Formatted Table
□None									
							\$		
									-
							+		
							\$		

Pension, Profit Sharing, Annuities and Retirement Funds (Name of Beneficiary)	Type of I IRA, 457 etc.)	Plan (401(k), , PERA, Military,	Account # (last 4-digits only applicable)	y, if	Current Account Value (Note: Distributions should be listed in Step 1 above)	Formatted Table	
□None							
					\$		
Total					\$	Formatted Table	
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year		Make and Model		Estimated Value (Value = what you could sell it for in its current condition)	Formatted Table	
□None							
					\$		
Total					\$	Formatted Table	
		Type of Property	(Home, Rental,	Estimat	ed ⁴	Formatted Table	
(Name any Joint Owners)		Type of Property Land, etc.)	r (Home, Rental,	Value = V	ed what you could sell it for ent condition-)	Formatted Table	
(Name any Joint Owners)			r (Home, Rental,	Value (Value = v in its curr	vhat you could sell it for	Formatted Table	
(Name any Joint Owners) None			r (Home, Rental,	Value (Value = Vin its curr	vhat you could sell it for		
(Name any Joint Owners) None			r (Home, Rental,	Value (Value = v in its curr	vhat you could sell it for	Formatted Table Formatted Table	
(Name any Joint Owners) None Total General Household and O		Land, etc.)	r (Home, Rental,	Value (Value = Vin its curre) \$ Estimat Value (Value = Value)	what you could sell it for ent condition.) ed ed what you could sell it for		
Real Estate (Indicate addr (Name any Joint Owners) None Total General Household and Ottitans listed below)	Other Perso	Land, etc.)		Value (Value = Vin its curre) \$ Estimat Value (Value = Value)	vhat you could sell it for ent condition-)	Formatted Table	
(Name any Joint Owners) None Total General Household and O	Other Person	conal Property al Property (Total v	value except for	Value (Value = Vin its curres) \$ Estimat Value (Value = Vin its curres)	what you could sell it for ent condition.) ed ed what you could sell it for	Formatted Table	
(Name any Joint Owners) None Total General Household and O None General Household and Othitems listed below.) Separately list and value ited Jewelry, Antiques,	Other Person	conal Property al Property (Total v	value except for	Value (Value = Vin its curres) \$ Estimat Value (Value = Vin its curres)	what you could sell it for ent condition.) ed ed what you could sell it for	Formatted Table	
(Name any Joint Owners) None Total General Household and O None General Household and Othitems listed below.) Separately list and value ited Jewelry, Antiques,	Other Person	conal Property al Property (Total v	value except for	Value (Value = Vin its curres) \$ Estimat Value (Value = Vin its curres)	what you could sell it for ent condition.) ed ed what you could sell it for	Formatted Table	

and be specific.) ☐None	Value _{Value = what you could sell it for in its current condition-, }	
Total	\$	Formatted Table
Total Assets Enter this amount in Step 7.	\$	

Step 4: Accrued Liabilities to Professionals

The <u>c</u>Conservator requests that the accrued expenses of this proceeding as <u>of the inventory date of appointment</u> <u>as</u> detailed below be approved by the <u>c</u>Court <u>as a lone-time lump sum payment or as long payments spread out over <u>months</u> as identified in Step 2.</u>

Type of Professional and Name of Individual	Amount Billed or Paid
Legal Fees for Petitioner - Account Management - Professional	\$
Legal fees for Protected Person - Accountant/CPA	
Filing feeConservator-Non Professional	
Court Visitor fee Conservator-Professional	
Guardian ad litem fee - Court Visitor	
Other-Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	
Other Professional Fees	
Total Accrued Expenses Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$

Professional Fees - Conservator Fees
Professional Fees - Guardian Fees
Professional Fees - Guardian ad Litem
Professional Fees - Legal Fees for Protected Person
Professional Fees - Legal Fees for Conservator
Professional Fees - Legal Fees for GAL
Professional Fees - Accountant/CPA
Professional Fees - Other: Describe
Professional Fees - Other: Describe

Step 5: Other Current Liabilities/Debts

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Report the value of each liability/debt in the chart below as of the Inventory date of appointment as identified in Step 2.

Description of Liability/Debt ☐None	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with this proceeding (Total Step 4 above)			\$
Mortgages (principal due only)			
Car-Motor Vehicle Loans			
2nd Mortgage/Home Improvement Loans			
Student Loans/Tuition			
Credit Card Debt			
Federal Taxes Owed			
State and/ Local Taxes Owed			
Other Loan/Liabilityies/Debt (Please list)			
HELOCOther Liabilities/Debt (Please list)			
Reverse Mortgage			
Total Liabilities/Debt Enter this amount in Step 7.			
Total Liabilities/Debt Enter this amount in Step 7.			\$

Summary

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses) Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

		Projected Monthly Amount	Projected Annual Amount
(A)	Receipts/Income (Total from Step 1)	\$	\$
(B)	Disbursements/Expenses (Total from Step 2)	\$	\$
Net In	come: (A) minus (B)	\$	\$

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

(A) Total Assets (Total from Step 3) \$______

(B) Total Liabilities/Debt (Total from Step 5) \$_____

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Net Worth: (A) minus (B)		\$	
Bond			
☐Bond has been set in the amount o	of \$	Surety has been posted.	
⊒The setting of bond was deferred ր	pending filing of the equests that bond	is Conservator's Financial Plan with Inver be set in the amount of \$	ntory and Motion
WITH INVENTORY AND MOTION FO	OR APPROVAL an	ead the foregoing CONSERVATOR'S FI d that the statements set forth therein are prstand that this report is subject to audit	true and correc
to the best of my knowledge. §13-10-	010, 0.14.0. 1 una	orstand that this report is subject to addit t	and vermoation.
Conservator's Signature	Date	Co-Conservator's Signature	Date
orm.		ing in the blanks and not changing anytle made a change to the original content of	· ·
form.	vledging that I have		· ·
form. By checking this box, I am acknow This document must be signed an	vledging that I have	e made a change to the original content of RTANT	this form.
This document must be signed an and all interested parties, as indicated a conservator is required to forcumstances that requires a socious conservator finds other property property is inaccurate or misles.	IMPO IMPO Ind dated by all cited by the attacher IIIIe an amended substantial deviar or not included in ading, the con of these amendn	e made a change to the original content of RTANT	tected persons a change in addition, if the ue of the lister an amender
This document must be signed an and all interested parties, as indicated an arrow of circumstances that requires a seconservator finds other property property is inaccurate or mislea "Inventory" with the court. Copies 14-418(5) C.R.S. § 15-14-419(2) C.R.	IMPO IMPO IMPO IMPO Ind dated by all content of these amended in adding, the content of these amended in adding, the content of these amended in these amended in the content of these amended in the content of these amended in the content of t	RTANT Conservators and served on the pProed coertificate of service. "Financial Plan" whenever there is tion from the existing plan. In a the original "Inventory", or if the value servator must shall prepare and file	tected persons a change in addition, if the ue of the lister an amender
This document must be signed an and all interested parties, as indicated a conservator is required to forcumstances that requires a soconservator finds other property property is inaccurate or mislea "Inventory" with the court. Copies 14-418(5) C.R.S. § 15-14-419(2) C.R. THIS SECTION OR	IMPO	RTANT Conservators and served on the proed Certificate of Service. "Financial Plan" whenever there is tion from the existing plan. In a the original "Inventory", or if the value servator must shall prepare and file nents must be provided to all interested.	this form. It this form.

CERTIFICATE OF SERVICE			
certify that on (date) a copy of this Conservator's Financial Plan with Inventory and Motion for Approval was served on each of the following:			
Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
	Protected Person		
*Insert hand delivery, first cl Colorado law.	ass U.S. Mail, cert	ified U.S. Mail, E-filed, or Fax or other mo	ethod allowed under
Celorade law.	erjury under the lav		
Celorade law.	erjury under the lav	VERIFICATION w of Colorado that the foregoing is true and	
I declare under penalty of positive date (date)	erjury under the law y of (month) (yea	VERIFICATION w of Colorado that the foregoing is true and	
I declare under penalty of pu	erjury under the law y of (month) (yea	VERIFICATION w of Colorado that the foregoing is true and	
Colorado law. I declare under penalty of positive declare under penalty o	erjury under the law y of (month) (yea	VERIFICATION w of Colorado that the foregoing is true and	
Colorado law. I declare under penalty of properties of penalty of	erjury under the law y of (month) (yea	VERIFICATION w of Colorado that the foregoing is true and	
Colorado law. I declare under penalty of procession of the second on the da (date) at (city or other location, and second of the second of th	erjury under the law y of (month) (year tate OR country)	VERIFICATION w of Colorado that the foregoing is true and the foregoi	
Colorado law. I declare under penalty of properties of penalty of	erjury under the law y of (month) (year tate OR country)	VERIFICATION w of Colorado that the foregoing is true and the foregoi	nd correct.

*In	sert one of the following: hand delivery.	First-cClass mail. cCertified mail. e-service	e through ICCES, or fax.

Signature

JDF 882<u>SC</u> R8-45-9/18 CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL Page 14 of 9 © 2014, 2015 Colorado Judicial Department for use in the Courts of Colorado

□ District Court □ Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	Case Number:
Protected Person	Division: Courtroom:
ORDER REGARDING CONSERVA	
his matter comes before the <u>c</u> Court for approval of the eviewed the Conservator's <u>Inventory with</u> Financial Plan <u>with</u> om interested persons enters the following <u>o</u> Crder:	Inventory and any responses or objections received
☐ The Financial Plan is APPROVED . The conservative Inventory with Financial Plan with Inventory whenever the substantial deviation from this approved plan. Approval standards .	ere is a change in the circumstances that requires a
The Financial Plan is APPROVED with the following co	onditions:
☐ The Financial Plan is NOT APPROVED for the followin	g reasons:
The <u>c</u> Conservator <u>shall_must_file</u> an amended Conserby (date).	vator's Inventory with Financial Plan <u>with Inventory</u>
$\hfill \Box$ The Conservator is directed to contact the $\underline{c}\ensuremath{\text{\textbf{C}}}$ ourt hearing.	by (date) to set this matter for
The setting of bond was deferred when the Conservat bond is now set in the amount of \(\) . T by (date). If bond is posted by a be provided to the surety.	
ate:	
	dge Magistrate

Dis	_	1
	trict Court Denver Probate Court	
Court	County, Colorado Address:	
Court	Address.	
n tha	Interests of:	
iii tiile	interests of.	▲ COURT USE ONLY ▲
		Case Number:
Protec	cted Person	
		Division Courtroom
	ORDER APPOINTING CO-CONSERVATOR OF	R SUCCESSOR CONSERVATOR
pon o	consideration of the Petition for Appointment of Co-Cons	
he <u>c</u> (ourt finds:	
1.	The previously appointed conservator has joined in the petition	on, resigned, died or has been removed.
2.	The best interests of the respondent protected person/minor	will be served upon this appointment.
3.	Any required notices have been given or waived.	
ne <u>c</u> (Court orders the following:	
1.	The cCourt appoints	(full_ name) as 🖵c
	conservator successor conservator and directs the iss address, telephone number and e-mailcontact information is	·
	Street Address:	
	City: State: Zip Code:	
	Mailing Address:	
	City: State: Zip Code:	
	Primary TelePphone Number:Alte	rnata Phana:
		mate Filone
	E-mail Address:	mate Friorie.

	Other:
4.	The <u>cC</u> onservator <u>mustchall</u> serve:
	with bond in the amount of \$, pursuant to §_15-14-415, C.R.S. without bond because of the following reasons pursuant to §-15-14-415, C.R.S.
5.	The Gourt further orders:

□ District Court □ Denver Probate Court		
County, Colorado		
In the Interest of:		
Protected Person	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Add	Iress): Case Number:	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom	
, , ,	REPORT ADULT MINOR	
<u></u> ⊟ANNUAL RE	PORT BAMENDED REPORT	
CURRENT REPORTING PERIOD FR		
□ INTERIM REPORT DUE ON	(MINI/DD/1111) (MINI/DD/1111)	
	erson deceased 🖳 🖽 Minor turned 21 🔲 🖶 Judicial Order	
· · · <u> -</u>		
DADT A. CONTACT INCODMATION		
PART A: CONTACT INFORMATION		
PART A: CONTACT INFORMATION		
Protected Person's Information:	☐ Check if Updated Information from last Report	
Protected Person's Information:	•	Formatted: No underline
Protected Person's Information:	☐ Check if Updated Information from last Report AgeDate of Birth;	Formatted: No underline Formatted: No underline
Protected Person's Information:	AgeDate of Birth	
Protected Person's Information: Name: Street Address: (Include Name of Living Center or Nursing Home)	AgeDate of Birth	Formatted: No underline
Protected Person's Information: Name: Street Address: (Include Name of Living Center or Nursing Home)	AgeDate of Birth:	Formatted: No underline
Protected Person's Information: Name:	AgeDate of Birth:	Formatted: No underline
Protected Person's Information: Name:	AgeDate of Birth: State: Zip Code: Alternate Phone:	Formatted: No underline
Protected Person's Information: Name: Street Address: [Include Name of Living Center or Nursing Home) City: Mailing Address, if different: Telephone Primary PhoneNumber: Last 4 digits of Social Security #	State: Zip Code:	Formatted: No underline
Protected Person's Information: Name:	State: Zip Code:	Formatted: No underline
Protected Person's Information: Name: Street Address: (Include Name of Living Center or Nursing Home) City: Mailing Address, if different: Telephone Primary Phone Number: Last 4 digits of Social Security # Conservator's Information: Name:	State: Zip Code:	Formatted: No underline
Protected Person's Information: Name: Street Address: (Include Name of Living Center or Nursing Home) City: Mailing Address, if different: Telephone Primary Phone Number: Last 4 digits of Social Security # Conservator's Information: Name: Last 4 digits of Social Security #	State: Zip Code:	Formatted: No underline
Protected Person's Information: Name:	State: Zip Code: Alternate Phone: Check if Updated Information from last Report Age Date of Birth: aries need not provide their DOB or last 4 digits of their SSN.	Formatted: No underline
Protected Person's Information: Name:	AgeDate of Birth: State: Zip Code:	Formatted: No underline
Protected Person's Information: Name:	AgeDate of Birth: State: Zip Code: Alternate Phone: Check if Updated Information from last Report AgeDate of Birth: aries need not provide their DOB or last 4 digits of their SSN. tionship to Protected Person: Apt. #	Formatted: No underline
Protected Person's Information: Name:	AgeDate of Birth: State: Zip Code:	Formatted: No underline
Protected Person's Information: Name:	AgeDate of Birth: State: Zip Code: Alternate Phone: Check if Updated Information from last Report AgeDate of Birth: aries need not provide their DOB or last 4 digits of their SSN. clionship to Protected Person: Apt. #	Formatted: No underline
Protected Person's Information: Name:	AgeDate of Birth: State: Zip Code: Alternate Phone: Check if Updated Information from last Report AgeDate of Birth: aries need not provide their DOB or last 4 digits of their SSN. tionship to Protected Person: Apt. # code: E-Mail Address:	Formatted: No underline
Protected Person's Information: Name:	State: Zip Code: Alternate Phone: Check if Updated Information from last Report Age Date of Birth: aries need not provide their DOB or last 4 digits of their SSN. tionship to Protected Person: Apt. # code: E-Mail Address:	Formatted: No underline
Protected Person's Information: Name:	State: Zip Code: Alternate Phone: Check if Updated Information from last Report Age Date of Birth: aries need not provide their DOB or last 4 digits of their SSN. tionship to Protected Person: Apt. # code: E-Mail Address:	Formatted: No underline

If Ye	s, explain:						
	Co-Conservato	or's Information: (if applicable)	Check if Upd	ated Informa	ation from las	t Report
Nam					Date of Bir	thAge:	
Last	4 digits of Social S	ecurity #					
	ıpation:						
Stree	et_Address:						
City:		State: _	Zip Code: _	E-Ma	il Address: _		
	ng Address, if differ						
	ary Phone:						
Prim	ary TelePphone Nu	ımbers: Home	Alternate Pr	one: Work	Cell		
Emai	I Address:						
*** N interedisbu	s, explain: lotice to Intereste ests within the tim ursements, the cor- ested persons may ers unless specifica	ed Persons: Interest e and in the man mpensation of fidure file an objection was	rested persons oner provided by aciaries, attorney with the ccourt.	nave the responder the Probate responds, and others. The court with the court wit	Code, inclu- s, and the d	ding the approlistribution of e	opriateness estate asse
*** N interedisbu Interedistrial	lotice to Intereste ests within the timusements, the constead persons mayers unless specificate. T. B: CONSE Is there a continuation.	ed Persons: Interest e and in the man mpensation of fiduritie an objection vally requested to do	rested persons inner provided by uciaries, attorned with the gCourt. In so by an interest	nave the responsible the Probate rise, and others. The court wisted person.	Code, incluis, and the dill not review	ding the appro istribution of o or adjudicate	opriateness estate asse these or ot and what ste
*** Ninteredisbuiltere matter	lotice to Interester ests within the time ursements, the corrested persons mayers unless specificated. T. B: CONSE Is there a continuation should be taker Are the remaining person? Yes	ed Persons: Interest earns in the man mpensation of fidure file an objection vally requested to do exercise the servators.	rested persons inner provided by iciaries, attorney with the court. In so by an interest sures. SUES Conservatorshight the court to talk the court to talk the court to talk the court to talk the court with the court to talk the court the court to talk the court to talk the court to talk the court	nave the respondence the Probate vs., and others The Court wisted person. The Court wisted person. The Court wisted person. The Court wisted person.	Code, incluis, and the dill not review No If No, of must file a m	ding the approistribution of or adjudicate describe why a lotion with the	opriateness estate asset these or other
*** Ninteredisbu	Indice to Intereste ests within the time are ments, the constend persons may ers unless specificate. T. B: CONSE Is there a continuous should be taken. Are the remaining person? Yes to take action, yes should there be sets within the sould there be sets within the sould there be sets within the sould be sets.	ed Persons: Interested and in the man impensation of fidure file an objection vally requested to do example. The file and	rested persons inner provided by aciaries, attorney with the court. In so by an interest sure. SUES Conservatorship the court to tall the court to tall the court to tall the court to tall the court the court to tall the court	nave the respondence the Probate as, and others The Court wisted person. The Court wisted person. The Court wisted person. The Court wisted person.	Code, incluis, and the dill not review No If No, of must file a manage present and uld be taken Yes \[\begin{array}{c} No & \text{Ves} & Ve	ding the approdistribution of or adjudicate describe why a notion with the second of future care of the first of the second of	opriateness estate asset these or of these or of these or of the court. If the protect like the court course why a court why a course

to cover all unrestricted assets? Yes No	If No, describe why and what steps should be taken.	lf
you are requesting a change to the <u>b</u> Bond, you	must file a motion with the <u>c</u> Court.	
		_

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the person's estate responsibly.

Step 1 is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

Steps 2 and 3 summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

Step 4 reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

Steps 5 and 6 summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

Step 7 is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

Part C: FINANCIAL INFORMATION

Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. ** Note: This report should resemble a check register for each bank account.

Name of Bank:	Account Number (last 4-digits only):

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed

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Page	of	n Check Register Form JDF 871	\$ \$
iviay continu	e enuites of	TOHECK Register Form JDF 871	

☐ Check here if additional detailed spreadsheets are attached to this report.

Individual Bank Account Summary

Beginning Cash Balance	\$	(Balance from prior year Report or Inventory
Add: Total Amount of Income	+\$	(Total Income received from detail above)
Add: Total Amount Received as Transfer	+ \$	(Total transferred from other bank accounts)
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)
Less: Total Amount Transferred out	-\$	(Total transfers moved to other accounts)
Ending Cash Balance		(Transfer this account balance to Step 5.) eginning balance on next year's report)

Step 2: Receipts and Income

Column A: Is this the first annual Conservator's Report filed? \square Yes \square No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category	Column A	Column B	Column C
List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	*Total Amount of Receipts / Income from "Prior Reporting Period or "Financial Plan	Total Amount of Receipts / Income for Current Reporting Period	Change in Amount of Receipt/ Income

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		+/-
Wages		
Social Security		
Interest / Dividends		
Pensions / Retirement Plan Distributions		
Tax Refunds		
Proceeds from Sales of Assets		
Rental Income		
Gifts from Others		
Disability, Unemployment or Worker's		
Compensation		
Other Public Assistance		
Other Receipts / Income (Please list)		
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/-Unemployment/-or Worker's Comp		
Distribution - Annuity		
Distribution – Pensions/Retirement Plan		
Distribution – Trust		
Farm/Ranch Income		
Gifts from Others		
Inheritance		
Insurance Settlement/Benefit		
Interest/Dividends		
Loan Repayment		
Oil/Gas/Mineral Royalties		
Other Public Assistance		
Other Receipts/Income		
Proceeds from Sale of Assets		
Rental Income		
Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
TOTALS (Move to Step 7)		

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Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A? ☐Yes ☐No

If Yes, explain the changes below. Please include a description of any changes or unanticipated transactions. If

JDF 885<u>SC</u> R12-14<u>9/18</u> CONSERVATOR'S ANNUAL/FINAL REPORT Page 5 of 124 © 2012, 2013, 2014 Colorado Judicial Department for us $\textcircled{0.}\ 2012, 2013, 2014\ Colorado\ Judicial\ Department\ for\ use\ in\ the\ Courts\ of\ Colorado}$

income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

Step 3: Disbursements/Expenses

Column A: Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense Category List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	*Total Amount of Disbursement / Expense from □ *Prior* Reporting Period or □ Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Total Professional Fees and Costs Paid (From			
Step 4)Assisted Living/Care Facility			
Bank/Investment Account FeesAutomobiles			
Caregiver/In-Home Provider			
Charitable Contributions Distributions to			
1 1010010 0 1 010011			
ClothingIncome Taxes			
Collectibles FICA and Medicare Taxes			
Debt Repayment (excluding CC)Health Care (include insurance & medication)			
Debt Repayment (Credit Card) Other			
Insurance			
Distributions - Protected PersonRent or			
Mortgage			
Education/Tuition/Student Loan			
Entertainment/Movies			
EquipmentDebt Repayment (Credit Card)			
Farm/Ranch Expense Property Taxes and			
Assessments			
Fees – Accountant/CPARepairs and			
Maintenance			

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ees - Conservator - Non-Prof Utilities,	
ncluding phones	
Fees - Conservator-Prof	
Fees - Court Visitor Home Furnishings	
Fees - Guardian - Non-ProfClothing	
Fees - Guardian - Prof Personal Care	
Fees – Guardian Ad Litem (GAL) Auto Expenses	
Fees-Investment Acct Management Education	
Fees - Legal for Conservator Entertainment,	
Vacations and Travel	
<u>Fees – Legal for Guardian Gifts</u>	
Fees – Legal for GALOther	
Disbursements/Expenses (Please list)	
Fees – Legal for Protected Person	
Fees - Other Professional	
Funeral	
Fees-Other Professional	
Funeral	
Gifts Control of the	
Groceries/Hygiene/Household Supplies	Formatted: Not Highlight
HOA Fees	
Hobbies Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelr <u>y</u>	Formatted: Not Highlight
Livestock	Formatted: Not Highlight
Loan Interest	
<u>Loans</u>	
Medical-Doctor/Prof/Hospital	
Medical Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	Formatted: Not Highlight
Medical-Medications	Formatted: Not Highlight
Medical-Other	
Mortgage	
Motor Vehicle – Insurance	Formatted: Not Highlight
Motor Vehicle – Loan Payments	Formatted: Not Highlight
Motor Vehicle – Registration/Other	Formatted: Not Highlight
Motor Vehicle – Repairs/Maint/Fuel	Formatted: Not Highlight
Moving Expenses	i orimaticu. Not riigiiligiit
Other Disbursement/Expense	
Other Transportation	Formatted: Not Highlight
Pet Care,	Formatted: Not Highlight

Property Repairs/Maintenance		Formatted: Not Highlight
Rent		Formatted: Not Highlight
Restaurants/Dining Out		Formatted: Not Highlight
School Supplies		
Services - Cleaning		
<u>Services – Personal Care</u>		
Subscriptions/Dues		
Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
<u>Travel/Vacations</u>		
<u>Utilities (Including Phone/Cell)</u>		
TOTALS (Move these totals to Step 7)		Formatted Table
TransportationTOTALS (Move these totals	•	Formatted: Not Highlight
to Step 7)		Formatted Table
	`	

Conservator, Guardian, and Professional Fees Detail

List all conservators, guardians, and professionals paid. Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of <u>Conservator</u> , <u>Guardian</u> , and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management – Professional					
Accountant/CPA					
Conservator—Non-					
Professional fees					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional fees					
Guardian - Professional					
Guardian aAd Litem (GAL)					
Legal Feesfor					
Conservator Protected Party					
Legal Fees_ for ConservatorGuardian					
Legal Fees_for-GALuardian					
Legal Fees_ for GALProtected Person					
Other Professional FeesAccountant / CPA					
Other:					

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TOTAL (Fees and Costs) (Mo	ove these to	otals to						4	Formatted Tab
Step 3)									Tormacca ras
Have Total Disbursements/Exp Reporting Period or Financial	penses in St Plan in Step	ep 3, Co 3, Colum	lumn B nn A?	☐ Increase	ed or 🗖 D	ecreased froi	n the Prior		
Explain the changes below. Pl	ease include	e a desc	ription of	any chan	ges or unan	ticipated tran	sactions. A		
separate petition for approval mallowed in the Inventory and Fina	ay need to	be filed w	vith the co	ourt for sigi	nificant chan	ges outside th	ne amounts		
								,	
Step 5: Assets									
Column A: List the last 4 digits of	of all bank, in	vestment	or other f	inancial acc	ounts.				
Column B: List name of the ban asset.	k or financial	institution	n in which	accounts a	re being held	d, or describe	specific		
Column C: Use amounts from the Conservator's Report filed, to conservator's	ne original Inv mplete Colun	entory wi	ith Financ ked with a	ial Plan (JD in asterisk (F 882) or fro *) below.	om the prior			
Column D: List all cash and inv Ending Cash Balances on the De			nces. Th	iese should	coincide and	d be transferr	ed from the		
Column E: Calculate and record	I the differen	ce betwee	en Columr	n C and Col	umn D.				
JDF 885 <u>SC</u> R 12-14 9/18 CONSER									
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Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

Description of Asset (Identify all accounts)	Column A Account Number	Column B Name of Financial Institution or	Column C * Fair Market Value	Column D Fair Market Value	Column E Change in Value of	4	Formatted Table
	(last 4 digits)	Description of Asset	□as of Last Day of <i>Prior</i> Reporting Period or	(as of Last Day of Current Reporting	Asset Indicate		
			□Inventory	Period)	+/-		
Checking Accounts			aniversory	i enou)	-1 /-		
Balance from Step 1							
Savings Accounts Balance from Step 1							
Certificate of Deposit							
Other Cash Accounts, Money Markets & CD's							
Pre-Paid Debit Card							
Cash On Hand							
Stocks							
Bonds						1	
Mutual Funds							
Other Financial						-	
Investments							
Life Insurance (Cash Value)							
Pension-&-/Retirement (+Vested-portion)						_	
IRA's / 401(k)'s							
Annuities						1	
Loans from Estate						1	
Motor Vehicles						1	
Real Estate						1	
Home Furnishings						+	
Collections						-	
Collectibles (e.g.,							Formatted: Not Highlight
stamps or coins)							
<u>Jewelry</u>							
Livestock							
Equipment							
Oil/Gas/Mineral Interest							
Other Personal							
Property List Other Assets						1	
List Other Assets	+		1	 			
List Other Assets	1					-	
	1						<u></u>
TOTALS (Move these totals to Step 7)						4	Formatted Table

Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or

JDF 885<u>SC</u> R12-14<u>9/18</u> CONSERVATOR'S ANNUAL/FINAL REPORT Page 10 of 1<u>2</u>1 © 2012, 2013, 2014 Colorado Judicial Department for t © 2012, 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

Description of Asset	Purchase Price	Purchase Date	Purchase method	4	Formatted Table
			uring the reporting period. Inclu		
scription of the asset sold, the benses, extinguish debt, purcha	e sale price, sale dat	e, and use of funds	proceeds from the sale (e.g.	living	
berises, extiliguisit debt, purche	ise of another asset, e	10.).			
Description of Asset	Sale Price	Sale Date	Use of Proceeds	-	Formatted Table
		<u> </u>	_		
ease include a description of an	y other changes to the	value of estate asse	its.		
ease include a description of an	y other changes to the	value of estate asse	ts.		
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ease include a description of an	y other changes to the	e value of estate asse	ists.		

Column A: List the last 4 digits of all account or loan numbers.

Column B: List the name of the bank or financial institution to which loans or debts are being paid.

 $\textbf{Column C:} \ \ \, \textbf{Use amounts from the original Inventory with Financial Plan (JDF 882)} \ \, \textbf{or} \ \, \textbf{from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.}$

Column D: List all *current* balances due on loans and debts.

Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	Column B Name of Financial Institution	*Balance Due on Last day of □ Prior Reporting	Column D Balance Due on Last Day of Current Reporting	Column E ← Change in Amount of Liability Indicate	F	Formatted Table
			Period or Inventory	Period	+/-		
Mortgages (principal due only)							
Car Motor Vehicle Loans						F	Formatted: Not Highlight
2 nd Mortgage/Home Improvement-Loans							
Student Loans/Tuition		ļ					
Reverse Mortgage	<u> </u>						
HELOC Cradit Card Daht				<u> </u>	<u> </u>		
Credit Card Debt Federal Taxes Owed	 		<u> </u>		<u> </u>		
State and/ Local Taxes Owed							
Other Loan/Liabilityies/Debts							
	<u> </u>	<u> </u>					
TOTALS (Move these totals to Step 7)					4	F	Formatted Table

Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?

□Yes □No	If Yes, explain the o	hanges below. F	Please inclu	de a description	on of any chan	ges or unantic	ipated
transactions. A	separate petition for	approval may n	need to be fi	led with the c	ourt for signific	ant changes o	utside
the amounts all	lowed in the Inventory	y and Financial P	Plan.				

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				_	
_				_ _	
tep 7: Summary					
Sur	mmary of Financial Acti	ivity		Formatted: Centered	
		ior Reporting Period Financial Plan)	Current Reporting Period		
A) Total Receipts/Income from Step 2	\$	\$_			
B) Total Disbursements/Expenses from	m Step 3 \$	\$_			
A) (B) . N . I					
A) minus (B) = Net Income	\$	\$_			
	Summary of Net Worth	1			
	Summary of Net Worth	abilities/Debts			
	Summary of Net Worth alue of Assets Minus Li *Last Day of <i>Prior</i> Reporting Pe	abilities/Debts	of eporting Period		
Fair Market Va	Summary of Net Worth alue of Assets Minus Li *Last Day of <i>Prior</i> Reporting Per (or Inventory)	abilities/Debts Last Day or Current R	of eporting Period		
Fair Market Va A) Total Assets from Step 5	Summary of Net Worth alue of Assets Minus Li *Last Day of Prior Reporting Per (or Inventory)	abilities/Debts Last Day of Current R	of eporting Period		
Fair Market Va A) Total Assets from Step 5 B) Total Liabilities/Debts from Step 6	Summary of Net Worth alue of Assets Minus Li *Last Day of Prior Reporting Per (or Inventory) \$	abilities/Debts Last Day of Current R \$ \$	of eporting Period		

Date:			
Juic		Signature of Conservator	
Date:		Signature of Co-Conservator (if app	licable)
		orginator or ou correct vator (if app	modoroy
	I am acknowledging I an	n filling in the blanks and not changing	anything else on th
orm.	and the second and all and the second and the		and a full to form
By checking this box, i	am acknowledging that i r	nave made a change to the original conte	ent of this form.
		*****	_
		AND DATED BY ALL CONSERVATORS D PERSON AND ALL INTERESTED PA	
		TACHED CERTIFICATE OF SERVICE	arrieo

	III	1PORTANT	
THIS	SECTION MUST BE CO	MPLETED CORRECTLY AND SIGNED	ı
	OD THE DEDO		
	OR THE REPO	RT MAY BE REJECTED.	
	OR THE REPO		
Colorado Law REQUIRES	that the Conservator's Re	RT MAY BE REJECTED. Seport be served on the PROTECTED PE	RSON AND
Colorado Law REQUIRES	that the Conservator's Repursuant to Order Appoin	PRT MAY BE REJECTED. Export be served on the PROTECTED PE ting Conservator, including minors 12 ye	RSON AND ars of age or older
Colorado Law REQUIRES INTERESTED PERSONS (§15-14-404(4), C.R.S.). I	that the Conservator's Repursuant to Order Appoin the space below, list the	RT MAY BE REJECTED. Seport be served on the PROTECTED PE	RSON AND ars of age or older ery for each party
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**Insert hand delivery, first class U.S.	Mail, cert	I ified U.S. Mail, e-filed, fax or other me	thod allowed und	er Colorado
		VERIFICATION		
I declare under penalty of perjury und	der the law	of Colorado that the foregoing is true	and correct.	
Executed on the day of (date) (month)	(year	<u>,</u>		
at (city or other location, and state OR of	country)	_		
(printed name)	_			
(signature)	_			
I certify that on as follows on each of the following:		TIFICATE OF SERVICE a copy of this (name	ne of document)	was served
Name and Address		Relationship to (Decedent, AWard, or AProtected Person)	Manner of So	ervice*
*Insert one of the following: hand del	livery, fFirs	st-cClass mail, cCertified mail, e-servic	ce through ICCES	or fax.
	- <u>X</u> Signa	ature		

JDF 885<u>SC</u> R12-149/18 CONSERVATOR'S ANNUAL/FINAL REPORT
Page 15 of 124 © 2012, 2013, 2014 Colorado Judicial Department for use in the Courts of Colorado

Court Address:	arity, Colorado					
In the Interest of:						
				A -		
Protected Person					OURT USE ON	Υ.
Attorney or Party Without At	torney (Name and	d Address):		Case Numb	oer:	
Phone Number:	E-mail:				_	
FAX Number:	Atty. Reg. #: ION FOR TER	MINIATION	LOE CONS		Courtroom	
PEIII		ADULT [KOHIP	
		ADOL! E				
. The petitioner is:						
☐the cconservator for the	ne <u>p</u> Protected <u>p</u> Pe	erson.				
☐the pProtected pPerso	n.					
a person interested in	the p₽rotected p₽	erson's welfa	are as follows	S:		
. Information about the p				- '		
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Name:Street Address:	State:		Zip Code:			
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	☐The pProtected pP	erson's inability to manage p	property and business affairs h	as been resolved as follows:	
	Note: If this opt	ion is selected, the petitic	oner must contact the <u>c</u> Gour	t to set a date and time for a	
	The assets of the value: Assets: \$	conservatorship are insuffi , Liabilities: \$	icient to warrant continued a		
	U Other:				
1.	The following persor Conservator.	ns were designated to recei	ive notice of subsequent act	ons in the Order Appointing	
	Name	Address		Relationship to Protected Person	Formatted Table
	The Conservator has	cial Plan with Inventory and	ne assets of this estate, filed Conservator Reports, paid Conservator by law.		
	Inventory with Finan	d all other acts required of a			
6.	Inventory with Financestate, and performed Schedule of Distribu	ution.			
6.	Inventory with Financestate, and performed Schedule of Distribu	ution. servatorship are as follows:		Value \$	Formatted Table
6.	Inventory with Finan- estate, and performed Schedule of Distribu The assets of the con	ution. servatorship are as follows:			Formatted Table
6.	Inventory with Finan- estate, and performed Schedule of Distribu The assets of the con	ution. servatorship are as follows:			Formatted Table

hearin	s an evidentiary hearing is required by law or by the <u>c</u> Court, the <u>p</u> Petitioner requests, after notice <u>g without non-appearance hearing</u> pursuant to C.R.P.P. <u>24</u> 8.8, that the
	Court terminate the conservatorship. Conservator's Final Report (including the payment of all fees, costs and expenses of administration as a forth therein) be:
	□ Dispensed with (all required waivers (JDF 889) must accompany this petition); or
	Allowed (accepted as filed without audit); or
	□ Approved after audit; or □ Other:
	Totaler.
3.	Court enter an order directing the ©Conservator to distribute all assets of the conservatorship as set fo in the Schedule of Distribution, section 6, above.
	in the Schedule of Distribution, section 6, above.
D. CC.	
Petitio	ner further requests that, upon filing final receipts, appropriate instruments evidencing transfer r evidence confirming the ordered distribution pursuant to the Schedule of Distribution in sectior
the co	ourt issue a Decree of Final Discharge, whereupon the c⊊onservator and any surety on
Conse	rvator's bond mustshall be released and discharged from all liability arising in connection with
	mance of the cconservator's duties, and that the administration of this conservatorship
	atod
termin	ated.
termin	ated.
termin	verification
termin	VERIFICATION
I.	VERIFICATION (pPetitioner), verify that the facts set forth in this document are true as far as I know
I <u>.</u> am info	VERIFICATION (pPetitioner), verify that the facts set forth in this document are true as far as I know
I <u>.</u> am info	VERIFICATION (pPetitioner), verify that the facts set forth in this document are true as far as I know primed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§_
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I <u>.</u> am info	VERIFICATION (pPetitioner), verify that the facts set forth in this document are true as far as I know primed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§_
Iam info 10-310	VERIFICATION
l <u>.</u> am info	VERIFICATION
I <u>.</u> am info	VERIFICATION (pPetitioner), verify that the facts set forth in this document are true as far as I know ormed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§_', C.R.S.) Signature of Petitioner or Attorney for Petitioner Date checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the checking this box, I am acknowledging that I have made a change to the original content of this form.
Iam info 10-310 By form.	VERIFICATION (pPetitioner), verify that the facts set forth in this document are true as far as I known ormed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (\$\subseteq\$. (\$\subseteq\$.R.S.) Signature of Petitioner or Attorney for Petitioner Date checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION
Iam info 10-310 By form. By	VERIFICATION
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	CER	TIFICATE OF SERVICE	
certify that on		(date) a copy of this Petition was serve	ed on each of the following:
Name of Person to Whom you are Sending this Document	Relationship to Protected Person	Address	Manner of Service
Insert one of the following:	Hand Delivery, Fire	st-Class Mail, Certified Mail, E-Served or	Faxed.
certify that on	CERT (data)	TFICATE OF SERVICE , a copy of this (nar	me of document) was serve
as follows on each of the foll	owing:		ne or document) was serve
Name and Ad	ldress	Relationship to (Decedent, AWard, or /Protected Person)	Manner of Service*
		or Protected Person;	
Insert one of the following:	hand delivery fEi	rst-cClass mail cCertified mail e-servi	ce through ICCES or fax
Insert one of the following:	hand delivery, fEi	rst-cClass mail, cCertified mail, e-servi	ce-through ICCES, or fax.
Insert one of the following:	hand delivery, fFi	rst-cClass mail, cCertified mail, e-servio	ce through ICCES, or fax.
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		Signature <u>VERIFICATION</u>	
declare under penalty of pe	rjury under the la	Signature	
declare under penalty of pe	erjury under the law	Signature VERIFICATION w of Colorado that the foregoing is true	
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(signature)

JDF 888<u>SC</u> R1/109/18 PETITION FOR TERMINATION OF CONSERVATORSHIP

Page 5 of 34

□ District Court □ Denver Probate Court County, Colorado				
Court Address:				
In the Interest of:				
Protected Person		▲ cou	URT USE OI	ILY 🛦
Attorney or Party Without Attorney (Name and Address):		Case Numbe	er:	
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Division	Courtro	om
WAIVER OF HEARING, WAIVER OF FINAL AUDIT, AND APPROVAL OF SO				IVER OF
	(name), am			
am 21 years of age or older. I waive receipt, filing an			— · ervator's Rei	
approve all acts of the Conservator, including all claimers, if any, and the distribution of all assets of the con-	ship. ms paid, fees servatorship in the colorado Fas Report, unle	paid to the contract the amount a	Conservator, and manner set to Procedure directed by	attorney and set forth in the east of the
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	Notary Public/Deputy Clerk	
Signature of Attorney	Date Date	
	VERIFICATION	
declare under penalty of perju	y under the law of Colorado that the foregoing is true and correct	<u>ot.</u>
Executed on the day or(date) (mo	ith) (year)	
at_ city or other location, and state	OR country)	
printed name)		

☐District Court ☐Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Protected Person	
	Division Courtroom
ORDER TERMINATING	CONSERVATORSHIP
Upon consideration of the Petition for Termination of Conhearing without appearance hearing;	onservatorship and Devidentiary hearing or D
The court finds that the statements in the petition are to waived; that this conservatorship has been administered acount The perotected person has attained the age of 21.	cording to law and should be terminated because
☐The pProtected pPerson died on	
■ The protected preison's inability to manage probe	ity aliu busiliess alialis lias beeli lesuiveu
☐ The pProtected pPerson's inability to manage prope☐ The assets of the conservatorship are insufficient to	•
☐ The assets of the conservatorship are insufficient to ☐ Other:	warrant continued administration.
The assets of the conservatorship are insufficient to	warrant continued administration. ding the payment of all fees, costs and expense
☐ The assets of the conservatorship are insufficient to ☐ Other: ☐ It is ☐ Othered that the Conservator's Final Report (include administration as set forth therein) is: ☐ Dispensed with (all required waivers (JDF 889) were ☐ Allowed (accepted as filed without audit); or	warrant continued administration. ding the payment of all fees, costs and expensifiled); or
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• Upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution, the <u>c</u>Court <u>must shall</u> issue a Decree of Final Discharge, whereupon the <u>c</u>Conservator and any surety on the <u>c</u>Conservator's bond <u>must shall</u> be released and discharged from all liability arising in connection with the performance of the <u>c</u>Conservator's duties, and the administration of this conservatorship <u>will shall</u> be terminated.

District Court Denve Court Address:	r Probate Court ounty, Colorado			
In the Interests of:				
Protected Person		▲ co	URT USE ONLY	
Attorney or Party Without A	attorney (Name and Address):	Case Numbe	r:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #::	Division	Courtroom	
AND S PURSUANT TO	ATION AND RECOGNITION OF FROM OTHER ST. WORN STATEMENT - CONS § 15-14.5-402, C.R.S. UNIFOR COTECTIVE PROCEEDINGS J	ATES ERVATOR FOR A RM ADULT GUAR	DULT DIANSHIP AND	
Conservator for Adult Guardianship and Protect	cognition of Protective Orders from the Submitted pursuant to \$15-cive Proceedings Jurisdiction Act. (name), was appointed on the Submitted pursuant to \$15-cive Proceedings Jurisdiction Act.	14.5-402, C.R.S. of	the Uniform Adult	Formatted: Indent: Left: -0.25", Tab stops: Not at -1" -0.5" + 0" + 0.5" + 1" + 1.5" + 2" + 2.5" + 3" + 3. 4" + 4.5" + 5" + 5.5" + 6" + 6.5" + 7"
	file with this Court the following doc			
☐ Certified, exemplified evidencing or affecting m☐ Certified, exemplified,	or authenticated copies of the foreigr , or authenticated copies of the f y authority to act as conservator; or authenticated copies of any bonds	filed with the appointing	or other documents	
statutorily required notice to	protective proceeding is pending in Country the foreign appointing court of an integral (date).	ent to register was give		

VERIFICATIO	ON AND ACKNOWLEDGMENT
jury, that I have read the foregoing REGIST	<u>(name)</u> , swear/affirm under oath, and under penalty of TRATION AND RECOGNITION OF PROTECTIVE ORDERSEMENT—CONSERVATOR FOR ADULT and that the ct to the best of my knowledge.
0:	Signature of Foreign Conservator
	Street
	City/State/Zip Code
Subscribed and affirmed, or sworn to before, this	re me in the County of, State of day of, 20
My Commission Expires:	re me in the County of, State of day of,
My Commission Expires:	re me in the County of, State of day of
My Commission Expires:	re me in the County of, State of day of,
My Commission Expires:	re me in the County of, State of day of, 20 Notary Public/Deputy Clerk
My Commission Expires: I declare under penalty of perjury under the Executed on the day of	re me in the County of, State of day of, 20 Notary Public/Deputy Clerk VERIFICATION e law of Colorado that the foregoing is true and correct.
My Commission Expires: I declare under penalty of perjury under the Executed on the day of (date) (month)	re me in the County of, State of day of, 20 Notary Public/Deputy Clerk VERIFICATION e law of Colorado that the foregoing is true and correct.
My Commission Expires: I declare under penalty of perjury under the Executed on the day of	re me in the County of, State of day of, 20 Notary Public/Deputy Clerk VERIFICATION e law of Colorado that the foregoing is true and correct. (year)
I declare under penalty of perjury under the Executed on the	re me in the County of, State of day of, 20 Notary Public/Deputy Clerk VERIFICATION e law of Colorado that the foregoing is true and correct. (year)

Page 2 of 2

JDF 891SC R4/449/18 Registration and Recognition of Protective Orders from Other States and Sworn Statement –

Conservator for Adult ©2014 Colorado Judicial Department for use in the Courts of Colorado

□District Court □Denver Probate Court	1	
County, Colorado		
Court Address:		
In the Interest of:	-	
		COURT USE ONLY
	Case Nui	mber:
Protected Person		
	Division	Courtroom
CERTIFICATE OF REGISTRATON AND RECOGNITI		
FROM OTHER STATES - CONSERVATO	RSHIP FO	OR ADULT
This certificate provides the foreign conservator all powers authorized in	the foreign	order of appointment,
except as prohibited under the laws of this state, including maintaining	_	• •
state, and, if the conservator is not a resident of this state, subject	-	•
nonresident parties.	•	
·		
The foreign conservator filed a Registration and Recognition of Protect	ive Orders f	rom Other States and
Sworn Statement – Conservator for Adult with this court pursuant to §_1		
etition for administration is pending in Colorado and any statutorily requi		-
court of an intent to register was given.		0 11 0
3		
The following documents regarding	a	s the foreign
conservator have been filed with this court:		
	4/	
☐ Certified, exemplified, or authenticated copy of the foreign con	irts order a	appointing the foreign
conservator.		
☐ Certified, exemplified, or authenticated copy of the foreign co	urt s letters	or other documents
evidencing or affecting the foreign conservator's authority to act.		
☐ Certified, exemplified, or authenticated copy of any bon		foreign conservator.
山 Other:		
		-
The attached document(s) is/are certified to be a true copy o	f the 🖵ce	ertified Lexemplified
lacksquare authenticated copy of the document(s) referenced above that is/are ir	the court's	custody.
Date:	uty) Clark o	f Court
Probate Registrar/(Dep	uty) Cierk 0	Court
JDF 892 <u>SC</u> R1/149/18 Certificate of Registration and Recognition of Protective Orde	rs from Other S	tates - Conservatorship for
Adults © 2014 Colorado Judicial Department for use in the Courts of Colorado		
the state of the s		

□ District Court □ Denver Probate C	ourt							
	County, Colorado							
Court Address:	County, Colorado							
☐ In the Interest of								
THE INCICCION								
Respondent/Minor			<u> </u>	USE ONLY	A			
Attorney or Party Without Attorney (Na	me and Address):	Case	Number:					
Disease Nevertices	E was							
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Divis	sion	Courtroom				
ONLINE CONSERVA		ATTACHMENT	SHEET (OCRA)				
	ATTACHMEN	IT(S)						
<u> </u>	O THE CONSERVATO	OR'S REPORT						
SUBMITTED VIA THE COLORADO C	OURTS ONLINE CON	ISERVATOR'S R	EPORT (CC	OCR) APPLIC	CATION			
On:		,(Date	<u>e)</u>					
E. O	IANNUAL REPORT 🗆	AMENDED REPO	ODT		4	Forma	atted: Centered	
For: \square								
			<u>JKI</u>					
CURRENT REPORTING PERIOD	FROM	TO_D/YYYY)		DD/YYYY)				
CURRENT REPORTING PERIOD	FROM(MM/D	TO_ D/YYYY)	(MM/I	DD/YYYY)				
CURRENT REPORTING PERIOD (Attached is the email confirmation,	FROM(MM/D	TO_ D/YYYY)	(MM/I		rmation.)			
CURRENT REPORTING PERIOD (Attached is the email confirmation, attached hereto for filing are:	FROM(MM/D	TO_ D/YYYY)	(MM/I		rmation.)			
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CURRENT REPORTING PERIOD (Attached is the email confirmation, ttached hereto for filing are: Bank/Financial Statement –	FROM(MM/D	TO D/YYYY) the Conservator's	(MM/l s Report -is-tl					
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CERTIFICATE OF SERVICE

I certify that on	(date), a copy of this	(name of document) was
served as follows on each of the	ne following:	
Name and Address	Relationship to Decedent, V	Manner of Service*
*Insert one of the following: h	and delivery, first-class mail, certified mai	il, e-service , or fax.
	<u>Signature</u>	
Note:		

- If you are an attorney or represented by an attorney, you/your attorney will file this form and all attachments with the court via Colorado Courts Efiling (CCE).
- If you are not an attorney or represented by one, you will submit this form and all attachments by emailing them to the court. Follow the instructions provided in the CCOCR User's Manual for the correct email address and procedure.

JDF897SC R9/18 Online Conservator's Report Attachment Sheet (OCRA) 1/2018

Петен	Па а на а	
□ District Cour	Denver Probate Court County, Colorado	
Court Address:		
In the Matter o	f the Estate of:	
Deceased		▲ COURT USE ONLY ▲
Attorney or Par	ty Without Attorney (Name and Address):	Case Number:
Dhana Niverban	E analls	
FAX Number:	: E-mail: Atty. Reg. #:	Division Courtroom
	PUBLIC ADMINISTRATOR'S STAT	
	PURSUANT TO SMALL EST	
	in 45 40 004(0)	and the control Property Colored an account of the discount
		red by a public administrator pursuant to the smanistrator's statement of account with the appointing
		th all receipts and disbursements made during the
		's fees and costs, and the fees and costs of the
		e public administrator's statement of account, the further responsibility and all liability with regards to the property of the public administrator's statement of account, the public administrator of account and all public account and all public account and all public administrator of account account and all public account and all public account account account and all public account acc
he estate.	itor shari be discharged and released from air i	dither responsibility and all hability with regards
COMES NOW, Administrator for	the Judicial District hereby states a	, the Public Administrator/Deputy Publ
Administrator for	The Studiolal District Hereby states a	33 10110W3.
I. That the Esta		, decedent, is a small estat
as defined in C.F	R.S. 15-12-1201, as amended.	
2. That the dece	edent died on	<u>.</u>
The deleter	and a different to a superfection of the contract of the contr	
3. The claims pe	eriod for the claims against the estate ended on	<u>.</u>
4. That a filing for		atement as the gross assets of this Estate are:
more than \$5	00.00 but less than \$2,000.00 or \Box more than	<u>ı \$2,000.00.</u>
	ITEMS OF RECE	EIPT
	(Detail Listing and/or Atta	ached Ledger)
	Description	Receipt Value
1		
2		
3		
TOTAL RECEI	PTS	
TOTAL REGER		
ASSET	DESCRIPTION OF ASSETS	S DONATED OR DISPOSED OF
Collectibles		
Clothing		
<u>Household</u>		
DF 898 <u>SC</u> - <u>R9/18</u> 4 age 1 of 23	/2018 PUBLIC ADMINISTRATOR'S STATEMENT OF ACC	COUNTS PURSUANT TO SMALL ESTATE PROCEDURE

<u>Items</u>						
Miscellaneous						
<u>Items</u> Other						-
<u> </u>						
PUBLIC ADMI	NISTRATOR/DEPUT	Y PUBLIC ADMIN	ISTRATOR FEES & CO	STS (INCLUE	ING PUBLIC	
ADMINIS			S), AND ESTATE EXPE	NSES/CLAIN	IS PAID	
	(A11 <i>)</i>	Description	OSTS STATEMENTS)		Amount Paid	
1		<u> Doddingtion</u>			7 till Carter ala	-
1						
2						
TOTAL FEES, CO	OSTS & EXPENSES	/CLAIMS PAID				
	DIOT					
			IRS/DEVISEES AND EPARTMENT OF THE T	REASURY		
			ept. of the Treasury	KLAOOKI	Funds	
					Distributed	
1						
2						
3						
TOTAL FUNDS D	DISTRIBUTED					
			OR LOSS SUMMARY			
	Loss of PA	Loss of PA	d/or Attach Ledger) Loss of PA		Total	4
	Fees	Costs	Staff/Investigator	Effective	Fees/Costs	
			<u>Fees</u>	Rate	Lost	
TOTALS & GRAI	ND					-
TOTAL OF						
FEES/COST LOS	<u>ST</u>					
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			and complete Public A			
			e, information and be	elief. I unde	rstand that this	
Statement is subj	ect to audit and ver	ification.				
Date:		9	ignature of Public/Deput	ν Public Admi	nietrator	
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		_				
		<u>C</u>	ity, State and Zip Code			
	948 PUBLIC ADMINISTRA	ATOR'S STATEMENT O	F ACCOUNTS PURSUANT TO	O SMALL ESTAT	E PROCEDURE	
Page 1 of 23 © 2017 Colorado Judici	ial Department for use in the	he Courts of Colorado				

Note:

- Public Administrators must attach their detailed fees/costs account statement to this form.
 Public Administrators must file this form with the court at the closing of the small estate.

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JDF $898\underline{SC} - \underline{R9/18}4/2018$ PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNTS PURSUANT TO SMALL ESTATE PROCEDURE Page 1 of $\underline{23}$ © 2017 Colorado Judicial Department for use in the Courts of Colorado

□ District Court □ Denver Pro	obate Court					
Coun	ity, Colorado					
Court Address:	1,, 00.0.000					
Court / Idai ess.						
In the Matter of the Estate of	f:	-				
Deceased			lack	COUR	T USE ONLY	\blacktriangle
Attorney or Party Without Atto	rney (Name and Address):	С	ase No	umber:		
,	,					
Phone Number:	E-mail:					
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	D	ivision		Courtroom	
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FAX Number:	Atty. Reg. #: IAND FOR NOTICE OF F	ILINGS OR	ORD	ERS	Courtroom	
FAX Number: DEN	Atty. Reg. #:	ILINGS OR	ORD	ERS	Courtroom	

INSTRUCTIONS TO THE DEMANDANT

- ◆ File the original of this document with the ccourt-
- ♦ If a pPersonal representative has already been appointed, the court must shall mail a copy of the Demand to the pPersonal representative or you can mail a copy of the Demand to the pPersonal representative and complete the Certificate of Service stating that a copy has been mailed or delivered.
- The ccourt will require any future filings or orders to which this Demand relates to be accompanied by a Certificate of Service stating that a copy has been mailed or delivered to the demandant or you.
- Notice under this Demand may be waived in writing and ceases upon the termination of demandant's interest in the estate.

☐ Creditor								
Devisee								
Heir		(<u>i</u> ldenti <u>fy</u> ty relati	onship to the <u>d</u> ⊃ecede	ent, as defined in	§15-10-			
201(24), C.R.S.) Other:		(<u>s</u> State interes	st)					
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Name:Street Address:City:Mailing Address, if different	State:	Zip Code:	Home Phone #:-				Formatted:	No bullets or numb

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		gs and orders in this m		ve namea <u>a</u> be			
☐I demand notice w							
		nent of Special Admini	strator;				
■Application or	r Petition for Probate	of Will and Appointme	nt of Personal Represe	entative <u>:</u>			
Application or	r Petition for Intestacy	Proceedings and App	ointment of Personal F	Representative;			
	15-12-706(2), C.R.S.)						
	the purpose of closing						
☐Other:							
3. Notice shall be given	n to □me or □my atto	rney.					
By checking this box	x, I am acknowledgir	g I am filling in the b	lanks and not changir	ng anything else	e on the		
form.							
By checking this box,	, I am acknowledging	that I have made a ch	ange to the original co	ntent of this forr	<u>m.</u>		
Signature of Attorney for	Demandant Date	Signature	of Demandant		Date		
		VERIFICATION					
I declare under penalty o	of perjury under the la		foregoing is true and	correct.			
			foregoing is true and o	correct.			
	of perjury under the la day of (month) (ye	w of Colorado that the	foregoing is true and o	correct.			
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*Insert one of the following	: Hand Deliver	y, First-Class Mail, Cert	ified Mail, E-Se	rved or Faxed.	
		Sign	ature		
	CE	ERTIFICATE OF SERVICE	E		
I certify that on as follows on each of the follo	(date), a copy of this		e of document) v	vas served
Name and Add		Relationship to (Dec	edent, /Ward,	Manner of Se	rvice*
Name and Add	11033	or /Protected I	Person)	Mariner or oc	TVICE
*Insert one of the following: h	nand delivery, f	First-cClass mail, cCertifie	ed mail, e-service	through ICCES	, or fax.
Signature Signature					
		VERIFICATION			
I declare under penalty of per	iury under the la	aw of Colorado that the fo	oregoing is true a	and correct.	
Executed on the day					
<u>(date)</u> (n	nonth) (ye	ear)			
at					
(city or other location, and sta	te OR country)				
(printed name)					
JDF 902 <u>SC</u> <u>R-9/089/18</u> DEMAN	D FOR NOTICE OF	FILINGS OR ORDERS		Page 3 of 2	

(signature)

INSTRUCTIONS TO THE PERSONAL REPRESENTATIVE

- ◆ A copy of any filing or order to which this Demand relates must be mailed or delivered to the person indicated on this Demand and other interested persons. A Certificate of Service must accompany the filing or order when it is filed with the court.
- ◆ The Clerk or Registrar may thereafter take any authorized action, including accepting and acting upon an Application for Informal Appointment of Personal Representative.
- Advance notice shall be required only for actions or hearings for which advance notice would otherwise be required.

JDF 902 $\underline{\text{SC}}$ R-9/089/18 DEMAND FOR NOTICE OF FILINGS OR ORDERS

Page 4 of 2

	enver Probate Court County, Colorado			
Court Address:				
In the Matter of the I	Estate of:			
Deceased			•	COURT USE ONLY
Attorney or Party With	hout Attorney (Name a	and Address):	Case Nu	mber:
Phone Number:	E-ma	iil·		
FAX Number:	Atty. F	Reg. #:	Division	
WITHD		AND FOR NOTICE		
	PURSU	JANT TO § 15-12-2	04, C.R.S.	
		(name of dDema	ndant) hereby w	ithdraw my Demand for I
			•	ithdraw my bemand for i
of Filings or Orders file	a on	(d	ate).	
Signature of Attorney for	or Demandant Da	Signature	of Demandant	 Da
signature of Attention	or Bornariaanie Ba	do Oignaturo	or Bornariaarit	54
declare under penalty	of perjury under the l	VERIFICATION law of Colorado that the	e foregoing is tru	e and correct.
Executed on the	day of	law of Colorado that the	e foregoing is tru	e and correct.
Executed on the		law of Colorado that the	e foregoing is tru	e and correct.
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Executed on the(date at	day of) (month) (y and state OR country)	law of Colorado that the rear)	VICE	
Executed on the(date at city or other location, a printed name) signature)	day of) (month) (y and state OR country)	law of Colorado that the rear) PERTIFICATE OF SER! (date) a copy of this V	VICE	
certify that on	day of) (month) (y and state OR country) Ceeach of the following:	law of Colorado that the vear) ERTIFICATE OF SERVenter (date) a copy of this Vertex (date) a copy of t	VICE	mand for Notice of Filing
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Insert one of the following: Hand Deli	very, First-Class Mail, Certified Mail, E-Se	erved or Faxed.		
	CERTIFICATE OF SERVICE			
certify that on (cas follows on each of the following:	ate), a copy of this (nam	ne of document) was serve	<u>ed</u>	
Name and Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*		
	or /Protected Person}		-	
			-	
			-	
			-	
Insert one of the following: hand delivery	, fFirst-cClass mail, cCertified mail, e-servic	ce through ICCES, or fax.	7	
			_	
	Signature			
	VERIFICATION			
I declare under penalty of periury	under the law of Colorado that the foregoing	a is true and correct	Formatted: Centered	
		g is true and correct.		
Executed on t	ne day of , (date) (month) (year)		Formatted: Centered, Indent: Left:	O" First line: O"
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at	other location, and state OR country)			
(337)				
	(printed name)			
	(signature)			
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JDF 903 <u>SC</u> 9/08R9/18 WITHDRAWAL OF DEM/	NND FOR NOTICE OF FILINGS OR ORDERS			

	District Court Denve	r Probate Court County, Colora	do		
Co	ourt Address:	County, Colora	do		
In	the Matter of the Estate	of:			
	eceased	(1)	_	COURT USE ONLY	A
Αt	torney or Party Without A	ttorney (Name and Address):	Case	Number:	
	none Number:	E-mail:		_	
FA	AX Number:	Atty. Reg. #: CATION FOR INFORMAL	Divisio		
		AL APPOINTMENT OF PE			
	**	**** Use this form if the dD	ecedent left a will	*****	
		_			
Γhe	a Applicant, an interest	ed person pursuant to §_15-1	0-201(27), C.R.S., m	akes the following sta	tements:
1.	Information about the	Applicant:			
	Name:	Re	elationship to Decede	nt:	_
	Street Address:				
	City:	State: Zig	Code:		
	Mailing Address, if different				
		State: Zip Code:		Phone #:	
	Primary Phone:	Alterna	te Phone:		
	Email Address:		Work Phone #:		
•	The Beer less	(a see A d'a d'a a	(deta)	at the case of	T L.
		(name) died on d or resided in the City of			
	<u>u</u> ⇒ecedent was domiche	a or resided in the City of	County of	, the St	ate oi
	·				
3.	_	g is proper in this county becau	-		
		e or residence in this county on er domicile or residence in Col		orty located in this cour	atu on the
	date of death.	si domicile di residence in Coi	orado, but riad prope	erty located in this cour	ity on the
4.		within the time period permitted circumstances described in			
JDF		ATION FOR INFORMAL PROBATE OF POINTMENT OF PERSONAL REPRESENT OF THE PROBATE OF T		Page 1 of 4	

	The aApplicant:
	□ has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice Filings or Orders concerning the decedent.
	□ has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. S
	attached Demand for Notice of Filings or Orders or explanation.
6.	\square No court has appointed a $ \underline{p}$ Personal $ \underline{r}$ Representative and no such appointment proceeding is pending this state or elsewhere.
	☐A court has appointed a personal representative or an appointment proceeding is pending in the Sta
	of (Attach a statement explaining the circumstances and indicating to name and address of the personal representative. Attach a certified copy of the appointing document the appointment has been finalized.)
7.	The date of the d⊵ecedent's last w₩ill is .
	The dates of all codicils are
	The wwwill and any codicils are collectively referred to as "the Will." The applicant believes that it is a decedent's last wwwill and that it was validly executed.
	Decedent 3 last MTTIII and triat it was validly executed.
	Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, applicant is unaware of any instrument revoking the wwill and is unaware of any prior wwills relating property in Colorado that have not been were not expressly revoked by a later instrument.
	☐The original w₩ill
	was deposited with this <u>c</u> Court before the <u>d</u> Pecedent's death. (§_15-11-515, C.R.S.);
	□ has been delivered to this ccourt since the decedent's death. (§ 15-11-516, C.R.S.); or
	☐ is filed with this aApplication.
	An e-filed copy of the wwill is filed with this aApplication.
	☐The original will be delivered to the c⊊ourt forthwith.
	The wWill has been probated in the State of . Authenticated copies of the www.
	w44ill and of the statement probating it are filed with this aApplication. (§_15-12-402, C.R.S.)
	with and of the statement probating it are med with this at application. (3-10-12-402, 0.14.0.)
	will and of the statement probating it are need with this graphication. (g_10 12 402, 0.10.0.)
8.	Decedent's marital and family status:
8.	
8.	Decedent's marital and family status:
8.	Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? b) Did the decedent have a surviving parent? c) Did the decedent have surviving children or other descendants? Yes No
8.	Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? b) Did the decedent have a surviving parent? c) Did the decedent have surviving children or other descendants? d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who
8.	Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? b) Did the decedent have a surviving parent? c) Did the decedent have surviving children or other descendants? d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?
8.	Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? b) Did the decedent have a surviving parent? c) Did the decedent have surviving children or other descendants? d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? e) Are all of the decedent's surviving descendants also descendants of the
8.	Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? b) Did the decedent have a surviving parent? c) Did the decedent have surviving children or other descendants? d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?

10. □ Applicant is 21 years of age or older and nominates himself/herself to be appointed as pPers pRepresentative. or □ Applicant nominates the following person be appointed as pPersonal preparesentative. Name: The Nominee is 21 years of age or older. Street Address:		Address (or	date of death)or Da	te of Death	Age, only if Minor	Relationship (e.g spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
rRepresentative. or						
rRepresentative. or						
rRepresentative. or						
rRepresentative. or						
City: State: Zip Code: Mailing Address, if different:	rRepresentative. or ☐Applicant nominate	es the following pers	son be appointed as g	_Personal <u>r</u> Repres	entative.	
Mailing Address, if different: City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: 11. The nNominee has priority for appointment because of: statutory priority. (§_15-12-203, C.R.S.) reasons stated in the attached explanation. Persons with prior or equal rights to appointment are as follows: They have eachAll person(s) with prior or equal right to appointment have renounced their right appointment or have been given notice of these proceedings. Any All required renouncements accompany this aApplication. 2. App 12. licant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.) Estimated value of real estate \$ Estimated value of personal property \$ Annual income expected from all sources \$	Street Address:					
City: State: Zip Code: Home Phone #:			te: Zip Co	de:		
Primary Phone: Email Address: Work Phone #: 1. The nNominee has priority for appointment because of: statutory priority. (§ 15-12-203, C.R.S.) reasons stated in the attached explanation. Persons with prior or equal rights to appointment are as follows: They have eachAll person(s) with prior or equal right to appointment have renounced their right appointment or have been given notice of these proceedings. Any All required renouncements accompanies application. 2. App 2. licant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.) Estimated value of real estate Estimated value of personal property Annual income expected from all sources			7'- 0-1-	LL Dh		
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Estimated value of personal property Annual income expected from all sources \$	appointment or have this aApplication.					
Annual income expected from all sources \$	appointment or have this aApplication. App	been given notice o	f these proceedings. 1	A ny <u>All</u>required	renound	
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	appointment or have I this aApplication. App Licant states the follow Estimated value of r Estimated value of r	wing regarding the detection of the dete	f these proceedings.	A ny <u>All</u>required	S	

	The personal representative may receive compensation. The hourly rates to be charged, any amounts to be charged pursuant to a	a published fee sched
	including the rates and basis for charging fees for any extraordinary services, a which a fee charged to the estate will be calculated, are as stated below or aApplication.*	and any other bases up
	The basis of compensation has not yet been determined.* * There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.)	or charging fees. (§ 15-
14.	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 schedulincluding the rates and basis for charging fees for any extraordinary services, and any other bases up which a fee charged to the estate will be calculated, are as stated below or in an attachment to a Application.*	
	The basis of compensation has not yet been determined.* * There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.)	or charging fees. (§ 15-
	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.)	
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<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that both	
<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that boby the will nor has any interested person demanded that bond be filed.	
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<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that both by the will nor has any interested person demanded that bond be filed. Applicant states the following regarding the dDecedent's estate. Estimated value of real estate Estimated value of personal property Annual income expected from all sources	sond be filed. is not required by the second be filed. It is not required by the second by the secon
<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that both by the will nor has any interested person demanded that both by the will nor has any interested person demanded that bond be filed. Applicant states the following regarding the dDecedent's estate. Estimated value of real estate Estimated value of personal property Annual income expected from all sources TOTAL	ond be filed. is not requi
<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that both by the will nor has any interested person demanded that both by the will nor has any interested person demanded that bond be filed. Applicant states the following regarding the dDecedent's estate. Estimated value of real estate Estimated value of personal property Annual income expected from all sources TOTAL 15. 14. BondBond is not required by the wWill nor has any interested person demanded that both by the www.	ond be filed. is not requi
<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that both by the will nor has any interested person demanded that both by the will nor has any interested person demanded that bond be filed. Applicant states the following regarding the dDecedent's estate. Estimated value of real estate Estimated value of personal property Annual income expected from all sources TOTAL	ond be filed. is not requi
<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that both by the will nor has any interested person demanded that both by the will nor has any interested person demanded that bond be filed. Applicant states the following regarding the dDecedent's estate. Estimated value of real estate Estimated value of personal property Annual income expected from all sources TOTAL 15. 14. BondBond is not required by the wWill nor has any interested person demanded that both by the www.	ond be filed. is not requi
<u>15.</u>	* There is a continuing obligation to disclose any material changes to the basis fo 602 C.R.S.) Bond is not required by the will nor has any interested person demanded that both by the will nor has any interested person demanded that both by the will nor has any interested person demanded that bond be filed. Applicant states the following regarding the dDecedent's estate. Estimated value of real estate Estimated value of personal property Annual income expected from all sources TOTAL 15. 14. BondBond is not required by the wWill nor has any interested person demanded that both by the www.	ond be filed. is not requi

without bond	☐with bond in the amount of \$	
and that Letters Testamen	tary be issued.	
By checking this box 1	am acknowledging I am filling in the blanks and not changing anything else on the	
form.	m acknowledging that I have made a change to the original content of this form.	
■ By checking this box, I al	m acknowledging that i have made a change to the original content of this form.	Formatted: Normal, Left, Border: Top: (No bord
	VERIFICATION AND ACKNOWLEDGMENT	Formatted: Normal, Border: Top: (No border)
I (Annal's and annal's death of the		
	acts set forth in this document are true as far as I know or am informed. I understand by deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)	
	Signature of Applicant Date	
	The foregoing instrument was acknowledged before me	
	in the County of, State of Colorado, thisday of, 20, by the Applicant.	
	My Commission Expires:	
	Notary Public/Deputy Clerk	
Signature of Attorney	Date Date	
	VERIFICATION	
I declare under penalty of pe	erjury under the law of Colorado that the foregoing is true and correct.	
	of	
	month) (year)	
at (city or other location, and st	ata OR country)	
city of other location, and st	ate OK country)	
(printed name)		
(signature)		
*Note:		
	add any AKA names in the caption, if applicable.	

	Court
Court Address:	rado
Court Address.	
In the Matter of the Estate of:	
	▲ COURT USE ONLY
Deceased	
Attorney or Party Without Attorney (Na	ame and Address): Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Re	eg. #: Division Courtroom
,	ČEPTANCE OF APPOINTMENT
	
accept appointment to, and agree to p	erform the duties and discharge the trust of, the office of:
□p	
Personal Representative; -	
☐Successor Personal Representa	tive;
Donatal Administrators	
Special Administrator; or	
Other:	
submit personally to the jurisdiction of	
Subtrit personally to the jurisdiction of	this <u>c</u> Court in any proceeding relating to this matter.
	this <u>c</u> Court in any proceeding relating to this matter.
	this <u>c</u> Court in any proceeding relating to this matter. Signature
	Signature
	Signature Print Name
	Signature
	Signature Print Name Address
	Signature Print Name
	Signature Print Name Address
	Signature Print Name Address
	Signature Print Name Address City, State, Zip Code
	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number
	Signature Print Name Address City, State, Zip Code
Date:	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number
Date:	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number
declare under penalty of perjury under	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number VERIFICATION The law of Colorado that the foregoing is true and correct.
Date:	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number
Date:	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number VERIFICATION The law of Colorado that the foregoing is true and correct.
Date:	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number VERIFICATION The law of Colorado that the foregoing is true and correct.
Date:	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number VERIFICATION The law of Colorado that the foregoing is true and correct.
Date:	Signature Print Name Address City, State, Zip Code (Area Code) Home Telephone Number VERIFICATION The law of Colorado that the foregoing is true and correct.

(signature)

Note:

- This form is for decedent eestate matters only.

 For geuardianships and ceonservatorships matters use the Acceptance of Office (JDF 805).

In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY
Attorney or Party Without Attorney (Name and Address	s): Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
RENUNCIATION AND/OR NOMINATION	ON OF PERSONAL REPRESENTATIVE
	_ (name), make the following statements to this o
I have priority for appointment as programal real	
·	
 Lali have priority for appointment as pPersonal rRep dPecedent's wWill or under a power conferred by the 	
dDecedent's wWill or under a power conferred by th	e <u>w</u> ₩ill. I renounce my right to appointment.
decedent's w₩ill or under a power conferred by th	e <u>w</u> ₩ill. I renounce my right to appointment.
dDecedent's wWill or under a power conferred by the large transfer of the large transfe	e wwill. I renounce my right to appointment. epresentative of this estate pursuant to paragrap
dDecedent's wWill or under a power conferred by the large transfer of the large transfe	e <u>w</u> ₩ill. I renounce my right to appointment.
 dDecedent's wWill or under a power conferred by the distribution of the	e wwill. I renounce my right to appointment. epresentative of this estate pursuant to paragrap
 dDecedent's wWill or under a power conferred by the discrete discrete	e wwill. I renounce my right to appointment. epresentative of this estate pursuant to paragrap
 dDecedent's wWill or under a power conferred by the distribution of the dist	e wwill. I renounce my right to appointment. epresentative of this estate pursuant to paragrap
d Decedent's w Will or under a power conferred by the last priority for appointment as p Personal r Receiver (e) of §_15-12-203(1), C.R.S.* ☐ Having the right to nominate a qualified personal r Receiver (e) of §_15-12-203(1), C.R.S.* ☐ Having the right to appointment.	ne w₩ill. I renounce my right to appointment. epresentative of this estate pursuant to paragrap on to act as pPersonal rRepresentative, I nominate —
d Decedent's w Will or under a power conferred by the last of the	ne w₩ill. I renounce my right to appointment. epresentative of this estate pursuant to paragrap on to act as pPersonal rRepresentative, I nominate —
dDecedent's wWill or under a power conferred by the displayed the displayed	epresentative of this estate pursuant to paragrap on to act as personal representative, I nominate
dDecedent's wWill or under a power conferred by the displayed the displayed	ne w₩ill. I renounce my right to appointment. epresentative of this estate pursuant to paragrap on to act as pPersonal rRepresentative, I nominate —
d Decedent's w Will or under a power conferred by the large term of the large term	epresentative of this estate pursuant to paragrap on to act as personal representative, I nominate Index and 21, and would be entitled to appoint on to act as personal representative, I nominate on to act as personal representative, I nominate on to act as personal representative, I nominate
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d Decedent's w Will or under a power conferred by the decedent's w Will or under a power conferred by the decedent's w Will or under a power conferred by the large of § 15-12-203(1), C.R.S.* □ Having the right to nominate a qualified personal representative but for my age. □ Having the right to nominate a qualified personal representative but for my age. □ I renounce my right to nominate a qualified personal representative but for my age. □ I renounce my right to nominate a personal representative but for my age.	epresentative of this estate pursuant to paragrap on to act as personal representative, I nominate representative.
d d ecedent's w will or under a power conferred by the decedent's wwill or under a power conferred by the decedent's www. I have priority for appointment as personal received (e) of § 15-12-203(1), C.R.S.* □ Having the right to nominate a qualified personal representative but for my age. □ Having the right to nominate a qualified personal representative but for my age. □ Having the right to nominate a qualified personal representative but for my age.	epresentative of this estate pursuant to paragrap on to act as personal representative, I nominate representative.
dDecedent's wWill or under a power conferred by the dispersion of \$_15-12-203(1), C.R.S.* □ Having the right to nominate a qualified personal renounce my right to appointment. □ I am over the between the age of 18, but up Personal representative, but for my age. □ Having the right to nominate a qualified personal representative to nominate a qualified personal renounce my right to nominate a personal other:	epresentative of this estate pursuant to paragrap on to act as personal representative, I nominate representative.
dPecedent's w₩ill or under a power conferred by the large of large of \$_15-12-203(1), C.R.S.* □ Having the right to nominate a qualified personal renounce my right to appointment. □ I am over the _between the age of 18, but uppersonal representative, but for my age. □ Having the right to nominate a qualified personal renounce my right to nominate a qualified personal renounce my right to nominate a personal other:	epresentative of this estate pursuant to paragrap on to act as personal representative, I nominate representative.
dDecedent's wWill or under a power conferred by the discrete like the discrete like to appoint the like t	epresentative of this estate pursuant to paragrap on to act as personal representative, I nominate representative.

VERIFICATIO	N AND ACKNOWLED	SMENT	
I verify that the facts set forth in this docum that penalties for perjury follow deliberate for			
	Signature	Date	
Type or Print name			
- ype or rim name			
	Address		
			City,
State, Zip Code			
			Phone
Number			
Email Address			
Lindii Addi 666			The
foregoing instrument was acknowledged before in the County of	me , State of C	Palarada	
	, State or C	this day e	f
20, by			
Commission Expires:			
		Notary Public/De	puty Clerk
	VERIFICATION		
I declare under penalty of perjury under the law	of Colorado that the foregoing	ng is true and correct.	
Executed on the day of,			
_(date) (month) (yea	<u>r)</u>		
at			
city or other location, and state OR country)			
(printed name)			
фин с а наше <u>л</u>			
(signature)			

*Note:

• Persons with priority for appointment as personal representative who also have the right to nominate a personal representative are set forth §_15-12-203(1), C.R.S. and have priority in the following order:

(b) The surviving spouse or partner in a civil union of the decedent who is a devisee of the decedent;

(b.5) A person given priority to be a personal representative in a designated beneficiary agreement made pursuant to §_15-22-101, et. seq.; (c) other devisees of the decedent; (d) the surviving spouse or partner in a civil union of the decedent; (e) other heirs of the decedent.

1	er Probate Court County, Colorado		
Court Address:	ounty, Colorado		
In the Matter of the Esta	te of:	▲ cour	T USE ONLY
		Case Number:	
Deceased		Division:	Courtroom:
	RDER FOR INFORMAL PRO	OBATE OF WILL AND	
INFORM	IAL APPOINTMENT OF PER	RSONAL REPRESENTA	ATIVE
Representative filed by	e Application for Informal Proba		
(date),			
THE REGISTRAR FIND	S, DETERMINES, AND ORDER	RS:	
 The <u>aApplicant</u> is an in 	terested person and has filed a cor	nplete and verified applicatio	n.
death. If the deceder	n(date) and at was not a resident of Colorado, resentative appointed at the dec	30 days have elapsed since	the dDecedent's deat
	omiciled or resided in the City of	County	of State
 The decedent was do of 		County (Ji, Olate
of	<u>.</u>	County (Ji, State
of	<u>.</u>		Ji, State
of	county.		Ji, Glate
of	county. iled within the time period permitted ave been received or waived. AWill dated		
of	county. iled within the time period permitted ave been received or waived.	d by law. e-filed copy of the duly execu w₩ills which have not been	<u>.</u> The <u>w</u> Will ar ıted, unrevoked <u>w</u> Will
of	county. iled within the time period permitted ave been received or waived. Will dated as are d to as the wwill. The original or esession. There are no known prior	e-filed copy of the duly execu wWills which have not been	<u>.</u> The wW ill an Ited, unrevoked wW ill expressly revoked by
of	county. iled within the time period permitted ave been received or waived. Will dated a are to to as the wwill. The original or elession. There are no known prior wwill is admitted to informal probate	e-filed copy of the duly executive whills which have not been e.	The w₩ill an ited, unrevoked w₩ill expressly revoked by ve:
of	county. iled within the time period permitted ave been received or waived. Will dated a are d to as the wwill. The original or esession. There are no known prior wwill is admitted to informal probates qualified to serve and is appointed.	e-filed copy of the duly executive. Wills which have not been e. d as personal representative. Nominee is 21 years of age	The w₩ill ar Ited, unrevoked w₩ill expressly revoked by ve: or older.
of	county. iled within the time period permitted ave been received or waived. Will dated s are d to as the wwill. The original or esession. There are no known prior wwill is admitted to informal probate qualified to serve and is appointed. The	e-filed copy of the duly executive www.ills which have not been e. If as personal representation with the company of the duly executive.	The w₩ill ar Ited, unrevoked w₩ill expressly revoked by ve: or older.
4. Venue is proper in this 5. The aApplication was f 6. Any required notices have 7.6. The dDecedent left a ware referred in the registrar's possilater instrument. The ware results and the results and th	county. iled within the time period permitted ave been received or waived. AWill dated is are is at to as the wWill. The original or expension. There are no known prior wWill is admitted to informal probate and is appointed. The State: Zip Code erent:	e-filed copy of the duly executive. Wills which have not been e. If as personal representation is 21 years of age	The w₩ill ar Ited, unrevoked w₩ill expressly revoked by ve: or older.
4. Venue is proper in this 5. The aApplication was f 6. Any required notices have 7.6. The dDecedent left a way required notices have referred in the registrar's possilater instrument. The way required notices have referred in the registrar's possilater instrument. The way required notices have referred in the registrar's possilater instrument. The way required notices have referred in the registrar's possilater instrument. The way required notices have referred in the referred notices have referred	county. iled within the time period permitted ave been received or waived. Will dated s are d to as the wwill. The original or esession. There are no known prior wwill is admitted to informal probate qualified to serve and is appointed. The Zip Code erent: Zip Code:	e-filed copy of the duly executive www.ills which have not been e. If as personal representative Nominee is 21 years of age	The w₩ill ar Ited, unrevoked w₩ill expressly revoked by ve: or older.
4. Venue is proper in this 5. The aApplication was f 6. Any required notices have 7.6. The dDecedent left a ware The dates of all codicils any codicils are referred in the registrar's possilater instrument. The venue of the street Address: Street Address: City: Mailing Address, if difference of the street of the stre	county. iled within the time period permitted ave been received or waived. AWill dated as are as to as the wWill. The original or esession. There are no known prior wWill is admitted to informal probate a qualified to serve and is appointed. The The The State: Zip Code: Alternate Phone: Alternate Phone:	e-filed copy of the duly executivities which have not been e. d as personal representative Nominee is 21 years of age	The w₩ill ar Ited, unrevoked w₩ill expressly revoked by ve: or older.
of	county. iled within the time period permitted ave been received or waived. Will dated s are d to as the wwill. The original or esession. There are no known prior wwill is admitted to informal probate qualified to serve and is appointed. The Zip Code erent: Zip Code:	e-filed copy of the duly executive whills which have not been e. If as personal representative Nominee is 21 years of age	The w₩ill an Ited, unrevoked w₩ill expressly revoked by ve: or older.

Date:	
	Registrar

□ District Court □ Denver Probate CourtCounty, Colorado	
Court Address:	
In the Matter of the Estate of:	COURT USE ONLY Case Number:
Deceased	Division Courtroon
	TARY ☐OF ADMINISTRATION
(name) was appointed or qualified(date) as: Personal Representative; or - Successor Personal Representative.	l by this <u>c</u> Court or its <u>r</u> Registrar on
These Letters are proof of the Personal Representation et.seq., C.R.S.	entative's authority to act pursuant to §_15-
except for the following restrictions, if any:	
☐The Personal Representative's authority is u	nrestricted; or
☐-The Personal Representatives authority is re	estricted as follows:
Date:	
Date:	Probate Registrar/(Deputy)Clerk of Court
Date:	Probate Registrar/(Deputy)Clerk of Court
	Probate Registrar/(Deputy)Clerk of Court
	FICATION

C In	District Court Denve Co ourt Address:	unty, Colorado			A (COURT USE	ONI Y	A
	eceased ttorney or Party Without A	ttown out /Nlown o on	۸ ما ما ما م				0.112.1	
	hone Number:	ittorney (Name and E-mail:	a Address).		Case Nun	ilber.		
F.	AX Number: APPLICATION FOR	Atty. Re			Division		troom	
	e <u>a</u> Applicant, an interest Information about the <u>a</u>	Applicant:	ant to §_15-10-	201(27), C.	R.S., make	s the follow		
	Name:		Rela	ationship to	Decedent:_			
	Street Address:							
	City:	State:		Zip Code:			_	
	Mailing Address, if different	ent:						
	City:							
	Primary Phone:		-					
	Email Address:							
2.	The dDecedent,was domiciled or resided							ecedent
3.	Venue for this proceeding had his or her domiciled did not have his or her date of death.	e or residence in tl	nis county on th	ne date of de	eath.	located in th	nis county	on the
4.	This aApplication is filed dDecedent's death, or appointment.							

5.	The aApplicant:	
	has not received a Demand for Notice of Filings or Orders and i Filings or Orders concerning the Decedent.	s unaware of any Demand for Notice of
	has received or is aware of a Demand for Notice of Filings or	Orders concerning the Decedent. See
	attached Demand for Notice of Filings or Orders or explanation.	Ç
6.	☐No court has appointed a personal representative and no suc	ch appointment proceeding is pending in
	this state or elsewhere.	
	☐ A court has appointed a personal representative or an appoint of (Attach a statement explaining the circ	
	address of the personal representative. Attach a certified of	opy of the appointing document if the
	appointment has been finalized.)	
7.	Except as may be disclosed in an attached explanation and after t	
	aApplicant is unaware of any unrevoked will relating to property in Co	olorado.
0.1		
<u>8.</u> <u>l</u>	Decedent's marital and family status:	
	a) Did a spouse or partner in a civil union survive the dDecedent?	□Yes □No
	IN Dild - ID battle 1 to 10	
	b) Did the d Decedent have a surviving parent?	Yes No
	c) Did the dDecedent have surviving children or other descendants?	□Yes □No
	d) Does the dDecedent's surviving spouse or partner in a civil union h	agye curviying descendants who
	are not descendants of the decedent?	Yes No
	e) Are all of the decedent's surviving descendants also descendants	s of the Yes No
	surviving spouse or partner in a civil union	Tes Uno
	f) Are any of the dDecedent's children minors?	□Yes □No
	The names and addresses of the <mark>d</mark> ₽ecedent's spouse, partner in a	a civil union, children, and other heirs
are	 as follows: If a guardian or conservator has been appointed for one of the period 	ersons listed below also provide the
	name and address of the guardian or conservator.	noone noted below, also provide the

- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
- A sample of this section is included in the Instructions JDF 907.

Name	Address (or <u>D</u> date of <u>D</u> death)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

presentative. or Applicant nominat Name:	es the following pe	der and nominates hir erson be appointed as j	oPersonal rRepre minee is 21 years	esentative s of age o	r older.
City:	State:	Zip Code:			
	££ £ .				
Mailing Address, if di					
		Zip Code:	Home Ph	none #:	
City:	State:	Zip Code:Alternate Phone:			_
City:	State: riority for appointm §15-12-203, C.R.\$	Zip Code:	Work Phone #:		_
City: Primary Phone: Email Address: The nominee has postatutory priority. (Persons stated in the persons with prior or expense.)	riority for appointm §15-12-203, C.R.S the attached explain equal rights to appointm to appoint the attached explain the attached expla	Zip Code: Alternate Phone: nent because of: S.) anation. pointment are as follows to appointment or have	Work Phone #:		
Primary Phone: Email Address: The nNominee has postatutory priority. (Persons stated in a Persons with prior or experience of the property of the priority o	riority for appointm §15-12-203, C.R.s the attached explained and rights to appoint to appoint the attached explains accompany ollowing regarding	Zip Code: Alternate Phone: nent because of: S.) anation. pointment are as follows to appointment or have	Work Phone #:	tice of the	
Primary Phone: Email Address: The noninee has produced a statutory priority. (Persons stated in a persons with prior or expersons with prior or expersons with prior or expersons and prequired renouncements.	riority for appointm §15-12-203, C.R.S the attached explained and rights to appoint to appoint the attached explained and rights accompany collowing regarding real estate	Zip Code: Alternate Phone: nent because of: S.) anation. pointment are as follows to appointment or have this aApplication.	Work Phone #:	tice of the	
Primary Phone: Email Address: The nNominee has postatutory priority. (Persons stated in a persons with prior or experience of the prior or experience of the priority of the	riority for appointm §15-12-203, C.R.S the attached explained and rights to appoint to appoint the attached explained and rights accompany collowing regarding real estate	Zip Code: Alternate Phone: nent because of: S.) anation. pointment are as follows to appointment or have this aApplication.	Work Phone #:	tice of the	
Primary Phone: Email Address: The nonlinee has produced a statutory priority. (Persons with prior or expersors with prior or expersors with prior or expersors. They have each renormal required renouncement.	riority for appointm §15-12-203, C.R.S the attached explained and rights to appoint to appoint the second their rights accompany collowing regarding real estate	Zip Code: Alternate Phone: nent because of: S.) anation. pointment are as follows to appointment or have this aApplication.	Work Phone #:	tice of the	

 $\underline{123}$. The \underline{p} Personal \underline{r} Representative may receive compensation.

including the rates and ba	e charged, any amounts to be charged pursuant to a published fee scheduasis for charging fees for any extraordinary services, and any other bases up the estate will be calculated, are as stated below or in an attachment to t
☐The basis of compensat	tion has not yet been determined.
<u>134.</u> The <u>p</u> Personal <u>r</u> Represen	ntative may compensate his, her, or its counsel.
including the rates and ba	e charged, any amounts to be charged pursuant to a published fee schedu asis for charging fees for any extraordinary services, and any other bases up the estate will be calculated, are as stated below or in an attachment to t
* There is a continuing obligati	tion has not yet been determined. ion to disclose any material changes to the basis for charging fees. (§ 15-10-602
C.R.S.)	
•	on demanded that bond be filed. \$ has been demanded.
	sts that the <u>r</u> Registrar informally appoint the <u>n</u> Nominee as <u>p</u> Perso ervised administration to serve:
without bond	☐with bond in the amount of \$
and that Letters of Administr	ration be issued.

	Signature of Applicant	Date
	The foregoing instrument was a in the County ofthisday of, 2	, State of Colorado
	My Commission Expires:	
	Notary Public/Deputy Clerk	
Signature of Attorney V I declare under penalty of perjury under the law of	ERIFICATION Colorado that the foregoing is true and	correct
	odiorado triat trio foregoing io truo and	<u> </u>
Executed on the day of,(date) (month) (year)		
		
(date) (month) (year) at	,	

*NoteNOTE:

Please remember to add any AKA names in the caption, if applicable.

				do				
C	ourt Address:							
<u></u>	the Matter of the Estat	o of:						
ın	i the matter of the Estat	e or:			_	COURT	USE ONLY	
					Case N	lumber:		
D	eceased				Divisio	n:	Courtroom	n:
	ORDER FOR IN	FORMAL AP	POINTMEN	T OF PE	RSONAL F	REPRES	ENTATIV	E
Upo	on consideration of the A	pplication for Info	ormal Appointn	nent of Per	sonal Repres	sentative fi	led by	
	(<u>a</u> Applicant	t) on		(date),				
T. .		DETERMINE	C AND ODD	EDC.				
	E REGISTRAR FINDS	•						
1.	The aApplicant is an inte	erested person a	nd has filed a	complete a	nd verified ap	oplication.		
_	The IDean Last Parker		(doto) ou		ure have al	apsed sir	nce the dD	ece
2.	The dDecedent died on death. If the dDecedent or the pPersonal rRepressional to 15-12-307, C.R.S.)	was not a reside	ent of Colorad	o, 30 days	have elapse	d since the	e <mark>d</mark> Deceder	ıt's
	death. If the decedent or the personal representation of the p	was not a resido esentative appoi	ent of Colorad nted at the <u>d</u> ⊑	o, 30 days ecedent's	have elapse domicile or r	d since the esidence	e <u>d</u> Deceder is the <u>a</u> App	ıt's lica
3.	death. If the decedent or the personal representation of the personal representation of the decedent was don't be decedent was don't	was not a reside esentative appoi	ent of Colorad nted at the <u>d</u> ⊑	o, 30 days ecedent's	have elapse domicile or r	d since the esidence	e <u>d</u> Deceder is the <u>a</u> App	ıt's lica
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Date:		 	
	 ne □Magistrate □Registrar_		
	10 Windgiotrate Trogictrar	Registrar	

Distri	ict Court Denver Co	Probate Court ounty, Colorado			
Court A		, , ,			
In the N	latter of the Estate	؛ of <u>*</u> :			
Deceas	ed			▲ COURT US	E ONLY
		ttorney (Name and Addre	ss):	Case Number:	
Phone N	Number:	E-mail:			
FAX Nu		Atty. Reg. #:		Division Cou	ırtroom
		TITION FOR FORMAL APPOINTMENT OF		E OF WILL AND L REPRESENTATIVE	
				-	
	:	** Use this form if th	e <u>d</u> Decedent	left a will ******	
		rested person pursual	nt to §_15-1	0-201(27), C.R.S., make	es the following
statemer	its:				
1. Infor	mation about the g	Petitioner:			
			Relationshi	p to Decedent	
City:		State:	Zip Code:		
Mailir	ng Address, if differe	ent:			
City:_		State: Zip C	Code:	Home Phone #:	
Prima	ary Phone:	A	Iternate Phone:		
Emai	l Address:			Work Phone #:	
a =	ID				-
				te) at the age of year: unty of	
	aomiciled or resided	in the City of	Co	unity of	, State or
					
	•	g is proper in this county I			
_		e or residence in this cour	,		
	d not have his or he of death.	er domicile or residence i	in Colorado, bu	ut had property located in	this county on the
₫₽ec				Three years or less have 2-108, C.R.S. authorize	
5. The F	Petitioner:				
JDF 920 <u>SC</u>		ON FOR FORMAL PROBATE CONTINUENT OF PERSONAL RE		Page 1 c	of 5

	☐ has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.	
	□ has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.	
6.	□No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.	
	☐ A court has appointed a Personal Representative or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and address of the Personal Representative. Attach a certified copy of the appointing document if the appointment has been finalized.)	
<u>7.</u>	Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument. Or	
	The date of the dependent's last wwill is The dates of all codicils are The wwill and any codicils are collectively referred to as "the wwill". The petitioner believes that it is the dependent's last wwill and that it was validly executed.	
	cept as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the titioner is unaware of any instrument revoking the Will and is unaware of any prior Wills relating to property in	Formatted: Indent: Left: 0"
	lorado that have not been expressly revoked by a later instrument.	
	_	
	The original w₩ill was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.)	
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<u>8.</u> C	The original will was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.) is filed with this petition. Other: An e-filed copy of the will is filed with this petition. and the The-original will must document be delivered to the court immediately for the with or has been delivered to the Court. The will has been probated in the State of Authenticated copies of the will and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.) Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent?	
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<u>8.</u> C	The original wwill was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.) is filed with this petition. Other: An e-filed copy of the wwill is filed with this petition. and the The original will must document will be delivered to the court immediately forthwith or has been delivered to the court. The wwill has been probated in the State of with this petition. (§ 15-12-402, C.R.S.) Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? Yes No If the answer to a) is Yes, also answer the following questions: b) Did the decedent have a surviving parent? Yes No If the answer to c) is Yes, also answer the following questions: d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who	
9. [The original wwill was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.) is filed with this petition. Other: An e-filed copy of the wwill is filed with this petition. and the he original will must document will be delivered to the court immediately forthwith or has been delivered to the Court. The wwill has been probated in the State of Authenticated copies of the wwill and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.) Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? The answer to a) is Yes, also answer the following questions: b) Did the decedent have a surviving parent? Yes No If the answer to c) is Yes, also answer the following questions:	

			s = No		
,	*	ver the following question:	D. .		
f) Are any of the dDece	dent's children m	inors?	s 🗆 No		
The names and addre	esses of the dDe	ecedent's spouse, partner in a	civil union c	hildren other heirs	Formatted: Indent: Left: 0"
devisees are as follow	vs:				
 If a guardian or co name and address 		een appointed for one of the personservator.	sons listed be	low, also provide the	9
 If a minor child is lis 	sted, list the child'	s parent(s), guardian, or conserva	tor.		
		or child has predeceased the Dece n the Instructions - JDF 906.	dent, include t	he date of death.	
				Baladan akin ta	٦
Name	Addr	ess (or <u>D</u> date of <u>D</u> death)	Age, only if	Relationship (e.g. spouse, partner	
			Minor	in a civil union,	
				child, brother, guardian for	
				spouse, etc.)	
					_
					-
					_
•	rs of age or olde	er and nominates himself <u>or</u> /her	self to be app	pointed as <u>p</u> Persona	
Petitioner is 21 yea	rs of age or olde	er and nominates himself <u>or</u> her	self to be app	pointed as pPersona	
oresentative.	Č	er and nominates himself <u>or</u> her	•	oointed as <u>p</u> ₽ersona	
oresentative. or Petitioner nominates	the following per	son be appointed as Personal Re	oresentative.	_	
oresentative. or Petitioner nominates Name:	the following per	_	oresentative.	· older.	al de la constant de
oresentative. or Petitioner nominates Name: Street Address:	the following per	son be appointed as Personal Re	oresentative.	older.	
oresentative. or Petitioner nominates Name: Street Address: City:	the following per	son be appointed as Personal Re	presentative.	older.	
oresentative. or Petitioner nominates Name: Street Address: City: Mailing Address, if diffe	the following per State: rent:	son be appointed as Personal Rep The Nominee is 21 y Zip Code:	presentative.	older.	-
oresentative. or Petitioner nominates Name: Street Address: City: Mailing Address, if diffe City:	State: State: State:	son be appointed as Personal Re	vears of age of	older.	-
oresentative. or Petitioner nominates Name: Street Address: City: Mailing Address, if diffe City: Primary Phone:	State: State: State:	son be appointed as Personal Re The Nominee is 21 y Zip Code: Zip Code: Herr	vears of age of	older.	-
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oresentative. or Petitioner nominates Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address:	state: rent: State: state:	zip Code: Zip Code:Alternate Phone:Work Phone- ent because of:	vears of age of	older.	-

	ompanies this application.	3	ointment <u>have exe</u>		
	as follows:				
=					
	y have each renounced their			given notice o	of these proceedings. A
req	uired renouncements accon	npany this Petitic	n.		
12 Pot	itioner states the following reg	arding the decede	ent's estate (8.15 ₋ 1	2-604 C R S	1
12.10	moner states the following reg	arding the decede	int a catale. (§ 10-1)	<u> 2-004, O.N.O.</u>	7
	stimated value of real estate				<u>\$</u>
	stimated value of personal pro				\$
<u>A</u>	nnual income expected from a	ill sources		TOTAL	<u>\$</u> \$
				<u>TOTAL</u>	<u> </u>
<u>123</u> T	he personal representative	may receive com	pensation.		
	The herrolly makes to be about				
	The hourly rates to be char				
inc	uding the rates and basis fo	r charging fees f	or any extraordinar	y services, a	nd any other bases up
	ch a fee charged to the estate				
*	cit a fee charged to the estate	s will be calculated	u, are as stated ber	ow or in an a	ttacililent to this pretition
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_	The basis of compensation ha	s not vet been de	termined.		
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	The basis of compensation ha	,		sel.	
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<u>134.</u> Th	e <u>p</u> Personal <u>r</u> Representative	may compensate	his, her or its coun		a nublished fee schedu
<u>134.</u> Th	e personal representative The hourly rates to be char	may compensate	his, her or its couns	oursuant to a	
<u>134.</u> Th □ inc	e pPersonal rRepresentative The hourly rates to be charuding the rates and basis fo	may compensate ged, any amount r charging fees f	his, her or its count is to be charged por any extraordinar	oursuant to a	nd any other bases up
<u>134.</u> Th □ inc	e personal representative The hourly rates to be char	may compensate ged, any amount r charging fees f	his, her or its count is to be charged por any extraordinar	oursuant to a	nd any other bases up
<u>134.</u> Th □ inc	e pPersonal rRepresentative The hourly rates to be charuding the rates and basis fo	may compensate ged, any amount r charging fees f	his, her or its count is to be charged por any extraordinar	oursuant to a	nd any other bases up
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inc wh *	The hourly rates to be char uding the rates and basis for the charged to the estate. The basis of compensation has is a continuing obligation to compensation to compensation to compensation.	may compensate ged, any amount or charging fees free will be calculated as not yet been ded disclose any mater ORMAL PROBATE OF OF PERSONAL REF	his, her, or its couns s to be charged p or any extraordinar d, are as stated belonerated termined. rial changes to the borders of the borders.	oursuant to a y services, a ow or in an at	nd any other bases up ttachment to this pPetition per etition per

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■Bond in the amount of \$	has been demanded.	ond be filed.
165. Unsupervised administration is re		
Supervised administration is reque are as follows:	ested (additional filing fee required). Terms of the	e requested supervi
are de fellewe.		
	er requests that the court formally admit the dependent and formally appoint the nN	
Representative to serve:	esection and formally appoint the in-	ommee as preis
☐without bond	☐with bond in the amount of	
		(II) (1
	I the same and the all advantations the art of 1991 and	filing tee required)
Letters be confirmed. The petitioner and a setting aside of prior informal findings	as to testacy.	
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and that Letters Testamentary be iss Letters be confirmed. The pPetitioner and a setting aside of prior informal findings a setting aside of prior informal appoint other: By checking this box, I am acknowledge By checking this box, I am acknowledge VERIFICA I (Petitioner) verify that the facts set forth	sued to the personal representative or talso requests: s as to testacy. ment of personal representative. dging I am filling in the blanks and not changing that I have made a change to the original control of the facts stated herein. (§15-10-3-Signature of Petitioner	hat previously issued in the previous informed. I understand to this form. Date cknowledged before State of Color
and that Letters Testamentary be iss Letters be confirmed. The pPetitioner and a setting aside of prior informal findings a setting aside of prior informal appoint other: By checking this box, I am acknowledge By checking this box, I am acknowledge VERIFICA I (Petitioner) verify that the facts set forth	sued to the pPersonal representative or talso requests: as as to testacy. ment of personal representative. dging I am filling in the blanks and not changing that I have made a change to the original contains this document are true as far as I know or am falsification of the facts stated herein. (§15-10-3 Signature of Petitioner The foregoing instrument was account of the county of	informed. Lunders 10, C.R.S.) Date cknowledged before, State of Color 20, by the Petitic

	Notary Public/Deputy C	Clerk
Signature of Attorney	 Date	_
	VERIFICATION	
I declare under penalty of perju	rry under the law of Colorado that the foregoing is	true and correct.
Executed on the day o	onth) (year)	
at (city or other location, and stat	e OR country)	
(printed name)		
(signature)		

JDF 920SC R8/439/18 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE ©2013 Colorado Judicial Department for use in the Courts of Colorado

Page 6 of 5

Deceased Division: Case Number: Division: Countroo ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Represided by		Court Address:		
Deceased ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Represided by	ī	In the Matter of the Estate of:	f:	
Deceased ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Don consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Represented by				▲ COURT USE ONLY
ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Represided by				Case Number:
ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Represided by	١,	Deceased		Divinion Countroom
Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Represided by	-		ADMITTING WILL TO FO	
THE COURT FINDS, DETERMINES, AND ORDERS: 1. The pPetitioner is an interested person and has filed a complete and verified petition. 2. The dPecedent died on		FORMAL A	APPOINTMENT OF PERSO	ONAL REPRESENTATIVE
THE COURT FINDS, DETERMINES. AND ORDERS: 1. The pPetitioner is an interested person and has filed a complete and verified petition. 2. The dDecedent died on				
2. The decedent died on (date) and 120 hours have elapsed since the deceder 3. The decedent was domiciled or resided in the City of County of 4. Venue is proper in this county. 5. The petition was filed within the time period permitted by law. 6. Any required notices have been given or waived. 7. The decedent left a will dated The dates of all codicils are The wwill and any codicils are referred to as the wwill. There are no known prior wills that have expressly revoked by a later instrument. The wwill is the decedent's last will and it is admitted probate.				
1. The petitioner is an interested person and has filed a complete and verified petition. 2. The decedent died on				
 4. Venue is proper in this county. 5. The pPetition was filed within the time period permitted by law. 6. Any required notices have been given or waived. 7. The dPecedent left a will dated The dates of all codicils are The wwill and any codicils are referred to as the wwill. There are no known prior wills that have expressly revoked by a later instrument. The wwill is the dPecedent's last will and it is admitted probate. 	ТН	IE COURT FINDS, DETERM	MINES, AND ORDERS:	
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6. Any required notices have been given or waived. 7. The decedent left a will dated The dates of all codicils are The wwill and any codicils are referred to as the wwill. There are no known prior wills that have expressly revoked by a later instrument. The wwill is the decedent's last will and it is admitted probate.				
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7. The decedent left a will dated The dates of all codicils are The wwill and any codicils are referred to as the wwill. There are no known prior wills that have expressly revoked by a later instrument. The wwwill is the decedent's last will and it is admitted probate.				
The dates of all codicils are	6.	Any required notices have be	en given or waived.	
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probate.	7.			
☐The prior informal finding as to testacy is set aside.	7.		instrument. The www in is the c	Decedent's last will and it is admitted to
	7.			
	7.	probate.	as to testacy is set aside.	
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	7.	probate.	as to testacy is set aside.	
	7.	probate.	as to testacy is set aside.	
	7.	probate.	as to testacy is set aside.	

	Name		Relationship (e.g. spouse, partner in a civil union, child, brother, guardian	Formatted Table
			for spouse, etc.)	
9. T	he following person is qualified to serve and is appo	inted or confirmed as pl	Personal representative:	
N	lame:	The Nominee is 21 years	ars of age or older.	
	ity: State: Zip Coo			
N	failing Address, if different:		_	
C	city: State: Zip Cod	e: Home	Phone #:	
_	rimary Phone:A			
E	mail Address:	Work Phone #:		
	The prior informal appointment ofetters are revoked.		_ (name) is set aside and the	
	he <u>p</u> Personal <u>r</u> Representative <u>will</u> shall serve			
	■without bond. with bond in the amount of \$			
	in unsupervised administration.	<u>.</u>		
	☐ in supervised administration as described in an atta	achment to this oorder.		
	·	_		
11. L	etters Testamentary will shall be issued or previously	y issued <u>l</u> ∟etters are co	nfirmed.	
Jate.				
Jaic.		□Judge □M	agistrate	

	District Court Denver Probate Cour			
C	County, Colorado court Address:			
Ī				
In	the Matter of the Estate of*:			
D	eceased		▲ COUR	T USE ONLY
Ā.	ttorney or Party Without Attorney (Name	and Address):	Case Number:	
P	hone Number: E-mail:			
	AX Number: Atty. Reg	j. #:	Division	Courtroom
	PETITION FOR ADJUDICATION	N OF INTESTACY	AND FORMAL APP	OINTMENT OF
	PERS	SONAL REPRESE	ENTATIVE	
	****** Use this form	if the decedent of	lid not leave a will ****	***
'n	e pPetitioner, an interested persor	n pursuant to §	15-10-201(27), C.R.S.,	makes the following
ta	itements:			_
	Information about the petitioner:			
	Name:	Relatio	nship to Decedent	
	Name:			
	Street Address:			
	Street Address:St	ate: Zip C	code:	
	Street Address:St City: St Mailing Address, if different:	ate: Zip C	ode:	
	Street Address:St	ate: Zip C	Home Phone #:	
	Street Address:St City: St Mailing Address, if different: City: State: Primary Phone:	ate: Zip C Zip Code: Alternate Phone:	Home Phone #:	
	Street Address:St City:St Mailing Address, if different: City:State:	ate: Zip C Zip Code: Alternate Phone:	Home Phone #:	
	Street Address:St City: St Mailing Address, if different: City: State: Primary Phone:	ate: Zip CZip Code: Alternate Phone:	Home Phone #: Work Phone #:	
•	Street Address: St City: St Mailing Address, if different: City: State: Primary Phone: Email Address:	ate: Zip C Zip Code: Alternate Phone:	Home Phone #: Work Phone #: (date) at the age of	years. The <u>d</u> ₽ecedent
-	Street Address: City: Mailing Address, if different: City: State: Primary Phone: Email Address: The dDecedent, , died on was domiciled or resided in the City of	ate: Zip C Zip Code: Alternate Phone:	Home Phone #: Work Phone #: (date) at the age of	years. The <u>d</u> ₽ecedent
•	Street Address:	ate: Zip C Zip Code: Alternate Phone:	Home Phone #: Work Phone #: (date) at the age of	years. The <u>d</u> ₽ecedent
•	Street Address: City: Mailing Address, if different: City: State: Primary Phone: Email Address: The dDecedent, , died on was domiciled or resided in the City of	ate: Zip C Zip Code: Alternate Phone:	Home Phone #: Work Phone #: (date) at the age of	years. The <u>d</u> ₽ecedent
	Street Address: City: Mailing Address, if different: City: State: Primary Phone: Email Address: The dDecedent, , died on was domiciled or resided in the City of	ate: Zip CZip Code: Alternate Phone:	Work Phone #: (date) at the age of County of	years. The <u>d</u> ₽ecedent
	Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address: The dDecedent, , died on was domiciled or resided in the City of	ate: Zip C Zip Code:Alternate Phone: nis county because the	Work Phone #: (date) at the age of County of e dDecedent:	years. The <u>d</u> ₽ecedent
	Street Address: City: Mailing Address, if different: City: State: Primary Phone: Email Address: The decedent, died on was domiciled or resided in the City of died. Venue for this proceeding is proper in the had his or her domicile or residence died.	ate: Zip C Zip Code: Alternate Phone: his county because the in this county on the county of the county on the county of the county	Work Phone #:	years. The dDecedent _, State of
	Street Address: City: Mailing Address, if different: City: State: Primary Phone: Email Address: The dDecedent, , died on was domiciled or resided in the City of Venue for this proceeding is proper in the had his or her domicile or residence in the	ate: Zip C Zip Code: Alternate Phone: his county because the in this county on the county of the county on the county of the county	Work Phone #:	years. The dDecedent _, State of
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	Street Address: City: Mailing Address, if different: City: State: Primary Phone: Email Address: The decedent, died on was domiciled or resided in the City of died. Venue for this proceeding is proper in the had his or her domicile or residence died.	ate: Zip C Zip Code: Alternate Phone: his county because the in this county on the coresidence in Colorado period permitted by laternate by laternate period permitted by laternate in the county on the coresidence in Colorado period permitted by laternate period permitted period permitted period permitted permitted period permitted pe	Home Phone #: Work Phone #: (date) at the age of County of e dDecedent: date of death. b, but had property locate aw. Three years or less	years. The decedent, State of

5.	The Petitioner: ☐has not received a Demand for Notice of Filings or Orders and is unaw	are of any Demand for Notice o
	Filings or Orders concerning Decedent.	•
	has received or is aware of a Demand for Notice of Filings or Orders con Demand for Notice of Filings or Orders or explanation.	cerning Decedent. See attached
6.	☐No court has appointed a personal representative and no such appothis state or elsewhere.	intment proceeding is pending in
	A court has appointed a personal representative or an appointment prof (Attach a statement explaining the circumstances and of the personal representative. Attach a certified copy of the appointing been finalized.)	indicating the name and address
7.	Except as may be disclosed on an attached explanation and after the exer Petitioner is unaware of any unrevoked will relating to property located in Co	
8.	Decedent's marital and family status:	
	a) Did a spouse or partner in a civil union survive the decedent?	QYes QNo
	If the answer to a) is Yes, also answer the following questions: b) Did the dDecedent have a surviving parent?	□Yes □No
	c) Did the decedent have surviving children or other descendants? ☐Yes	□No
	If the answer to c) is Yes, also answer the following questions: d) Does the dDecedent's surviving spouse or partner in a civil union have surprised and partners of the dDecedent?	viving descendants who
	——are not descendants of the decedent?	_□Yes □No
	e) Are all of the decedent's surviving descendants also descendants of the	
	surviving spouse or partner in a civil union?	Yes No
	If the answer to e) is No, also answer the following question:	
	f) Are any of the decedent's children minors?	□Yes □No
9.	List names and addresses of the decedent's spouse, partner in a cheirs as defined by the Colorado law of intestate succession. (§§ 15-114, C.R.S.)	

- - If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
 - If a minor child is listed, list the child's parent(s), guardian or conservator.
 - If a spouse, partner in a civil union, or child has predeceased the <u>d</u>Decedent, include the date of death.
 - A sample of this section is included in the Instructions JDF 907.

Name	Address (or <u>D</u> eate of <u>D</u> eath)	Age,	Relationship (e.g.
		only if	spouse, partner

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				Minor	in a civil union child, brother guardian for spouse, etc.)
<u>r</u> Representative. or	years of age or older				
Name:		The No	minee is 21 ye	ears of age or	r older.
	State:				
	different:				
	State:				
Primary Phone:		Alternate Phon	e:		
Email Address:	priority for appointment l	4			
Email Address: The Nominee has statutory priority reasons stated		because of: ion.	Vork Phone #		
Email Address: The Nominee has statutory priority reasons stated Persons with prior of They have each re required renounce	priority for appointment logically. (§_15-12-203, C.R.S.) in the attached explanation	because of: ion. tment are as follows appointment or have s petition.	Vork Phone #	notice of thes	
Email Address: The Nominee has statutory priority reasons stated Persons with prior of They have each re required renounce 11. Petitioner states the	priority for appointment law. (§_15-12-203, C.R.S.) in the attached explanation equal rights to appoint appointment law. (§_15-12-203, C.R.S.) in the attached explanation equal rights to appoint appointment accompany this law for real estate	because of: ion. tment are as follows appointment or have s petition.	Vork Phone #	notice of thes	
Email Address: The Nominee has statutory priority reasons stated Persons with prior of They have each re required renounce 11. Petitioner states the	priority for appointment law. (§_15-12-203, C.R.S.) in the attached explanation equal rights to appoint appointment to a sements accompany this terms accompany the sements accompany to the sements accompany the sements accompany the sements accompany to the s	because of: ion. tment are as follows appointment or have s petition. e decedent's estate	Vork Phone #	notice of thes	

☐The basis of compensation has no	ot yet been determined.
12.13. The personal representative r	may compensate his, her or its counsel.
including the rates and basis for ch	I, any amounts to be charged pursuant to a published fee scharging fees for any extraordinary services, and any other bases ill be calculated, are as stated below or in an attachment to this p
☐The basis of compensation has no	ot yet been determined.
* There is a continuing obligation to discl C.R.S.)	lose any material changes to the basis for charging fees. (§ 15-10-
13.14. No interested person demand	ded that bond be filed.
Bond in the amount of \$	
are as follows:	is requested. lested (additional filing fee required). Terms of the requested superiore superiore requests that the court determine that the deceder
	If the decedent and formally appoint the new minee as per
☐without bond	☐with bond in the amount of \$
in unsupervised administration	☐ in supervised administration (additional filing fee required)
and that Letters of Administration be also requests:	e issued or that previously issued Letters be confirmed. Pet
☐a setting aside of prior informal finding	gs as to testacy.
□a setting aside of prior informal appoir JDF 922 <u>SC</u> R8/439/18 PETITION FOR ADJUD FORMAL APPOINTMENT OF PI	DICATION OF INTESTACY AND Page 4 of 4

form.	n filling in the blanks and not changing any	uning eise on un
By checking this box, I am acknowledging that I	have made a change to the original content of	of this form.
VERIFICATION A	ND ACKNOWLEDGMENT	
(Petitioner) verify that the facts set forth in this docted that penalties for perjury follow deliberate falsification	cument are true as far as I know or am inform	ned. I understa R.S.)
	Signature of Petitioner	Date
		by the Petitions
	My Commission Expires:	
	Notary Public/Deputy Clerk	
Signature of Attorney Date		
<u>VE</u>	RIFICATION	
declare under penalty of perjury under the law of C	colorado that the foregoing is true and correct	<u>t.</u>
Executed on the day of,(date) (month) (year)		
city or other location, and state OR country)		
(printed name)		

_	District Court ☐ Denver Probate Court County, Colorado	
C	ourt Address:	
In	the Matter of the Estate of:	▲ COURT USE ONLY ▲
		Case Number:
D	eceased	Division: Courtroom:
	ORDER OF INTESTACY, DETERMINATION FORMAL APPOINTMENT OF PERSONAL RE	
Rep	on consideration of the Petition for Adjudication of Intestacy as presentative filed by(pPetitioner) on	
1.	The Petitioner is an interested person and has filed a complete and v	erified petition.
2.	The decedent died on (date) and 120 hours death.	have elapsed since the dDecedent's
3.	The decedent was domiciled or resided in the City ofof	County of, State
4.	Venue is proper in this county.	
5.	The perition was filed within the time period permitted by law.	
6.	Any required notices have been given or waived.	
7.	The dDecedent did not leave a wWill. ☐ The prior informal finding as to testacy is set aside.	

	Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	Share/Percentage of Estate	Formatted Table
The following person	n is qualified to serve and is a	appointed or confirmed as p₽erso	nal rRepresentative:	
Name:	•	The Nominee is 21		
City:	State:	Zip Code:		
		Code: Home Phone		
Primary Phone:		Alternate Phone:		
Email Address:		Work Phone #:		
☐The prior informa Letters are revoked.		(nar	ne) is set aside and the	
I 0. The <u>p</u> Personal <u>r</u> Rep	resentative will shall serve			
without bond.				
	mount of \$.		
in unsupervised a				
山 in supervised adn	ninistration as described in ar	n attachment to this <u>o</u> ⊖rder.		
11 Latters of Administra	ition <u>must_shall_will_</u> be issued	or previously issued Letters are	confirmed.	
T. Letters of Administra				
Date:		☐Judge ☐Magis	trate	

_						
L	■District Court ■Denve					
c	ourt Address:	ounty, Colorado				
In	the Matter of the Estate	e of				
	tile matter of the Estat	. 01.				
ח	eceased				COURT USE ON	_Y 🛕
	ttorney or Party Without A	Attorney (Name an	nd Address):	Case N	umber:	
	hone Number:	E-mail:				
F.	AX Number:	Atty. Reg. #	#: FOR INFORM	Division IAL APPOINTM		n
				SUANT TO § 15-		
	0. 0. 20.		.,		12 01 1, 0111101	
Th	e <u>a</u> Applicant, an interes	ted person pursu	uant to § _15-10-	201(27), C.R.S., ma	kes the following	statements:
1.	Information about the	aApplicant:				
	Name:		Relationship	to Decedent		
	Street Address:					
	City:	State:	Z	ip Code:		
	Mailing Address, if differ	ent:				
	City:		Zip Code:	Home P	hone #:	
	Primary Phone:					
	Email Address:		Work Phone	#:		
_	The dDeceded	P. J.		(data) at the area	-(
2.	The decedent,					
	was domiciled or resided	in the City of		County of	, tne	e State of
						
3.	Venue for this proceeding	g is proper in this	county because	the dDecedent:		
	had his or her domicil	e or residence in	this county on th	e date of death.		
	did not have his or h	er domicile or res	sidence in Color	ado, but had proper	ty located in this co	ounty on the
	date of death.					
4.	This aApplication is filed	d within the time p	period permitted	by law. Three years	or less have pass	ed since the
	dDecedent's death, or appointment.	circumstances	described in §	_15-12-108, C.R.S	s. autnorize tardy	probate or
	-11					
5	The aApplicant:					
٥.	rne <u>an</u> pplicant.					
וריי	0249C P0/420/40 APPLIC	ATION FOR INCORA	AI ADDONITAMENT	OE SDECIAL ADMINIST	PATOR	Page 1 of
<u>45</u>	924 <u>SC</u> R8/139/18 APPLIC			OI SPECIAL ADMINISTI	NATUR	Page 1 of

□ has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent. □ has received or is aware of a Demand for Notice of Filings or Orders concerning decedent. See attached Demand for Notice of Filings or Orders or explanation.
6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere. A court has appointed a personal representative or an appointment proceeding is pending in the State of
7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Applicant is unaware of any unrevoked Will relating to property in Colorado. or The date of the decedent's last wwill is The dates of all codicils are The wwill and any codicils are collectively referred to as "the wwill." The applicant believes that it is the decedent's last wwill and that it was validly executed.
Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Applicant is unaware of any instrument revoking the Will and is unaware of any prior Wills relating to property in Colorado that have not been expressly revoked by a later instrument.
The original wwill: was deposited with this ccourt before the Decedent's death. (§_15-11-515, C.R.S.) has been delivered to this ccourt since the dDecedent's death. (§_15-11-516, C.R.S.) is filed with this aApplication. An e-filed copy of the wwill is filed with this aApplication and The the original will document Dmustwill be delivered to the ccourt immediately forthwith or Dhas been delivered to the Court. The wwill has been probated in the State of Authenticated copies of the wwill and of the statement probating it are filed with this aApplication. (§_15-12-402, C.R.S.)
9. Decedent's marital and family status:
a) Did a spouse or partner in a civil union survive the decedent?
If the answer to a) is Yes, also answer the following questions: b) □Did the dDecedent have a surviving parent? c) Did the dDecedent have surviving children or other descendants? If the answer to c) is Yes, also answer the following questions:
d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? e) Are all of the decedent's surviving descendants also descendants of the JDF 924SC R8/439/18 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 2 of 45 82013 Colorado Judicial Department for use in the Courts of Colorado

evisees If n If	are as follows: a guardian or c ame and address a minor child is I	resses of depecedent's spouse, partner in a conservator has been appointed for one of the sof the guardian or conservator. isted, list the child's parent(s), guardian or conservin a civil union, or child has predeceased the	e persons listed b	pelow, also provide
	Name	Address (or Delate of Deleath)	Age, only Mino	if (e.g. spouse
	protect the decons:	pointment of a sepecial and ministrator: edent's estate prior to the appointment of a period pointment has been terminated as provided in separations and period pe	§_15-12-614(1)(a),	
□to	oplicant is 21 ye	ars of age or older and nominates himself_	or_/herself to be	appointed as <u>s</u> p
☐ to 2. ☐ Ap Adminis or ☐ Ap	oplicant is 21 ye trator. oplicant nominate:	s the following person be appointed as <u>s</u> Specia	al <u>a</u> Administrator.	
Lto 2. Ap Adminis or Ap Name	oplicant is 21 ye trator. pplicant nominate:		al <u>a</u> Administrator.	

Estimated value of real estate Estimated value of personal property Annual income expected from all sources TOTAL The sepecial and ministrator may receive compensation. The hourly rates to be charged, any amounts to be charged pursuant to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to any published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged and ministrator may compensate his, her, or its counsel. The sepecial and ministrator may compensate his, her, or its counsel. The hourly rates to be charged, any amounts to be charged pursuant to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to	City:	State:	Zip Code:	Home Phone	#:
The Naminee has priority for appointment because of: statutory priority (§s.15-12-203, 15-12-615, and 15-12-621(9), C.R.S.) reasons stated in the attached explanation. The persons with prior or equal right to appointment are (name). All pPersons with prior or equal rights to appointment have executed a required renouncement accompanies this application. They have each renounced their rights to appointment or have been given notice of these proceed Any required renouncements accompany this Application. No notice has been given because an emergency exists and appointment should be made forthwith. Applicant states the following regarding the difference exists and appointment should be made forthwith. Applicant states the following regarding the difference exists and appointment should be made forthwith. Estimated value of personal property \$ Annual income expected from all sources \$ TOTAL \$ The sepecial and diministrator may receive compensation. The hourly rates to be charged, any amounts to be charged pursuant to a published fee scheincluding the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to apapplication.*	Primary Phone:		Alternate Phone:		
□ statutory priority (§§.15-12-203, 15-12-615, and 15-12-621(9), C.R.S.) □ reasons stated in the attached explanation. □ The persons with prior or equal right to appointment are (name). All pPersons with prior or equal rights to appointment have executed a required renouncement accompanies this application. are as follows: □ They have each renounced their rights to appointment or have been given notice of these proceed Any required renouncements accompany this Application. □ No notice has been given because an emergency exists and appointment should be made forthwith. Applicant states the following regarding the gDecedent's estate. (§ 15-12-604, C.R.S.) □ Estimated value of real estate \$ □ Estimated value of personal property \$ □ Annual income expected from all sources \$ □ TOTAL \$ □ The hourly rates to be charged, any amounts to be charged pursuant to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to application. □ The board of compensation has not yet been determined. □ The board of compensation has not yet been determined. □ The hourly rates to be charged, any amounts to be charged pursuant to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a	Email Address:			Work Phone #:	
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F 924 <u>SC</u> R8 <u>/439/18</u> APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page	Annual income expect The sepecial and and annual income expect The hourly rates to including the rates and which a fee charged and application. *	trator may receive be charged, and basis for charge to the estate we have a state of the estate where the company trator may co	re compensation. Iny amounts to be changing fees for any extraction will be calculated, are retained been determined. The content of the co	narged pursuant to a aordinary services, a as stated below or stated below or outside.	\$ a published fee schand any other bases in an attachment t
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☐The basis of compensation has r	not yet been determined.
* There is a continuing obligation to disc C.R.S.)	close any material changes to the basis for charging fees. (§ 15-10-6)
16. Bond in the amount of \$	is requested. (§_15-12-603(1)(a), C.R.S.)
The aApplicant requests that the recto serve with bond and that Letters o	egistrar informally appoint the $\underline{n}N$ ominee as $\underline{s}S$ pecial $\underline{a}A$ dminist f Special Administration be issued.
☐ By checking this box, I am acknow	ledging I am filling in the blanks and not changing anything else or
form. By checking this box, I am acknowle	dging that I have made a change to the original content of this form.
	CATION AND ACKNOWLEDGMENT h in this document are true as far as I know or am informed. I unders
I (Applicant) verify that the facts set fort	CATION AND ACKNOWLEDGMENT h in this document are true as far as I know or am informed. I understee falsification of the facts stated herein. (§15-10-310, C.R.S.)
I (Applicant) verify that the facts set fort	h in this document are true as far as I know or am informed. I unders
I (Applicant) verify that the facts set fort	h in this document are true as far as I know or am informed. I underste falsification of the facts stated herein. (§15-10-310, C.R.S.) Signature of Applicant The foregoing instrument was acknowledged before
I (Applicant) verify that the facts set fort	h in this document are true as far as I know or am informed. I understee falsification of the facts stated herein. (§15-10-310, C.R.S.) Signature of Applicant The foregoing instrument was acknowledged befor in the County of, State of Colo thisday of, 20, by the Applicant,
I (Applicant) verify that the facts set fort	h in this document are true as far as I know or am informed. I understee falsification of the facts stated herein. (§15-10-310, C.R.S.) Signature of Applicant The foregoing instrument was acknowledged beforein the County of State of Colo
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(signature)

*Note:

Please remember to add any AKA names in the caption, if applicable.

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JDF 924<u>SC</u> R<u>8/439/18</u> APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR 45 ©2013 Colorado Judicial Department for use in the Courts of Colorado

Page 6 of

		County, Colorado			
Court	Address:	County, Colorado			
In the	Matter of the Est	tate of:			
				▲ COURT USE ONL	γ 🛦
				Case Number:	-
Dece	ased			D: 1:1:	
	ORDER FO	R INFORMAL A	APPOINTMENT C	Division Courtroom OF SPECIAL ADMINISTRATO	R
Upon	consideration of	the Application	for Informal App	pintment of Special Administrato	r filed b
-			on	·	
	SOURT FINISC S	SETERANNES AN	UD 000500		
		DETERMINES, AN			
1. Th	e <u>a</u> Applicant is an i	interested person a	and has filed a comple	ete and verified application.	
2. Th	e dDecedent died o	on	(date).		
3. Th		domiciled or resided		County of	, State
3. Th of_	e <u>d</u> Decedent was d	domiciled or resided		County of	, State
3. Th of_	e dDecedent was c	domiciled or resided is county.	d in the City of		, State
3. Th of_ 4. Ve 5. Th	e decedent was on the control of the decedent was on the decedent	domiciled or resided is county.	d in the City of		, State
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3. Th of_ 4. Ve 5. Th 6. An 7.6. Th Na	e dDecedent was on the control of the decedent was on the control of the control	domiciled or resided is county. If filed within the time have been received is qualified to serve	e period permitted by d or waived. e and is appointed as	law. <u>s</u> Special <u>a</u> Administrator: The Nominee is 21 years of age or o	
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Date:	
	☐Judge ☐Magistrate ☐Registrar

_	District Court Denv	er Probate Court County, Colorado				
Ir	n the Matter of the Esta	ite of:				
				_	001107.1105	ON!! V . A
	eceased	A ((A	.1.1		COURT USE	ONLY A
A	ttorney or Party Without	Attorney (Name and Ad	aaress):	Case	Number:	
P	hone Number:	E-mail:				
F	AX Number:	Atty. Reg. #:			on Court	
	PETITION FO	OR FORMAL APPO PURSUANT			ADMINISTRA	TOR
	e petitioner, an interestatements: Information about the	e <mark>Pp</mark> etitioner:				
	Name:		Relation	nship to Decede	ent	
	Street Address:					
	City:	State:		Zip Code:		
	Mailing Address, if diffe					
	City:	State:2	Zip Code:	Home-	Phone #:	
	Primary Phone:		Alternate	Phone:		
	Email Address:			Work Phone #:		
2.	The <u>d</u> Decedent.	, died on _		(date)	at the age of	_ years. The
	<u>d</u> Decedent was domici	led or resided in the Cit	y of	County	of	, State
	of					
3.	_	ing is proper in this cou cile or residence in this her domicile or resider	county on the	date of death.	erty located in th	nis county on the
4.	This pPetition is filed dDecedent's death, appointment.	within the time period or circumstances des	permitted by cribed in §_	law. Three years 15-12-108, C.R	s or less have p .S. authorize ta	passed since the ardy probate or
5.	The p₽etitioner:					
	F 926 <u>SC</u> R8/13 <u>9/18</u> PETITION			AL ADMINISTRATO	R Page 1 of 54	4

	☐ has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.
6.	☐No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.
	A court has appointed a personal representative or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing documen if the appointment has been finalized.)
7. [Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the
	tioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in orado that have not been expressly revoked by a later instrument. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Petitioner is unaware of any unrevoked Will relating to property in Colorado.
	or ☐ The date of the d⊕ecedent's last w₩ill is
	The dates of all codicils are
	The wall and any codicils collectively are referred to as "the wall." The petitioner believes that it is the decedent's last wall and that it was validly executed.
<u>8.</u> [The original wwwill: was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.) has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)
<u>8.</u> [□ was deposited with this <u>c</u> Court before the <u>d</u> Pecedent's death- (§_15-11-515, C.R.S.) □ has been delivered to this <u>c</u> Court since the <u>d</u> Pecedent's death- (§_15-11-516, C.R.S.) □ is filed with this <u>p</u> Petition.
<u>8.</u> [□ was deposited with this <u>c</u> Court before the <u>d</u> Pecedent's death. (§_15-11-515, C.R.S.) □ has been delivered to this <u>c</u> Court since the <u>d</u> Pecedent's death. (§_15-11-516, C.R.S.) □ is filed with this <u>p</u> Petition. □ An e-filed copy of the will is filed with this <u>application</u> -petition and the original will must be delivered to
<u>8.</u> [□ was deposited with this court before the decedent's death. (§_15-11-515, C.R.S.) □ has been delivered to this court since the decedent's death. (§_15-11-516, C.R.S.) □ is filed with this petition. □ An e-filed copy of the will is filed with this application petition and the original will must be delivered to the court immediately.
<u>8.</u> [□ was deposited with this court before the decedent's death. (§_15-11-515, C.R.S.) □ has been delivered to this court since the decedent's death. (§_15-11-516, C.R.S.) □ is filed with this petition. □ An e-filed copy of the will is filed with this application petition and the original will must be delivered to the court immediately.
<u>8.</u> [was deposited with this court before the depecedent's death. (§_15-11-515, C.R.S.) has been delivered to this court since the depecedent's death. (§_15-11-516, C.R.S.) is filed with this petition. An e-filed copy of the will is filed with this application-petition and the original will must be delivered to the court immediately. An e-filed copy of the Will is filed with this Petition. The original document will be delivered to the Court forthwith or has been delivered to the Court.
	was deposited with this court before the decedent's death. (§_15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§_15-11-516, C.R.S.) is filed with this petition. An e-filed copy of the will is filed with this application petition and the original will must be delivered to the court immediately. An e-filed copy of the Will is filed with this Petition. The original document will be delivered to the Court forthwith or has been delivered to the Court. The wwill has been probated in the State of Authenticated copies of the court.
	was deposited with this court before the decedent's death. (§_15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§_15-11-516, C.R.S.) is filed with this petition. An e-filed copy of the will is filed with this application petition and the original will must be delivered to the court immediately. An e-filed copy of the Will is filed with this Petition. The original document will be delivered to the Court forthwith or has been delivered to the Court. The wwill has been probated in the State of Authenticated copies of the wwill and of the statement probating it are filed with this petition. (§_15-12-402, C.R.S.)
	was deposited with this court before the decedent's death. (§_15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§_15-11-516, C.R.S.) is filed with this petition. An e-filed copy of the will is filed with this application petition and the original will must be delivered to the court immediately. An e-filed copy of the Will is filed with this Petition. The original document will be delivered to the Court forthwith or has been delivered to the Court. The wwill has been probated in the State of Authenticated copies of the wwill and of the statement probating it are filed with this petition. (§_15-12-402, C.R.S.)
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	was deposited with this court before the decedent's death. (§_15-11-515, C.R.S.) has been delivered to this court since the decedent's death. (§_15-11-516, C.R.S.) is filed with this petition. An e-filed copy of the will is filed with this application petition and the original will must be delivered to the court immediately. An e-filed copy of the Will is filed with this Petition. The original document will be delivered to the Court forthwith or has been delivered to the Court. The wwill has been probated in the State of Authenticated copies of the wwill and of the statement probating it are filed with this petition. (§_15-12-402, C.R.S.) Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent? Yes No If the answer to a) is Yes, also answer the following questions:
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-,	_		cedent? ing descendants also descendan	ts of the	⊒Yes □No
	surviving spou	se or partner in a	civil union?		⊒Yes □No
H-	the answer to e) is No, also ans	ver the following question:		
f)	Are any of the	dDecedent's child	ren minors?		⊒Yes □No
0. List r	names and add	dresses of dDec	edent's spouse, partner in a	civil union	, children, heirs
levisees.		onservator has h	een appointed for one of the per	rsons listed h	nelow also provide
na	ame and address	of the guardian o	r conservator.		olon, also provide
			s parent(s), guardian or conserva		de the date of deat
		,	_	•	
	Name	Ad	dress (or date of death)	Age, only Mino	if (e.g. spouser partner in a c
					union, child brother, guardian fo
					spouse, etc
		_			
		_			
			pecial aAdministrator to preserv	a the estate	or to secure its n
1 Potitio	nor roquoete an	pointment of a co			
			5-12-614(1)(b), C.R.S.)	o ino obiato	
administra	tion for the follow	ving reasons: (§_́	5-12-614(1)(b), C.R.S.)		
administra	tition for the follow	ving reasons: (§_́			
administra	tition for the follow	ving reasons: (§_́	5-12-614(1)(b), C.R.S.)		
2. PetaAdministra	tition for the follow	ving reasons: (§^	5-12-614(1)(b), C.R.S.)	erself to be	
2. Pet Administra Or Pet	tition for the follow	wing reasons: (§	5-12-614(1)(b), C.R.S.) ler and nominates himself or /h	erself to be dministrator.	appointed as <u>s</u> Sp
2. Pet Administra Or Pet Name:	tition for the follow	wing reasons: (§	ler and nominates himself or /h	erself to be dministrator.	appointed as <u>s</u> Sp
2. Pet Administra Or Pet Name:	tition for the follow titioner is 21 yearator. titioner nominates:	ars of age or old	ler and nominates himself or /h	erself to be dministrator. years of age	appointed as <u>s</u> Sp
2. Pet Pet Administra Or Pet Name: Street City:	tition for the follow titioner is 21 yearator. titioner nominates:	ars of age or old sthe following per	ler and nominates himself or /h son be appointed as sepecial aA The Nominee is 21	erself to be dministrator. years of age	appointed as <u>s</u> Sp

Email Address:	_	ork Phone #:
The nNominee has priority for	annointment hecause of:	
	• •	C D C \
, , , , , , , , , , , , , , , , , , ,	203, 15-12-615, and 15-12-621(9)	, C.R.S.)
☐reasons stated in the attach	ned explanation	
☐The persons with prior or e	qual right to appointment are	(name).
All persons with prior or e	egual right to appointment have	e executed a required renouncement
accompanies this application.		o one of the contract of the c
Persons with prior or equal rig	hts to appointment are as follows:	
They have each renounce	d their rights to appointment or h	ave been given notice of these proceedir
Any required renouncement		
■No notice has been gi immediatelyforthwith.	ven because an emergency of	exists and appointment should be m
Petitioner states the following	regarding the dDecedent's estate.	. (§_15-12-604, C.R.S.)÷
Estimated value of real estate		\$
Estimated value of personal		\$
Annual income expected from	n all sources	\$
		TOTAL \$
including the rates and basis	harged, any amounts to be chars for charging fees for any extract	rged pursuant to a published fee sched ordinary services, and any other bases uped below or in an attachment to this petit
☐The basis of compensation	has not yet been determined.	
·	has not yet been determined. nay compensate his, her or its cour	nsel.
The sepecial administrator material. The hourly rates to be chincluding the rates and basis	nay compensate his, her or its count harged, any amounts to be chaits for charging fees for any extrac	nsel. rged pursuant to a published fee sched ordinary services, and any other bases uped below or in an attachment to this peetit

☐The basis of compensation	n has not yet been determined.	
* There is a continuing obligation C.R.S.)	to disclose any material changes to the basis for charging fees. (§ 15-10-602	
	the www.ill (if any) nor has any interested person demanded that bond be filed. f \$ has been demanded.	Formatted: Indent: Left: 0"
After notice and hearing, the Special <u>a</u> Administrator to ser	\underline{p} Petitioner requests that the \underline{c} Court formally appoint the \underline{n} Nominee as ve:	
without bond.	with bond in the amount of \$	
and that Letters of Special Adn	ninistration be issued.	
form.	acknowledging I am filling in the blanks and not changing anything else on the	
By checking this box, I am ac	knowledging that I have made a change to the original content of this form.	Formatted: Left
VE	ERIFICATION AND ACKNOWLEDGMENT	
	set forth in this document are true as far as I know or am informed. Lunderstand eliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)	
	Signature of Petitioner Date	
	The foregoing instrument was acknowledged before me	
	in the County of, State of Colorado, thisday of, 20, by the Petitioner.	
	My Commission Expires:	
	Notary Public/Deputy Clerk	
Signature of Attorney	Data	
Signature of Attorney	——————————————————————————————————————	
UDE 00000 DOWGOMO DETITION FOR	R FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 5 of 54	

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)	Formatted: Left, Indent: Left: 0"
*Note:	Formatted: Left, Indent: Left: 0"
Please remember to add any AKA names in the caption, if applicable.	

Page 6 of <u>54</u>

JDF 926SC R8/439/18 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR ©2013 Colorado Judicial Department for use in the Courts of Colorado

	District Court Denver Prob	oate Court , Colorado					
Co	ourt Address:	,					
In	the Matter of the Estate of:						
•••	the matter of the Lotate of				▲ co	URT USE ONL	, A
					Case Number		
De	eceased						
	ORDER FOR FO	ΡΜΔΙ ΔΡ	POINTMEN	T OF SPE	Division	Courtroom	
	ONDERTORIO		Oliviniciv	1 01 01 2	OIAL ADMII	MOTRATOR	
Jpo	on consideration of the					Administrator	filed by
ГН	E COURT FINDS, DETERI	MINES, ANI	ORDERS:				
ı	The positioner is an interest	ad paraon on	d boo filed o o	omplete ene	Lyarified pDatit	ion	
١.	The p₽etitioner is an interest	ed person an	u nas nieu a c	ompiete and	ı vermea <u>p</u> ≓em	ion.	
2.	The dDecedent died on		(da	ate).			
	_		,	,			
·-	The decedent was domicile of	d or resided i	in the City of _		Cour	nty of	, State
١.	Venue is proper in this county	y.					
.	The p₽etition was filed within	the time per	iod permitted b	y law.			
S.	☐Any required notices have	hoon givon (or waived				
, .	Notice is not required because	-		cv exists:			
7.	Appointment of a sepecial administration.	<u>a</u> Administrat	or is necessa	ary to prese	erve the estate	e or to secure	its proper
3.	The following person is qualif	fied to serve :	and is appointe	ed as s S pec	ial aAdministra	tor:	
-	Name:			-			lder.
	Street Address:						
	City:						. ————————————————————————————————————
	Mailing Address, if different:						
	City:	State:	Zip Code:		Home Phone	#:	
	Primary Phone:						

	Email Address:	Work Phone #:
9.	☐Bond is set in the amount of \$_	□Bond is waived.
10.	expire on	bond, Letters of Special Administration must shall be issued and will section (date), unless otherwise ordered by the court. The septersonal representative, except as identified below.
Date	e:	

□District Court □Denver Probate Court	
County, Colorado	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
	Case Number:
Deceased	Division Courtroom
LETTERS OF SPECIAL A	ADMINISTRATION
(name) wa	s appointed or qualified by this court or its
rRegistrar on (date) as <u>s</u>	Special <u>a</u> Administrator.
The dDecedent died on	
The dDecedent died on(date	:).
These Letters of Special Administration are proof of oursuant to § § 15-12-616, C.R.S. or § 15-12-617, C.R.S	
pursuant to 3 12-010, O.N.O. 01 3 13-12-017, O.N.O.	J., 43 10110W3
pPersonal rRepresentative necessary to perform these of □Upon formal appointment, the sSpecial aAdministration secure its proper administration. The sSpecial aArepresentative necessary to perform these duties. □Additional restrictions, if any.	tor has the duty to preserve the estate or to
☐The appointment will <u>shall</u> expire on:	
The appointment will shall expire on.	
	Probate Registrar/(Deputy)Clerk of Court
Date:CERTIFICAT	Probate Registrar/(Deputy)Clerk of Court
Date:	Probate Registrar/(Deputy)Clerk of Court
Oate: CERTIFICAT Certified to be a true copy of the original in my cust	Probate Registrar/(Deputy)Clerk of Court

□ District Court □ Denver I		
Court Address:	unty, Colorado	
In the Matter of the Estate	of:	
Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Att	torney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #::	Division Courtroom
		SENTATIVE'S SWORN STATEMENT
evidencing or affectin	fied, or authenticated copies of ng my authority to act as personal r	
	VERIFICATIO	
I declare under penalty of per	jury under the law of Colorado that	the foregoing is true and correct.
Executed on theday	of, nonth) (year)	
	nonary (year)	
at	tte OR country)	
(printed name)		
(signature)		
	sonal representative and being sw wledge, information, and belief.	orn, I verify that the facts set forth in this statement
Date:		
	Signatu	ure of Domiciliary Foreign Personal Representative

			City/State/Zip Code	
			Daytime Phone Number	
Subscribed and	l affirmed, or swori	n to before me	in the County of	, St

Court Address:	
In the Matter of the Estate of:	▲ COURT USE ONLY ▲
	Case Number:
Deceased	Division Courtroom
CERTIFICATE OF ANCILLARY FIL	LING – DECEDENT'S ESTATE
The domiciliary foreign personal representative's swapplication, or petition for administration, is pending in	
The following documents regardingoreign personal representative, have been filed with the	his cCourt:
oroign poroonal roprocontativo, have been filed with the	nio <u>o</u> ccuri.
☐ Certified, exemplified, or authenticated copy of t foreign personal representative.	
☐Certified, exemplified, or authenticated copy of t	the foreign court's order appointing the domicilian
☐ Certified, exemplified, or authenticated copy of to foreign personal representative. ☐ Certified, exemplified, or authenticated copy of the copy of	the foreign court's order appointing the domicilian of the foreign court's letters or other document conal representative's authority to act.
☐ Certified, exemplified, or authenticated copy of the foreign personal representative. ☐ Certified, exemplified, or authenticated copy of evidencing or affecting the domiciliary foreign personal representative.	the foreign court's order appointing the domicilian of the foreign court's letters or other document conal representative's authority to act.
☐ Certified, exemplified, or authenticated copy of the foreign personal representative. ☐ Certified, exemplified, or authenticated copy of evidencing or affecting the domiciliary foreign personal representative.	the foreign court's order appointing the domiciliant of the foreign court's letters or other document conal representative's authority to act.
□ Certified, exemplified, or authenticated copy of the foreign personal representative. □ Certified, exemplified, or authenticated copy of evidencing or affecting the domiciliary foreign personal contents. □ Other:	the foreign court's order appointing the domiciliant of the foreign court's letters or other document conal representative's authority to act.

County, Colorado Court Address:		
In the Matter of the Estate of:		
Deceased	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom	
INFORMATION OF API		
Important Not	ice	
The Court will not routinely review or adjudicate matters uppeneficiary, creditor, or other interested person. All interested nave the responsibility to protect their own rights and interest provisions of the Colorado Probate Code, § 15-10-101, et seque court by which the estate is being administered and serving it of C.R.S. All interested persons have the right to obtain information bursuant to § 15-12-204, C.R.S.	d persons, including beneficiaries and creditors in the estate in the manner provided by the C.R.S, by filing an appropriate pleading with the potential interested persons pursuant to § 15-10-401	s, le le 1,
o the heirs and devisees who have or may have an interes	t in this estate:	
o the helic and deviced time have of may have an interest		
•		
. The dDecedent died on		
. The dDecedent died on	(date).	
The delected the delected on The delected the d	(date). The dates of all codicils are	
The decedent died on The decedent left no wwill. The decedent left a wwill dated The wwill and any codicils were admitted to probate on	(date). The dates of all codicils are	
The decedent died on The decedent left no wwill. The decedent left a wwill dated The wwill and any codicils were admitted to probate on	(date). The dates of all codicils are	
The decedent died on	(date) The dates of all codicils are(date).	
The decedent died on The decedent left no wwill. The decedent left a wwill dated The wwill and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal. (date).	(date) The dates of all codicils are(date).	
The decedent died on The decedent left no wwill. The decedent left a wwill dated The wwill and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal. (date).	(date) The dates of all codicils are(date).	Formatted: Indent: Left: 0.25", No bullets or nu
The decedent died on	The dates of all codicils are (date).	Formatted: Indent: Left: 0.25", No bullets or nu
The decedent died on		·
The decedent died on		·
The decedent died on	The dates of all codicils are (date). ersonal representative on rt will consider ordering supervised administratio c.R.S.)	· on

- 8. Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§15-12-705, C.R.S. and §15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting-. (§§15-12-1001 to 15-12-1003, C.R.S.)
- 10. The surviving spouse, partner in a civil union, children under twenty-one years of age and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§§15-11-401, et. seq., C.R.S.)
- 11. The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§§15-11-201, et seq., C.R.S.)
- 12. Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- 13. Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

	Signature of Attorney for/or Personal Representative	Date
Name of Personal Representative		
Address		
	City, State, Zip Code	
	(Area Code) Telephone Number	
	E-mail Address	
	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	<u>r)</u>	
at (city or other location, and state OR country)	_	
(printed name)		
(signature)		
	ent must be given within 30 days of appointment	

INSTRUCTIONS: This Information of Appointment must be given within 30 days of appointment of the Personal Representative. In the event a Will exists but there has been no formal testacy proceeding and the Personal Representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing Wills. A copy of this Information of Appointment and Certificate of Service (below) must be promptly filed with the Court. (Rule 8.4 of the Colorado Rules of Probate Procedure)

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Page 2 of 4

	ÇEI	RTIFICATE OF SERVICE	
certify that on		(date) a copy of this Information of	Appointment was served of
each of the following:		_ (11
Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner Service*
*Insert one of the following:	Hand Delivery, Fire	st-Class Mail, Certified Mail, E-Served or	Faxed.
		RTIFICATE OF SERVICE	
certify that on		, a copy of this (nam	ne of document) was serve
as follows on each of the fol	lowing:		
		Relationship to (Decedent, /Ward,	
Name and Ad	<u>ldress</u>	or /Protected Person)	Manner of Service*
		OF FFTOLECTED F CISOTIF	
Insert one of the following:	hand delivery fEi	rst-cClass mail, cCertified mail, e-service	e through ICCES or fax
moert one of the following.	riaria activery, ir i	ist colass man, coertifica man, c servic	c through 100E0, or lax.
		Signature	
		VERIFICATION	
		VERTITION TO THE PARTY OF THE P	
		(0)	
declare under penalty of pe	erjury under the lav	w of Colorado that the foregoing is true	and correct.
Executed on the da	y of		
(date)		ar)	
<u> (dato)</u>			
nt .			
(ait ar ather leastion and a	toto OD carratar 1		
(city or other location, and s	iale OK Country)		
JDF 940 <u>SC</u> R <u>8/139/18</u> INFO	RMATION OF APPOIN	TMENT	
וואדUו <u>טו וכי</u> ואסטרי וער INFUI			5 6 4 4
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(printed name)		
(signature)		
.,		

Note:

This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.).

JDF 940SC R8/439/18 INFORMATION OF APPOINTMENT
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□District Court □Denve	er Probate Court ounty, Colorado		
Court Address:	3 .		
In the Matter of the Estat	e of:		
Deceased		▲ co	OURT USE ONLY
Attorney or Party Without	Attorney (Name and Address):	Case Numb	oer:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	DECEDENT'S ESTATE II	NVENTORY	

Within 3three-months after appointment, a personal representative must shall prepare an illnventory of property owned by the decedent that is subject to disposition by wwill or intestate succession. The illnventory 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 shall be completed.

If additional space is needed, separate sheets may be used. The <u>i</u>Inventory <u>must</u>shall be sent to interested persons who request it or it may be filed with the <u>c</u>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 Mortgage, Notes and Cash		
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 \	Value (Total Gross Value minus Liens and Encumbrances)		

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Page 1 of 6

Schedule 1 – Real Estate (State name in which title is held and IList complete addresses.) None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (what you could sell it for in its current condition)
		\$
Total (also enter this total on the Inventory Summary on page 1)		\$

Schedule 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts (State name in which title is held.) None	Number of Shares or Account Number (last 4-digits only)	Value
		\$
Total (also enter this total on the Inventory Summary on page 1)		\$

Schedule 3 - Mortgage, Notes, Cash, and Bank Checking, Savings, Certificates of Deposit and Health Savings Accounts Mortgages, Notes and Cash (Mortgages and notes payable to the Decedent, cash on hand, checking and savings accounts and certificates of deposit_Sstate name in which title is held.) None	Type of Account	Account Number (last 4- digits only)	Balance
			\$
Total (also enter this total on the Inventory Summary	on page 1)		\$

Schedule 4 – Life Insurance	Policy #	Net Proceeds Paid or
(Include only those items payable to the estate.) None	(last 4 digits)	Payable to Estate

JDF 941SC R10-429/18 DECEDENT'S ESTATE INVENTORY
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Total (also enter this total on the Inventory Summary on page 1) \$				
Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds (Include only those items payable to the estate.)	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 Summar	y 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 Inv Inventory Summary on page	\$		

Other Secured Debt		
Other Secured Debt	_	
Total Encumbrances on Inv Inventory Summary on page	ventoried Assets (also enter this to 1)	otal on the \$
By checking this box, I am ack	nowledging I am filling in the blanks and owledging that I have made a change to the	
knowledge, information and belie	hat this is a true and complete Inventor f. I understand that this Inventory is sul	
Date:	Signature of Personal	Representative
	Address	
	City, State and Zip Co	de
The Inventory shall be sent to intere	CERTIFICATE OF SERVICE sted persons who request it or the original In	ventory may be filed with the Court.
l certify that on	(date) a copy of this Inventory was se	rved on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner of Service*
_			

VERIFICATION

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

JDF 941SC R40-429/18 DECEDENT'S ESTATE INVENTORY
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Page 4 of 6

Executed on the day of (date) (month) (v	vear)			
<u>(date) (month) (</u>)	<u>our</u>			
at	<u> </u>			
(city or other location, and state OR country	1			
(printed name)				
(signature)				
*Insert one of the following: Hand Delivery, I	irst-Class Mail, Certified Mail, E-Served or	Faxed.		
			<u></u>	
	ERTIFICATE OF SERVICE	and of decimal (0)		
I certify that on (data as follows on each of the following:	e), a copy of this (nai	me of document) was serve	<u>rea</u>	
	Relationship to (Decedent, /Ward,	Manner of Consider		
Name and Address	or /Protected Person}	Manner of Service*		
*Insert one of the following: hand delivery, t	First-cClass mail, cCertified mail, e-servi	ce through ICCES, or fax.		
	Signature			
	VERIFICATION			
			Formatted: Centered	
I declare under penalty of perjury u	nder the law of Colorado that the foregoir	ng is true and correct.		
Executed on the	day of	_		
	date) (month) (year)		Formatted: Centered, Indent: Left: 0", Fir	st line: 0
			Formatted: Centered	
at (city or o	ther location, and state OR country)			
Totty or o	and reducin, and state or country)			
	(printed name)			
				
JDF 941 <u>SC</u> R10-12 <u>9/18</u> DECEDENT'S ESTATE © 2012 Colorado Judicial Department for uso in the Cc	INVENTORY	Page 5 of 6		

(signature)	
(Signature)	

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Page 6 of 6

□ District Court □ Denver Probate	Court		
County, Co	olorado		
Court Address:			
		_	
In the Matter of the Estate of:			
Deceased		▲ c	OURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Num	ber:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg.#:	Division	Courtroom
			Courtioon
	ÌINTERIM □FINAL ACCOU	INTING	
FOR PERIOD: FRO	OM TO)	
	OLORADO RULES OF PRO	BATE PRO	CEDURE RULE 31

This <u>a</u>Accounting <u>mustshall</u> 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	\$

SUMMARY OF ASSETS REMAINING AT END OF ACCOUNTING PERIOD

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

JDF 942<u>SC R4/099/18</u> INTERIM/ FINAL ACCOUNTING Page 1 of 3

Asset Category	Value
Cash, Bank, Checking, Savings, Certificates of Deposit and Health Accounts	
Stocks, Bonds, Mutual Funds, Securities and Investment Accounts	
Life Insurance	
Pension, Profit Sharing, Annuities and Retirement Funds	
Motor Vehicles and Recreation Vehicles	
Real Estate	
General Household and Other Personal Property	
Miscellaneous Assets	
Total Assets	

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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JDF 942 $\underline{\text{SC}}$ $\underline{\text{R4/099/18}}$ INTERIM/ FINAL ACCOUNTING 3

Page 2 of

Page of	\$
Total	\$

JDF 942<u>SC</u> R1/099/18 INTERIM/ FINAL ACCOUNTING 3

Page 3 of

Detail Listing of Payments During Accounting Period

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

	Description of Payments	Amount
ge of	_	\$
tal		\$

JDF 942 $\underline{\text{SC}}$ R1/09 $\underline{\text{9}/18}$ INTERIM/ FINAL ACCOUNTING 3

Page 4 of

Formatted Table

	<u>VERIFICATION</u>
I declare under	penalty of perjury under the law of Colorado that the foregoing is true and corre
Executed on th	e day of , , , (date) (month) (year)
at (city or other lo	cation, and state OR country)
tory or other to	editor, and state on country,
(printed name)	
(signature)	

JDF 942 $\underline{\text{SC}}$ $\underline{\text{R}}$ 1/099/18 INTERIM/ FINAL ACCOUNTING 3

Page 5 of

Coul	Probate Court			
Court Address:	ity, Colorado			
In the Matter of the Estate	of			
Deceased			▲ co	URT USE ONLY
Attorney or Party Without At	torney (Name and Addres	ss):	Case Number	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:			Courtroom
NOTICE TO CREE	DITORS BY PUBLICA	ATION PURSUA	NT TO §_1	5-12-801, C.R.S.
	NOTICE TO	O CREDITORS		
Estate of	, Deceased	Case Nu	ımber	
All persons having claims a Representative or to District Court of Denver Probate Court	, Coul	nty, Colorado or	ned to prese	int them to the <u>p</u> ress
		TIENVEL COMMISSION		
on or before		·	ever barred.	
		·		ving Notice
		claims may be for		ving Notice
	(date)*, or the	Claims may be fore	e of Person Giv	ving Notice
on or before	(date)*, or the	Type or Print nam	e of Person Giv	ving Notice
on or before Publish only this portion	(date)*, or the	Type or Print nam Address City, State, Zip C	e of Person Giv	ving Notice Attorney for Person Giving N

*Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.

VERIFICATION

I declare under penalty of perjury ur	nder the law of Colorado that the foregoing is true and correct.
Executed on the day of (date)(month)	
at(city or other location, and state OR	country)
(printed name)	
(signature)	<u> </u>

Note:

- Unless one year or more has elapsed since the death of the deedent, a personal representative must shall cause a notice to creditors to be published in some daily or weekly newspaper published in the county in which the estate is being administered.
- If there is no such newspaper, then in some newspaper of general circulation in an adjoining county.
- A copy of this form and the Proof of Publication should be filed with the celerk of the ceourt.

Number: E-mail: Number: Atty. Reg. #: NOTICE TO CREDITORS BY MAIL OR PURSUANT TO § 15-12-801, C.I NOTICE TO CREDITORS ersons having claims against the above named estate are requiresentative or to the court identified above on or before the forever barred. Signature of Personners and Signature of Personners are not provided in the provided in t	
reased riney or Party Without Attorney (Name and Address): rine Number: Atty. Reg. #: NOTICE TO CREDITORS BY MAIL OR PURSUANT TO § 15-12-801, C.I NOTICE TO CREDITORS PURSUANT TO § 15-12-801, C.I NOTICE TO CREDITORS Persons having claims against the above named estate are requiresentative or to the court identified above on or before Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Address City, State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Address City, State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Address City, State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Address City, State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Address City State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Address City State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Address City State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Address City State and Zig VERIFICATION Persons having claims against the above named estate are requiresentative or to the court identified above on or before Print Name of Persons Print Name of Persons Address City State and Zig Print Name of Persons Print N	
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Notice to creditors by Mail or Pursuant to § 15-12-801, c.l Notice to creditors by Mail or Pursuant to § 15-12-801, c.l Notice to creditors Notice to cre	Case Number:
Notice to creditors by Mail or Pursuant to § 15-12-801, c.l Notice to creditors by Mail or Pursuant to § 15-12-801, c.l Notice to creditors Notice to cre	
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NOTICE TO CREDITORS ersons having claims against the above named estate are required estantive or to the court identified above on or before the forever barred. Signature of Personal Print Name of Personal Address City, State and Zignature under penalty of perjury under the law of Colorado that the foregonated on the day of (date) (month) (year) To other location, and state OR country) The definition of the day of (date) (month) (year) The definition of the day of (date) (month) (year) The definition of the day of (date) (month) (year)	
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Name of Person to Whom	Relationship	Address	Manner of
you are Sending this	to Decedent		Service*
Document			
		·	

	ate), a copy of this (name	ne of document) was serve
Name and Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*
	or Protected Persons	
*Insert one of the following: hand delivery	, fFirst-cClass mail, cCertified mail, e-service	e through ICCES, or fax.
	Signature	
	VERIFICATION	
declare under penalty of perjury under th	e law of Colorado that the foregoing is true	and correct.
Executed on theday of(date)(month)	(year)	
at (city or other location, and state OR count		
(printed name)		

(signature)

^{*}Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

**Insert the later of the following two dates:

- The date set in the published Notice to Creditors by Publication (Form JDF 943).
- The date 60 sixty days from the mailing or other delivery of this nNotice, but not later than the date one year following the dDecedent's death (§ 15-12-801, C.R.S.).

Court Address:	ounty, Colorado				
Court Address:					
In the Matter of the Esta	te of		_		
Deceased			_ c	OURT USE ONLY	•
	Attorney (Name and Addre	ess):	Case Num	ber:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #: NOTICE OF DISAL	LOWANCE		Courtroom	
	PURSUANT TO				
		<u> </u>			
Го:		(name of Ccla	aimant):		
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as follows:					
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				Claims or comm	onoin
Failure to protest any o	disallowance by filing a	Petition for Al	lowance of		
Failure to protest any oproceeding within 63 day	disallowance by filing a	Petition for Al	lowance of		
Failure to protest any oroceeding within 63 day	disallowance by filing a	Petition for Al	lowance of		
Failure to protest any opposed any opposeding within 63 day portion being forever bar	disallowance by filing a restrict states after the mailing of this red.	Petition for Al	lowance of		
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l certify that on	(da	ate) a copy of this Notice was served on e	ach of the following:
Full Name	Relationship to Decedent	Address	Manner of Service*
	200000		33.1.03
*Insert one of the foll	owing: Hand Delivery, F	irst-Class Mail, Certified Mail, E-Served or F	Faxed.
		,	
	C	ERTIFICATE OF SERVICE	
I certify that on		e), a copy of this (nam	ne of document) was serve
as follows on each o	of the following:	Relationship to (Decedent, /Ward,	
Name	and Address	or /Protected Person)	Manner of Service*
"Insert one of the for	lowing: nand delivery, is	First-cClass mail, cCertified mail, e-servic	e through ICCES, or tax.
		Signature	
		VERIFICATION	
	alty of perjury under the	law of Colorado that the foregoing is true	and correct.
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In the Matter of the Est					
	ate of				
			COURT USE ONL	.Y 🛕	
Attorney or Party Withou	it Attorney (Name and Addi	ress): Ca	se Number:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:		rision Courtroon		
PETITION FOR	ALLOWANCE OF CL	LAIM(S) PURSUANT	TO § 15-12-806, C.	R.S.	
			Representative		
·	01-1-				
	State:				
~	ferent:				
	State: Zip		ne Phone #:		
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Email Address:		Work Phone	#:		
has not been paid.	ow is valid, was presented	within the time for preser		by law, and	
Claim			Amount	•	Formatted Table
A copy of each writter	n cClaim is attached to this	<u>p</u> Petition.			
The state of the designation	The second second section 1 and	. encente de la blacke e en	n a ser a basa a sta a casa a santa a ca	.1	
By checking this box, orm.	I am acknowledging I am	n filling in the blanks and	not changing anything	else on the	
	I am acknowledging that I h	nave made a change to th	e original content of this	form.	
		-			
Date:		Signature of Petition	er		
		e.g. ataro or r outdon	= :		
		ATE OF SERVICE			
certify that on	(date) a co	py of this Petition was ser	ved on each of the follow	ving:	
Full Name	Relationship Address	SS		Manner of	
	to Decedent			Service*	

	VERIFICATION	
declare under penalty of perjury under	er the law of Colorado that the fo	oregoing is true and correct.
xecuted on the day of		
(date) (month)	(year)	
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Name and Address	Relationship to (Dec	
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	Sign	ature
	VERIFICATION	
declare under penalty of perjury und	er the law of Colorado that the fo	oregoing is true and correct.
xecuted on the day of	1 1	
<u>(date) (month)</u>	(year)	
t	ountry)	
	_	
orinted name)		

(signature)

JDF 946<u>SC</u> R1/099/18 PETITION FOR ALLOWANCE OF CLAIMS

	District Court Denver Probate Cou County, Colorad		
c	ourt Address:	•	
	the Matter of the Determination of H	leirs or Devisees or Both	
	eceased		▲ COURT USE ONLY ▲
A	ttorney or Party Without Attorney (Name	e and Address):	Case Number:
	hone Number: E-mail: AX Number: Atty. Reg. #:		Division Courtroom
	PETITION FOR THE DETE		OR DEVISEES OR BOTH,
		F INTERESTS IN PROP	
The	e pPetitioner, an interested person	on pursuant to § 15-12-1	301(1), C.R.S., makes the following
sta	tements:	_	-
1.	Information about the pPetitioner:		
	Name:	Relationship to	Decedent
	Street Address:		
	City: State:	Zip Code:	
	Mailing Address, if different:		
	City: State:	Zip Code:	Home Phone #:
	Primary Phone:	Alternate Phone:	
	Email Address:	Work Phone #:	
2.	The petitioner has an interest in the petitioner is an owner by inheritance		nis petition. The interest is as follows: 2), C.R.S.
	Other:		
3.	The dDecedent died on	(date) at	(place of death) domiciled or
	resided in the City of	County of	, State of
	te: Use additional pages if this \underline{p} Petition perty.)	concerns more than one dDec	edent related by successive interests in the
4.	Jurisdiction is proper because the dediction domiciled in Colorado leaving an interest		rest in real property in Colorado or died vver located.
5.	Venue for this proceeding is proper i county on the date of death or left prop		ecedent was domiciled or resided in this
6.	One year or more has passed since the	ne date of the decedent's dea	th.
	948 <u>SC</u> R8/439/18 PETITION FOR THE DET AND OF INTERESTS IN PROPEI	RTY	EES OR BOTH, Page 1 of 3

I

 ☐The dDecedent died w ☐The dDecedent's died 	ntinout a <u>w</u> vviii.					
- The Decedent 3 died	with a wWill Informa	ation regarding the wWill is	as follows:			
The date of the dDec	edent's last <u>w</u> ₩ill is _					
The dates of all codic	cils are odicils are referred to	as the Will. The <u>w</u> ₩ill was	admitted to pro	bate in		
	(county a	and cCourt) in Case No.		on	_	
(date). A ce	rtified <u>c</u> Gopy of the <u>w</u>	Will and the order admitting	g the <u>w</u> ₩ıll to pr	obate are attached.		
This petition concerns t	he descent or succes	sion of the decedent's inte	erest in the follo	wing property:		
Description of Propert	y Location o	f Property	D	ecedent's Interest	-	Formatted Table
0. List names, addresses	and relationable	af all interceted manage.		Danadamila amawa		
 If a gGuardian or gG name and address of If a minor child is listed If a spouse, partner in 	onservator has been the gGuardian or cGed, list the child's paren a civil union, or child	r inheritance, heirs, and de appointed for one of the pe	evisees. ersons listed be	low, also provide th		
 If a gGuardian or gG name and address of If a minor child is listed 	onservator has been the gGuardian or gG ed, list the child's paren a civil union, or child things below.	r inheritance, heirs, and dappointed for one of the peonservator. ent(s), gGuardian or gGonse	evisees. ersons listed be	the date of death. Relationship (e.g. spouse,	e	Formatted Table
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☐ By checking this box. I am acknowledging I am	filling in the blanks and not changing anything else on
form.	
By checking this box, I am acknowledging that I h	nave made a change to the original content of this form.
VERIFICATION AN	ND ACKNOWLEDGMENT
I, (Petitioner) verify that the facts set forth in this doct that penalties for perjury follow deliberate falsification	ument are true as far as I know or am informed. I understant of the facts stated herein. (§_15-10-310, C.R.S.)
	Signature of Petitioner Date
	The foregoing instrument was acknowledged before
	in the County of, State of Colora thisday of, 20, by the Petitior
	My Commission Expires:
	wy Сониновин Ехриев.
	Notary Public/Deputy Clerk
Signature of Attorney Date	
VEF	RIFICATION
	plorado that the foregoing is true and correct
I declare under penalty of perjury under the law of Co	blorado that the foregoing is true and correct.
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Executed on the day of (date) (month) (year) at (city or other location, and state OR country) (printed name) (signature)	
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	plorado that the foregoing is true and correct
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Executed on the day of (date) (month) (year) at (city or other location, and state OR country) (printed name) (signature) Instructions for paragraph 10:	
Executed on the day of (date) (month) (year) at (city or other location, and state OR country) (printed name) (signature) Instructions for paragraph 10:	
Executed on the	ability or other incapacity required by Rule 10, C.R.P.P.
Executed on the	ability or other incapacity required by Rule 10, C.R.P.P.
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person is an heir, detail the relationship with the decedent that creates heirship. Examples: son, daughter of pre-deceased son. (Sections-§§15-11-101 to 114, C.R.S.) Attach additional pages if necessary.

JDF 948<u>SC</u> R8/13<u>9/18</u> PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, AND OF INTERESTS IN PROPERTY

©2013 Colorado Judicial Department for use in the Courts of Colorado

Court Address:	County, Colorado	
Court / Idai coo.		
In the Matter of the Es	tate of:	
		A
Deceased Attacks on Death With a	t Attanger (Name and Address)	▲ COURT USE ONLY
Attorney or Party Witho	ut Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
NOTICE OF HEAD	RING TO INTERESTED PERSON	S AND OWNERS BY INHERITAN
	PURSUANT TO § 15-12-1	ວບວ, C.R.ວ.
		en filed alleging that the above decede
eaving the following prop	perty:	
Eaving the following property of the hearing on the petimay be continued:	ition will be held at the following time and	d location or at a later date to which the h
The hearing on the petimay be continued:	ition will be held at the following time and	d location or at a later date to which the h
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The hearing on the petimay be continued: Date: Address: The hearing will take app	ition will be held at the following time and Time: Courtro	d location or at a later date to which to bom or Division: Iminutes. e of Person Giving Notice or Attorney

	tate OR country)	1	
orinted name)			
signature)			
	CEI	RTIFICATE OF SERVICE	
certify that on		(date) a copy of this Notice along with terested persons must be served)	the pleading identified
Name of Person to Whom		Address	Ma
you are Sending this Document			Ser
Insert one of the following:		irst-Class Mail, Certified Mail, E-Served or I	Faxed.
	<u>C</u>	ERTIFICATE OF SERVICE	
certify that on	<u>C</u> (date	ERTIFICATE OF SERVICE	Faxed. ne of document) was
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certify that on solutions on each of the fol	(date	ERTIFICATE OF SERVICE e), a copy of this (nam Relationship to (Decedent, AWard,	ne of document) was
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Signature of Person Giving Notice

VERIFICATION

I declare under penalty of perjury under the law of C	olorado 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)	

Note:

- You must answer the <u>p</u>Petition within 21 days after receipt of the <u>n</u>Notice if service occurs within Colorado or within 35 days after receipt of the <u>n</u>Notice if service occurs outside Colorado or if service occurs by mail.
- Within the time required for answering the pPetition, all objections to the pPetition must be in writing and filed with the cCourt.
- The hearing <u>mustshall</u> be limited to the <u>p</u>Petition, the objections timely filed, and the parties answering the <u>p</u>Petition in a timely manner.

Court Address:	
Court Address.	
In the Matter of the Estate of:	
	A
Deceased	COURT USE ONLY
Attorney or Party Without Attorney (Name and Ado	dress): Case Number:
Phone Number E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
	ARING BY PUBLICATION
INTERESTED PERSONS	AND OWNERS BY INHERITANCE
PURSUANT T	O § 15-12-1303, C.R.S.
A pPetition has been filed alleging that the above ₫	Decedent died leaving the following property:
A petition has been filed alleging that the above of	Decedent died leaving the following property:
A pPetition has been filed alleging that the above dt	Decedent died leaving the following property:
A pPetition has been filed alleging that the above ₫	Decedent died leaving the following property:
A pPetition has been filed alleging that the above d	Decedent died leaving the following property:
The hearing on the petition will be held at the folk	Decedent died leaving the following property: owing time and location or at a later date to which the he
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The hearing on the petition will be held at the following be continued: Date: Address: The hearing will take approximately Notes: You must answer the petition within 35 days a within the time required for answering the pet with the court. The hearing must half be limited to the petit petition in a timely manner.	owing time and location or at a later date to which the heat courtroom or Division:
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Signature of Person Giving Notice or Attorney for Person Giving Notice
Type or Print name of Attorney for Person Giving Notice
RIFICATION
olorado that the foregoing is true and correct.

Note:

- This <u>nN</u>otice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of <u>3three</u> consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- The contents of the <u>p</u>Petition or other pleading which is the subject of the hearing need not be published as a part of this <u>n</u>Notice, but this <u>n</u>Notice must briefly state the nature of the relief requested pursuant to <u>C.R.P.P. 20Colorado Rules of Probate Procedure, Rule 8</u>.

Court Address: In the Matter of the Esta	,, _ 5.5.6.6.6								
In the Matter of the Esta									
	te of:								
			A						
Deceased				RT USE ONLY	^				
Attorney or Party Without	Attorney (name ar	nd address):	Case Number						
Phone Number: FAX Number:	E-mail:								
FAX Number:	Atty. R	eg. #: NL APPOINTMENT	Division						
AFFLICATION		REPRESENTATIV		K PERSONAL					
(THI		BE USED WITH SUPERV		N)					
Applicant makes the follo	wing statements								
	_	•							
I. Information about the									
Name:									
Street Address:									
City:									
Mailing Address, if diffe	erent:								
City:									
Primary Phone:			Phone:						
Email Address: Work Phone #:									
Letters Testamentar	y 🗖 of Administrat	ion were issued on		(date).					
2.					4	Format	ted: Indent: Let	t: 0.25", No bullets	or num
Administration is unsupervi	sed.								
<u>3. </u>									
3.4. The previously appoint	ed personal repres	entative,		(name)	has:				
tendered a resignati									
died									
been removed by or			(date)	•					
other:									
4. <u>5. Applicant:</u>									
has not received a dappointment proceeding									
■has received, or is a	ware of, a demand	I for notice. See attach	ed demand or explar	ation.					
5. <u>6.</u> Name, address, and te IDF 951 <u>SC</u> R8 <u>/419/18</u> APPLIC of 3					Page				

l

	The nominee is 21 years of age or older and has priority for appointment because of:
	☐nomination by will.
	nomination by person(s) with priority.
	statutory priority.
	Other:
	Those persons having prior or equal rights to appointment have renounced their rights to appointment or received notice of these proceedings, pursuant to §_15-12-310, C.R.S. Any required renouncen accompany this application.
6. <u>7.</u>	The <u>s</u> Successor <u>p</u> Personal <u>r</u> Representative may receive compensation.
	☐The hourly rates to be charged, any amounts to be charged pursuant to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to application. *
	□
	The basis of compensation has not yet been determined.
* Th	ere is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-6)
C.R	<u>.S.)</u>
7. 8.	The <u>s</u> Successor <u>p</u> Personal <u>r</u> Representative may compensate his, her, or its counsel.
	The hourly rates to be charged, any amounts to be charged pursuant to a published fee sche including the rates and basis for charging fees for any extraordinary services, and any other bases which a fee charged to the estate will be calculated, are as stated below or in an attachment to aApplication. *
	The basis of compensation has not yet been determined.
* Th C.R	nere is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-66.S.)
0 0	The aApplicant hereby adopts the statements in the application or petition for appointment that led to appointment of the person being succeeded, except for the following changes or corrections:
	appointment of the person being succeeded, except of the following changes of confections.

I

0.40 Applicant reminests that the const	informally, appointed as a superior and a superior
serve without bond in unsupervised adminis	informally appointed as successor personal representative tration and that Letters be issued to the successor personal representative tration.
representative.	
By checking this box, I am acknowledging I a form.	am filling in the blanks and not changing anything else on
	I have made a change to the original content of this form.
VERIFICATION :	AND ACKNOWLEDGMENT
I (Annalise and secretarily at the office of the section of the se	
	ocument are true as far as I know or am informed. I understion of the facts stated herein. (§15-10-310, C.R.S.)
	Signature of Applicant Date
	The foregoing instrument was acknowledged before in the County of State of Colors
	thisday of, 20, by the Applic
	My Commission Expires:
	Notice D. H. /Deep to Obed
	Notary Public/Deputy Clerk
Circoture of Attorney	
Signature of Attorney Date	
V	/ERIFICATION
_	
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)	
<u>(date) (month) (year)</u>	
at(city or other location, and state OR country)	
total of other location, and state of country)	
(printed name)	
Approximation of the state of t	

☐District Court ☐Der	ver Proba County, C							
Court Address:	County, C	Colorado						
n the Matter of the Es	tate of:							
Dd				COURT USE	ONLY A			
Deceased Attorney or Party Withou	ut Attornev	(Name and Address):	Case	Number:	J			
,		(
Phone Number:		E-mail:						
FAX Number:		Atty. Reg. #:	Divisi		room <u>:</u>			
PETITION	I FOR FII	NAL SETTLEMENT_PURS	UANT TO § 1	5-12-1001, C.R.	S.			
accounting, and com All timely filed claims Heirship:	pleted all o	e of this estate has collected of the acts required by law. In resolved or notice has been ermination of heirship is not re	given to the cla					
		t this time. Complete Schedul		elow.				
determination is re	p. (attach	additional pages if needed)	e of Heirship be		Polationship	_		
determination is re	equested a	•	e of Heirship be Shai Esta this there	re of Intestate te*(*Complete column only if e is intestate verty.)	Relationship ◀ to Decedent	Forma	atted Table	
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	after notice of anon-appearance her Probate Procedure Rule. 8.8, that the and distribution of the estate; direct t	uired by law or by the cCourt, the pPersonal representative requestaring without appearance pursuant to C.R.P.P. 24 Colorado Rules cCourt determine heirship, if necessary; adjudicate the final settlement the pPersonal representative to distribute all remaining assets of Distribution, Section 4, above; and accept the accounting as presented
6.		on filing final receipts or evidence of distribution, that the <u>c</u> Co tative and any surety on the <u>p</u> Personal <u>r</u> Representative's bond.
		oner), verify that the facts set forth in this document are true as far a t penalties for perjury follow deliberate falsification of the facts stat
Sigi	nature of Petitioner	—Date
Sigi	nature of Attorney	_Date_
at _	day of (date) (month) y or other location, and state OR country	(year)
(prii	nted name)	
(sig	inature)	

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Matter of the Estate of:	_
In the watter of the Estate or:	
	▲ COURT USE ONLY ▲
Deceased	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE OF HEARING ON PETITION FOR F	INAL SETTLEMENT
Interested persons have the responsibility to protect their own rights	
manner provided by the Colorado Probate Code, including the appropr of personal representatives, attorneys and others, and the distribution of	
or adjudicate these or other matters unless a specific written objection is	
or adjudicate these of other matters unless a specific written objection is	nied by air interested person.
If any interested person desires to object, such person shall file speci	fic written objections and shall furnish the
Personal Representative with a copy at or before the hearing.	•
Attendance at this hearing is not mandatory. Actual distribution of est	ate assets normally does not occur at the
hearing.	ate accept normally accepted occur at the
3	
To All Interested Persons:	
A hearing on the Petition for Final Settlement (JDF 960), a copy of which	
the following time and location or at a later date to which the hearing ma	ry be continued.
Date: Time: Courtroom of	r Division:
	11 DIVISION
Address:	
The hearing will take approximately days dhours dminu	es.
Date:	
Signature of P	erson Giving Notice or Attorney

CERTIFICATE OF SERVICE

Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner Service
Insert one of the following:	Hand Delivery, F	First-Class Mail, Certified Mail, E-Served or Faxed.	

Note:

- ◆ This form or JDF 963 must be used in formal proceedings terminating an estate, pursuant to §15-12-1001, C.R.S. or §15-12-1002, C.R.S., and Colorado Rules of Probate Procedure Rule 8.3.
- Use of this form is limited to an appearance hearing.

County, Colorado	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Deceased Attorney or Party Without Attorney (Name and Address):	Case Number:
Automey of Farty Without Automey (Name and Address).	Case Number.
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE OF <u>HEARING WITHOUT</u> NON-APPEAF FINAL SETTLEI	
****** Attendance at this hearing is not	
Γο aAll interested p₽ersons:	·
A <u>hearing without non-appearance hearing</u> on the Petition for	Final Settlement and proposed Order is set at the
ollowing date, time, and location or at a later date to which the	hearing may be continued.
Date: (Select a future date	- no less than 14 days from service)
Fime: 8:00 a.m.	
Address:	
Date:	
Signati	ure of Person Giving Notice or Attorney
**** IMPORTANT NO	
***** IMPORTANT Not nterested persons have the responsibility to protect their own manner provided by the Colorado Probate Code, including the of personal representatives, attorneys, and others, and the of eview or adjudicate these or other matters unless specifically re-	OTICE***** or rights and interests within the time and in the appropriateness of claims paid, the compensation distribution of estate assets. The court will not equested to do so by an interested person.
****** IMPORTANT Not nterested persons have the responsibility to protect their own manner provided by the Colorado Probate Code, including the of personal representatives, attorneys, and others, and the deview or adjudicate these or other matters unless specifically recommended in the properties of the pretition must find before the hearing and must furnish a copy of the propersonal representative. JDF 722 (Objection form) is availy www.courts.state.co.us). If no objection is filed, the properties or hearing. If any objection is filed, the objecting paracontact the court to set the objection for an appearance heappearance hearing as required will shall result in further action.	OTICE***** on rights and interests within the time and in the appropriateness of claims paid, the compensation distribution of estate assets. The court will not equested to do so by an interested person. Title a specific written pojection with the court or on to the person requesting the court order and the hilable on the Colorado Judicial Branch website to may take action on the petition without further try must, within 14 days after filing the objection paring. Failure to timely set the objection for an
****** IMPORTANT Not Interested persons have the responsibility to protect their own manner provided by the Colorado Probate Code, including the of personal representatives, attorneys, and others, and the deview or adjudicate these or other matters unless specifically recommended in the properties of the properties	OTICE***** on rights and interests within the time and in the appropriateness of claims paid, the compensation distribution of estate assets. The court will not equested to do so by an interested person. Title a specific written pojection with the court or on to the person requesting the court order and the initiable on the Colorado Judicial Branch website the may take action on the pretition without further try must, within 14 days after filing the objection aring. Failure to timely set the objection for an an as the court deems appropriate.
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	VERIFICATION			
I declare under penalty of perjury under the	e 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	<u>'V)</u>			
(printed name)				
(signature)				
I contifue the continue of the	CERTIFICATE OF SERVICE ate), a copy of this notice	a alama with the		
I certify that on (di motion/petition was served as follows on e	ate), a copy of this notice arch of the following:	e along with the		
Name and Address	Relationship to (Decedent, /Ward,	Manner of Service*		
	or /Protected Person)			
*Lead of the faller for board deliver	(First a Observation Continue to a Continue	- th		
"insert one of the following: nand delivery,	, fFirst-cClass mail, cCertified mail, e-service	e through ICCES, or fax.		
	Cimatura		_	
Note:	Signature		Formatted: Inc	lent: Left: 0.5"
 Do not set matters on the 	hearing without non-appearance docket, ur	nless they are expected to	Formatted: Inc	lent: Left: 0.5", No bullets or numberi
be routine and unopposed.				
	VERIFICATION			
l de alone con de ance altre et a cuiron con des the	a law of Calarada that the foregoing is true			
i declare under penalty of perjury under the	e law of Colorado that the foregoing is true	and correct.		
Executed on the day of	(
<u>(date) (month)</u>	(year)			
at				
(city or other location, and state OR country	V)			
(printed name)				
<u>(signature)</u>				
JDF 963SC R1-129/18 NOTICE OF NON APPEA	RANCE HEARING WITHOUT APPEARANCE ON PE	TITION FOR FINAL SETTLEMEN	JT.	
TOTAL NOTICE OF NOTICE LA	THE THE PARTY OF T		•	

□ District Court □ Denver Probate Court		
Court Address:		
Court Address.	A COL	URT USE ONLY
In the Matter of the Estate of:		URI USE ONLI
in the watter of the Estate of.	Case Numbe	r:
Bernand	Division:	Courtroom:
Deceased ORDER FOR FINAL SETT	LEMENT	
Upon consideration of the Petition for Final Settlement for the above	e <u>e</u> ⊨state,	
The <u>c</u> Court finds that:		
 Notice has been properly given or waived; The time for presenting claims which arose prior to the death claims have been resolved or notice has been given to the claims have been resolved or notice has been given to the claims have been resolved or notice has been given to the claims have been resolved or notice has been given to the claims have given t	aimants with unreso ar of this ccourt as verses set forth in the pp	lved claims. alid and unrevoked.
The court orders the following: 1. Final settlement is approved accepted without audit; 2. Heirship has been previously determined or is incorporated a set forth in the schedule of distribution contained in the petion of the personal representative is directed to distribute the acceptance of the personal representative of the personal representative being the personal representative of the personal representative will be terminated and a decree of final discharge. The court further operations.	ssets of the estate in tion; and I rRepresentative an discharged from all li tative's duties and tl	the amount and manner d any surety on the ability arising in
Date:	istrar	

\sim		er Probate Court county, Colorado	
C	ourt Address:		
In	the Matter of the Estat	te of:	
_	eceased		▲ COURT USE ONLY ▲
		Attorney (Name and Address):	Case Number:
	hone Number: AX Number:	E-mail: Atty. Reg. #:	Division Courtroom
1 /	S	STATEMENT OF PERSONAL	REPRESENTATIVE
	CLOSING	S ADMINISTRATION PURSU	ANT TO §15-12-1003, C.R.S.
		(p₽ersonal rRepreser	ntative of this estate), state the following:
' -		<u></u>	. and socials, i state the following.
		d since the original appointment of a passed since the decedent's dear	a general <mark>p</mark> ersonal <u>r</u> Representative for this estat th.
-	The date of the original	appointment was	·
	lawful claims; expenses taxes; and the depected distributed to the person entitled. If any claims states whether the distributed to the person entitled.	s of administration; federal and stat lent's estate's federal and state inc ns entitled to receive such assets in are listed on an attached explana	ng payment, settlement, or other disposition of: a te estate taxes; inheritance taxes and other deat come taxes. The assets of the estate have bee the amount and in the manner to which they wer ation as remaining undischarged, the explanatio sible liability with the agreement of the distributee odate outstanding liabilities.
4.	other claimants whose		Ill distributees of this estate and to all creditors of and has furnished a full account in writing of the rests are affected.
5.	No <u>c</u> Court order prohibi	its the informal closing of this estate.	. Administration of this estate is not supervised.
Re	is <u>s</u> Statement is filed epresentative will term olving the undersigned	inate one year after this sstaten	s estate. The appointment of the <u>p</u> Persona nent is filed with the <u>c</u> Court if no proceeding
		VERIFICATIO	<u>N</u>
de	eclare under penalty of p	erjury under the law of Colorado tha	tt he foregoing is true and correct.

	(month) (y	<u>ear)</u>			
at					
(city or other location, and	state OR country)				
(printed name)					
(signature)					
				Formatted: Left	
		VERIFICATION			
I (Ppersonal Rrepresentati informed. I understand tha 310, C.R.S.)	ive), verify that that the penalties for pe	ne facts set forth in this document are t rjury follow deliberate falsification of the	rue as far as I know facts stated herein. (§	or am 15-10-	
		Signature of Personal Repre	sentative D		
Signature of Attorney	Date				
I certify that on	(da	te) a copy of this Statement was served of]:	
Full Name	Relationship to Decedent	Address		vice*	
Full Name		Address			
Full Name		Address			
Full Name		Address			
Full Name		Address			
Full Name		Address			
Full Name		Address			
	to-Decedent	irst-Class Mail, Certified Mail, E-Served or	Sen		
	te-Decedent Hand Delivery, F	irst-Class Mail, Certified Mail, E-Served or	Sen		
Insert one of the following:	to Decedent Hand Delivery, F	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE	Service Servic	vice	
insert one of the following:	to Decedent Hand Delivery, F	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name	Sen	vice	
*Insert one of the following: I certify that on as follows on each of the fo	: Hand Delivery, F Ci (date	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name Relationship to (Decedent, Ward,	Faxed.	erved	
*insert one of the following:	: Hand Delivery, F Ci (date	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name	Service Servic	erved	
*Insert one of the following: I certify that on as follows on each of the fo	: Hand Delivery, F Ci (date	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name Relationship to (Decedent, Ward,	Faxed.	erved	
*Insert one of the following: I certify that on as follows on each of the fo	: Hand Delivery, F Ci (date	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name Relationship to (Decedent, Ward,	Faxed.	erved	
*Insert one of the following: I certify that on as follows on each of the fo	: Hand Delivery, F Ci (date	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name Relationship to (Decedent, Ward,	Faxed.	erved	
*Insert one of the following: I certify that on as follows on each of the fo	: Hand Delivery, F Ci (date	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name Relationship to (Decedent, Ward,	Faxed.	erved	
*Insert one of the following: I certify that on as follows on each of the fo	: Hand Delivery, F Ci (date	irst-Class Mail, Certified Mail, E-Served or ERTIFICATE OF SERVICE a), a copy of this (name Relationship to (Decedent, Ward,	Faxed.	erved	

*Insert one of the following: hand delivery, fFir	st-cClass mail, cCertif	ied mail, e-servic	e through ICCES, or fa
	Signature		
	· ·		
	VERIFICATION		
I declare under penalty of perjury under the law	of Colorado that the	foregoing is true	and correct
	or colorado triat trio	iorogomy io mao	<u> </u>
Executed on the day of . (date) (month) (yea			
	_		
at (city or other location, and state OR country)			
(printed name)			
(signature)			
	_		

JDF 965<u>SC</u> R1/099/18 STATEMENT OF PERSONAL REPRESENTATIVE CLOSING ADMINISTRATION Page 3 of 2

I

□District Court □Denve		
Court Address:	County, Colorado	
In the Matter of the Estat	e of:	
		▲ COURT USE ONLY ▲
Deceased Nith and	Attornoon (Norman and Address)	
Attorney or Party Without	Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
_	TATEMENT OF PERSONA	IL REPRESENTATIVE JANT TO §15-12-1204, C.R.S
CLOSIN	G SMALL ESTATE FORSE	JANI 10 913-12-1204, C.N.S
,	(pPersonal rRepres	sentative of this estate), state the following:
family allowance, costs		dDecedent as fiduciary or trustee, exempt prop , reasonable funeral expenses, and reasonable ss of the dDecedent.
2. The undersigned has fu	illy administered this estate by dis	bursing and distributing it to the persons entitled.
other claimants to who	om the undersigned is aware w	all distributees of this estate and to all creditor hose claims are neither paid nor barred and administration to the distributees whose interests
4. No <u>c</u> Court order prohibi	ts the informal closing of this esta	te. Administration of this estate is not supervised
This estatement is filed	for the nurness of closing t	his estate. The appointment of the pPerso
Representative will term	inate one year after this sstate	ement is filed with the <u>c</u> court if no proceed
involving the undersigned	l are then pending.	
	VERIFICAT	ION
I declare under penalty of p	erjury under the law of Colorado t	hat the foregoing is true and correct.
Executed on the da	y of , ,	
	(month) (year)	
at		
(city or other location, and s	tate OR country)	
(printed name)		
 		

		VERIFICATION	
		e facts set forth in this document are to erjury follow deliberate falsification of the	
		Signature of Personal Repre	esentative Date
Signature of Attorne	y Date		
NOTE: This form is to be appointed.	used only if a probate	estate has been opened and a Person	al Representative has bee
	CE	RTIFICATE OF SERVICE	
Certify that on following:		(date) a copy of this Statement v	vas served on each of th
Full Name	Relationship to Decedent	Address	Manner of Service*
*Insert one of the foll	lowing: Hand Delivery, F	irst-Class Mail, Certified Mail, E-Served or	Faxed.
certify that on	(date	ERTIFICATE OF SERVICE e), a copy of this (name)	ne of document) was served
as follows on each o	e and Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

O: -		
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0.0	, iuc	<i>.</i>

M	Æ	P	IFI	CI	\TI	
w		1		\mathbf{v}	TITLE	$\overline{}$

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

(signature)

(printed name)

Note:

• This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.

Court Address:	County, Colorado		
In the Matter of the Est	ate of:		
Deceased		▲ cou	IRT USE ONLY
Attorney or Party Withou	t Attorney (Name and Address):	Case Number	r:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
VERIFIE	D APPLICATION FOR CERTIFI 1-15-12-1 PURSUANT TO		ISTRAR
	, as the	■ <u>p</u> Personal <u>r</u> Represe	ntative <u>Ls</u> Surety s
1. The appointment of this estate has	ofterminated.	(name) as <u>p</u>	Personal <u>r</u> Represer
2. The personal re	epresentative has fully administered this	estate according to la	w
Zi mogi ordonar <u>i</u> nt	oprocontative ride rany daminiotered tine	colate according to la	
I request that the rRegisti	rar issue a Certificate stating that this		
I request that the rRegisti	rar issue a certificate stating that this lee of any lien on any property give bond or any surety.	n to secure the obli	
I request that the registrand evidencing discharg	rar issue a <u>c</u> ertificate stating that this le of any lien on any property give	n to secure the obli	
I request that the rRegistrand evidencing discharg	rar issue a certificate stating that this le of any lien on any property give bond or any surety. VERIFICATION AND ACKNO that I have read the foregoing Application	to secure the obli	gation of the <u>p</u> ₽e
I request that the rRegisti and evidencing discharg rRepresentative in lieu of l	rar issue a certificate stating that this le of any lien on any property give bond or any surety. VERIFICATION AND ACKNO that I have read the foregoing Application of my knowledge.	WLEDGMENT on and that the statem	gation of the <u>p</u> ₽e
I request that the rRegistrand evidencing discharg Representative in lieu of l	rar issue a certificate stating that this le of any lien on any property give bond or any surety. VERIFICATION AND ACKNO that I have read the foregoing Application of my knowledge.	to secure the obli	gation of the <u>p</u> ₽e
I request that the registrand evidencing discharger representative in lieu of least swear/affirm under eather and correct to the best pate:	rar issue a certificate stating that this le of any lien on any property give bond or any surety. VERIFICATION AND ACKNO that I have read the foregoing Application of my knowledge.	PWLEDGMENT on and that the statem	gation of the pPe
I request that the registrand evidencing discharger representative in lieu of least swear/affirm under eather and correct to the best pate:	rar issue a certificate stating that this le of any lien on any property give bond or any surety. VERIFICATION AND ACKNO that I have read the foregoing Application of my knowledge.	PWLEDGMENT on and that the statem	gation of the pPe

VERIFICATION

Executed	on the	day of			
	<u>(date)</u>	(month)	(year)		
at					
(city or ot	her location, an	d state OR co	ountry)		
			•		
	ame)		_		

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Matter of the Estate of:	
	COURT USE ONLY
	Case Number:
Deceased	
CERTIFICATE	Division: Courtroom:
CERTIFICATE	OF REGISTRAR
certify that	(name), personal representative of this es
appears to have fully administered this estate, and	therefore, any lien on any property given to secure
obligation of the personal representative in lieu of	bond or any surety is hereby discharged, subject to
condition that the issuance of this Certificate does not	t preclude action against the personal representative o
surety.	
AVITALE CO. many signs at the condition of their account	
WITNESS my signature and the seal of this court	
Date:	
Date:	Probate Registrar/(Deputy)Clerk of Court

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):	Case Number:	
Phone Number: E-mail:		
FAX Number: E-mail. FAX Number: Atty. Reg. #.:	Division Courtroom	
RESPONSE TO NOTICE AND ORDER CLOSI		
ecause administration of the estate is not complete.		
he personal representative requests that the estate remain op	en until (date).	
Pate:		
	ture of Personal Representative or Attorney	
VERIFICATION	<u>on</u>	
declare under penalty of perjury under the law of Colorado tha	at the foregoing is true and correct.	
Secretaria de la constanta de		
xecuted on the day of , , , , , , , , , , , , , , , , , ,		
_(date) (month) (year)		
<u>(date) (month) (year)</u>		
<u>(date) (month) (year)</u>		
(date)(month)t t city or other location, and state OR country)		Formatted: Left, Right: 0"
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	SERVICE	Formatted: Left, Right: 0"
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	SERVICE y of this Response was served on each of the	Formatted: Left, Right: 0"
	y of this Response was served on each of the	Formatted: Left, Right: 0"
		Formatted: Left, Right: 0"
	y of this Response was served on each of the	Formatted: Left, Right: 0"
	y of this Response was served on each of the	Formatted: Left, Right: 0"

		-	
		Signature	
rtify that on	CERTIFICATE OF SE (date), a copy of this		ne of document) was se
ollows on each of the following:	Polationship to	(Decedent, /Ward,	
Name and Address	or /Protec	cted Person)	Manner of Service*
ert one of the following: hand o	delivery, fEirst-cClass mail, cC	ertified mail. e-servic	e through ICCES, or fa
or or or are removing. Traine of		omea man, o come	<u> </u>
	Signatur	<u>re</u>	
	VERIFICATION	l .	
clare under penalty of perjury u	nder the law of Colorado that t	the foregoing is true	and correct.
	1		
cuted on the day of	<u>(year)</u>		
cuted on the day of (date) (month)			
<u>(date)</u> (month) country)		
	<u>Country</u>		
<u>(date)</u> (month	Country)		

Note NOTE:

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 Upon the filing of this document, unless otherwise ordered by the <u>c</u>Court, the <u>c</u>Court's Notice and Order Closing Estate After Three years will be set aside without further action by the <u>c</u>Court.

JDF 970 $\underline{\text{SC}}$ $\underline{\text{R4}/\text{109}/\text{18}}$ RESPONSE TO NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS

To:		ty, Colorado				
Deceased Division NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS OR MORE To: (Name of aAttorney or personal representative) This matter is before the court on the court's own motion. It appears to the court that no action has been taken in the above-captioned estate for three years or rulnless you show good cause why the court should not do so within 30 days from the date of this corder court will close this estate and terminate the personal representative's appointment without fund accounting, notice, report, hearing or order. (§ 15-12-1009, C.R.S.) If the administration of the estate is complete, no response is required. If the administration of the estate is complete, the personal representative or attorney may file a Response (JDF 970) with the court. Neither the personal representative nor any other person is discharged from any liability to this estate court or any other person, except that sureties upon any bond posted in these proceedings must she	Court Address:					
NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS OR MORE To:	In the Matter of the Estate of	f:			COURT USE O	NLY
NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS OR MORE To:				Case N	umber:	
NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS OR MORE To:	Deceased			Division	o Courtroo	m
This matter is before the court on the court's own motion. It appears to the court that no action has been taken in the above-captioned estate for three years or runless you show good cause why the court should not do so within 30 days from the date of this court will close this estate and terminate the personal representative's appointment without functionaccounting, notice, report, hearing, or order. (§ 15-12-1009, C.R.S.) If the administration of the estate is complete, no response is required. If the administration of the estate is complete, the personal representative or attorney may file a Response (JDF 970) with the court. Neither the personal representative nor any other person is discharged from any liability to this estate court or any other person, except that sureties upon any bond posted in these proceedings must she	NOTICE AND OR	DER CLOSING ES	STATE AI			
This matter is before the Gourt on the Gourt's own motion. It appears to the Gourt that no action has been taken in the above-captioned estate for three years or runless you show good cause why the Gourt should not do so within 30 days from the date of this Gourt will close this estate and terminate the Personal Representative's appointment without fund accounting, notice, report, hearing, or order. (§ 15-12-1009, C.R.S.) If the administration of the estate is complete, no response is required. If the administration of the estate is complete, the Personal Representative or attorney may file a Response (JDF 970) with the Gourt. Neither the Personal Representative nor any other person is discharged from any liability to this estate Gourt or any other person, except that sureties upon any bond posted in these proceedings must she						
It appears to the court that no action has been taken in the above-captioned estate for three years or runless you show good cause why the court should not do so within 30 days from the date of this court will close this estate and terminate the personal representative's appointment without furth accounting, notice, report, hearing, or order. (§_15-12-1009, C.R.S.) If the administration of the estate is complete, no response is required. If the administration of the estate is complete, the personal representative or attorney may file a Response (JDF 970) with the court. Neither the personal representative nor any other person is discharged from any liability to this estate court or any other person, except that sureties upon any bond posted in these proceedings must she	To:		(Name	of aAttorney or p	Personal repres	entative)
If the administration of the estate is complete, no response is required. If the administration of the estate is complete, the personal representative or attorney may file a Response (JDF 970) with the court. Neither the personal representative nor any other person is discharged from any liability to this estate court or any other person, except that sureties upon any bond posted in these proceedings must shall be administration of the estate is complete, no response is required. If the administration of the estate is complete, the personal representative or attorney may file a Response (JDF 970) with the court.						
Neither the personal representative nor any other person is discharged from any liability to this estate court or any other person, except that sureties upon any bond posted in these proceedings must sha	Unless you show good cause vocument will close this estate	why the <u>c</u> ourt should and terminate the	l not do so ⊵Personal	within 30 days representative	from the date of th	is <u>o</u> ⊖rdei
cCourt or any other person, except that sureties upon any bond posted in these proceedings must sha	Unless you show good cause of Court will close this estate accounting, notice, report, hearing the administration of the estate.	why the <u>c</u> ourt should and terminate the ing or order. (§_15-12- ate is complete, no res	I not do so personal 1009, C.R.S	within 30 days representative S.)	from the date of the size of the size appointment of the dministration of the	is <u>o</u> ⊖rdei vithout fu e estate is
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	- Doob at a Count	
□ District Court □ De	enver Probate Court County, Colorado	
Court Address:	county, colorado	
In the Matter of the Es	state of:	
		A
Deceased		COURT USE ONLY
	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg.#:	Division Courtroom RSUANT TO § 15-12-1008, C.R.S.
PETITION	N TO RE-OPEN ESTATE PUR	SUANT 10 9 15-12-1008, C.R.S.
Note: This form may no	ot be used to re-open an estate close	ed pursuant to § 15-12-1009, C.R.S.
The nPetitioner makes	the following statements:	
The predictioner makes	the following statements.	
1. Information about t	the petitioner:	
Name:	Re	elationship to Decedent
Street Address:		
City:	State: Zi	p Code:
Mailing Address, if d		
City:	State: Zip Code:	Home Phone #:
	Altern	
Email Address:		Work Phone #:
		entative has been discharged or one year has passe
since the closing sta	tement has been filed with the <u>c</u> Cou	rt.
3. Petitioner desires to	re-open the estate to:	
to distribute prop	erty briefly described as:	
other:		
■otner.		
-		
	s the following person to be appointe	d as personal representative:
Name:		
Street Address:		
DF 990 <u>SC</u> R 1/14 <u>9/18</u> PE	ETITION TO RE-OPEN ESTATE PURSUANT	TO §15-12-1008, C.R.S. Page 1 of 3

	State:	Zip Code:	Home Phone #:		
Primary Phone:					
Email Address:		₩(ork Phone #:		
The previously-appr 21 years of age or olde Nomination by the Statutory priority reasons stated the	pointed personal or, and the nNomine will. V. (§ 15-12-203, Coelow: equal rights to approceedings. Any	nee has priority for appo	ole or unwilling to serve pintment because of: ced their rights to appoints accompany this pea	intment or have been	Formatted Table
☐The persons to rec follows:	eive distribution	have not changed from	only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	
Name of Person	Address of	Person Receiving Distr	ibution Desc	ription of	Formatted Table
Receiving Distributio				bution	Tomatteu Table
•	+				
The personal representation of the hourly rates to including the rates and	be charged, a d basis for charg	ny amounts to be cha ging fees for any extrac	rged pursuant to a pub ordinary services, and a as stated below or in a	ny other bases upon	

	The El crochai Interrecenta	are may compensa	te his, her, or its counsel.	
	including the rates and bas	sis for charging fee	unts to be charged pursuant to a published fee s s for any extraordinary services, and any other ba alculated, are as stated below or in an attachmen	ses up
	☐The basis for compensati	on has not yet beer	determined.	
	ersonal representative ide	entified in section ration.	notice as it may direct, re-open the estate and ap 4 above. In addition, the petitioner requests the	
	Representative and re-close	ourt that the above e the estate.	purposes have been accomplished, discharge the g	⊵Perso
	Other:		of filling in the blooks and not observing anything all	
form		acknowledging i al	n filling in the blanks and not changing anything els	se on
	By checking this box, I am ac	cknowledging that I	have made a change to the original content of this for	<u>rm.</u>
		VE	DIFICATION	
			<u> </u>	
		PEN ESTATE PUR	RIFICATION br), swear/affirm under penalty of perjury, that I have SUANT TO §15-12-1008, C.R.S and that the stater nowledge (§ 15-10-310, C.R.S.)	read ments
forth		(Ppetitione PEN ESTATE PUR t to the best of my k	or), swear/affirm under penalty of perjury, that I have SUANT TO §15-12-1008, C.R.S and that the stater	ments
forth Sigr	h therein are true and correct	(Ppetitione PEN ESTATE PUR t to the best of my k	r), swear/affirm under penalty of perjury, that I have SUANT TO §15-12-1008, C.R.S and that the stater nowledge (§ 15-10-310, C.R.S.)	ments
forth Sigr	h therein are true and correct	(Ppetitions PEN ESTATE PUR t to the best of my k Date	r), swear/affirm under penalty of perjury, that I have SUANT TO §15-12-1008, C.R.S and that the stater nowledge (§ 15-10-310, C.R.S.) Signature of Petitioner Date	ments
Sigr Not	nature of Attorney This form may not be use	(Ppetitione PEN ESTATE PUR t to the best of my k Date od to re-open an est	sy, swear/affirm under penalty of perjury, that I have SUANT TO §15-12-1008, C.R.S and that the stater nowledge (§ 15-10-310, C.R.S.) Signature of Petitioner Date ate closed pursuant to §-15-12-1009, C.R.S.	ments
Sigr Not	nature of Attorney e: This form may not be used acclare under penalty of perjunctuded on the day of day of the content of the day o	(Ppetitione PEN ESTATE PUR t to the best of my k Date od to re-open an est	swear/affirm under penalty of perjury, that I have SUANT_TO §15-12-1008, C.R.S and that the stater nowledge (§ 15-10-310, C.R.S.) Signature of Petitioner Date ate closed pursuant to §-15-12-1009, C.R.S.	ments
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	nver Probate Court _ County, Colorado			
Court Address:	•			
u tha Mattau af tha Ea	-tota of			
n the Matter of the Es	state or:			
			A	COURT USE ONLY
			Case N	umber:
Daggard			Division	Country
Deceased ORDER	RE-OPENING	ESTATE PURSU		Courtroom 12-1008, C.R.S.
			<u> </u>	,
pon consideration of th	e Petition to Re-Op	oen Estate, the <u>c</u> Cou	rt finds:	
1. Petitioner is an i	nterested person a	s defined by §_15-10	-201(27), C.R.S.	
2. Any required no		ven or waived. en the estate for the	following nurnoses	··
to distribute p		sil the estate for the	ollowing purposes	.
Street Address: City:		Zip Code:		
				Phone #:
•				
Email Address:			Work Phone #:_	
	of the personal re	epresentative are lim	ited by the followi	ng restrictions:
he powers and duties of				
he powers and duties o				
he powers and duties o				
he powers and duties o				
he powers and duties o				
he powers and duties o				
	e following			
he <u>c</u> Court orders th	Representative will	_shall serve		
The Court orders the The Personal Court bond.	Representative will	_		
The c⊆ourt orders the 1. The pPersonal rule without bond. □ with bond in t	Representative will the amount of \$	_		
he ccourt orders th 1. The personal rowithout bond. □ with bond in t	Representative will	_		
without bond.	Representative will the amount of \$	_		

1		☐in supervi	sed administratio	on as described in	ı an attachment to	o this <u>o</u> ⊖rder.				
I	2.	It is further o to the followi	rdered that the p	Personal rRepre	sentative send an	Information of	Appointment —(JDF 940)	1		
		☐The same	as for the initial	appointment of p	Personal <u>r</u> Repres	entative in this c	ase <u>; or</u> -			
		Name				Relationship	to Decedent	4	Formatted Table	
I										
	3.	Upon reporting the person	ng to this <u>c</u> Court nal <u>r</u> Representat	that the personative mustshall be o	al <u>r</u> Representative	e has accomplish is estate be clos	ned the above purposes, ed.			
	4.	Other:						_		
								_		
	Date:									
					∟ Judọ	ge	e ∟ Registrar			
1	JDF 991	I <u>SC</u> <u>R₁/09</u> 9/18	ORDER RE-OPEN	IING ESTATE PURSU	JANT TO §15-12-1008	8, C.R.S.	Page 2 of 2			

STATE OF COLORADO	
COUNTY OF	

COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.

NOTICE

If a person or entity holding property of a decedent refuses to honor this \underline{a} Affidavit without reasonable cause, such person or entity \underline{will} be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled so such property ($\underline{\S}_1$ 5-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he_/she_/or_it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.).

- I, _______, the aAffiant, am either a successor of the decedent or a person acting on behalf of one
 or more of the successors of the decedent, and I am 18 years of age or older.
- 2. At least 10ten-days have elapsed since the death of ______(dDecedent)
- 3. The total fair market value of all property owned by the decedent and subject to disposition by wWill or intestate succession at the time of the decedent's death, wherever that property is located, less liens and encumbrances, does not exceed, for year of death (Y.O.D.): Y.O.D. 2017, \$66,000; Y.O.D. 2016, 2015, and 2014, \$64,000; Y.O.D. 2013, \$63,000.00; Y.O.D. 2012, \$61,000; and Y.O.D. 2011 and 2010, \$60,000.
- 4. This affidavit is not valid for the transfer of real estate. To transfer personal property that affects real estate see § 15-12-1201(3.5), C.R.S.
- 5. No aApplication or pPetition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 6. The sSuccessor(s), listed below, is/are entitled to any personal property belonging to the dDecedent, including but not limited to funds on deposit at or any contents of a safe deposit box at any financial institution; tangible personal property; or and instruments evidencing a debt, obligation, stock, chose in action (right to bring a legal action), or stock brand. The amount, proportion or percentage that each Successor is entitled to is as follows (see Instructions):

Name of Successor	Description of Property	Amount, Proportion or Percentage

Formatted Table

JDF 999SC R6/459/18 COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURUSANT TO §15-12-1201, C.R.S.

Name of Successor or Person collecting on behalf of one or more Successors	Description of Property	Amount, Proportion or Percentage	•	Formatted Table
Any person collecting property on behalf of one or more successor with all the duties of an agent under Colorado la		deemed an agent of	such	
 I understand that any person who receives property pursu- to any subsequently appointed personal representative of right to the estate. 				
VERIFICATION AND ACK	NOWLEDGMENT			
I(name), the Affiant perjury, that I have read the foregoing COLLECTION OF PIPURSUANT TO §15-12-1201, C.R.S. and that the statement of my knowledge.		BY AFFIDAVIT		
	ture of Affiant	Date	=	
Count	ribed and affirmed, or sy y of, this , by the Affiant.		he	
	ommission Expires:			
•	/ Public			
VERIFICATIO	_	ad correct		
declare under penalty of perjury under the law of Colorado tha	it the foregoing is true ar	ad correct.		
Executed on the day of				
at(city or other location, and state OR country)				
(printed name)				

7. The property <u>mustshall</u> be paid or delivered as described in the following table and then the property <u>willshall</u> be distributed to successors in accordance with paragraph 6 above (see Instructions):

DIF 999SC R6/459/18 COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURUSANT TO §15-12-1201, C.R.S. © 2013, 2014, 2015 Colorado Judicial Department for use in the Courts of Colorado

APPENDIX B TO CHAPTER 27

The Colorado
Rules of
Probate Procedure

APPENDIX B TO CHAPTER 27

MENTAL ILLNESS FORMS

ORDER

WHEREAS, the statewide committee for the implementation of the Colorado statute for the care and treatment of the mentally ill has formulated forms for use in mental matters, necessitated by the enactment by the General Assembly of the Colorado statute on the Care and Treatment of the Mentally Ill (Assembly C.R.S.); and

WHEREAS, the Court be considered the aforesaid forms prepared by the said committee;

NOW, THEREFORE, IT IS ORDERED that the forms are approved in principle by this Court for use mental health matters in the State of Colorado, subject to the following:

The forms are intended as guidelines and should be used in cases where they are approached. The Court does not specifically approve any of the forms since they have not seen tested in an adversary proceeding. They are not intended to be an exhaustive or complete set of forms for use in any particular case and additional or different forms may be required depending on the issues of fact and law presented in a particular proceeding.

Accept where otherwise indicated, each form shown in this chapter should have a caption similar to the samples shown below. Each caption shall contain a document name and party lesignation that may vary depending on the type of form being used. See the applicable form shown below to determine the correct title and party designation for that particular form. Documents initiated by a party shall use a form of caption shown in sample caption A. I ocuments issued by the court under the signature of the clerk or judge should omit the attorney section as shown in sample caption B.

An addendum should be used for identifying additional parties or attorneys when the space provided on a pre-printed a computer-generated form is not adequate.

Forms of captions are to be consisten with Rule 10, C.R.C.P.

Sample Caption A for documents initiated by a party

District Court Denver Probate Court County, Colorado Court Address: THE PEOPLE OF THE STATE OF COLORA O IN THE INTEREST OF: [Substitute appropriate party designations & mes]	
THE PEOPLE OF THE STATE OF COLOR. OO IN THE INTEREST OF: [Substitute appropriate party designations & mes]	
IN THE INTEREST OF: [Substitute appropriate party designations & vnes]	
IN THE INTEREST OF: [Substitute appropriate party designations & vnes]	
[Substitute appropriate party designations & mes]	
Respondent	
Attorney or Party Without Party (Name and Address):	
COURT USE ONLY	
se Number:	
Phone Number: E-mail:	
FAX Number: Atty. Reg. #: Division: Courtroom:	
NAME OF DOCUMENT	

Sample Caption B for documents issued by the court under the signature of the clerk or judge

☐ District Court ☐ Denver Probate CourtCounty, Colorado	
Court Address:	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:	
[Substitute appropriate party designations & names]	
	▲ COURT USE ONLY
	Case Number:
Respondent	Division: Courtro 1:
NAME OF DOCUMENT	

SPECIAL FORM INDEX

		SPECIAL FORM INDEM
	M-1. M-2.	Emergency Mental Illness Report and Application. Rights of Patients Being Examined with Regard to Their Mental Condition (English and Spanish).
Form Form	M-2.1. M-3.	Advisement to Person on 72-Hour Hold for Evaluation or Confied for Treatment. Affidavit, Motion, and Order for Evaluation and Teatment (27-65-105 (1), C.R.S.).
Form Form Form	M-3.1. M-4. M-5. M-6. M-7.	Notice of Disposition. Petition for Evaluation and Motion and Order for Screening (27-65-106, C.R.S.). Notification of Screening. Screening Report. Motion and Order for Evaluation and Treatment (27-65-106, C.R.S.). Notice of Certification and Certification for Short-term Treatment (27-65-107,
Form Form Form Form Form Form	M-12. M-13.	C.R.S.). Notice of Transfer. Extended Certification for Short-term Treatment (27-65-108, C.R.S.). Pation for Long-term Care and Treatment (27-65-109, C.R.S.). Order for Long-term Care and Treatment (27-65-109, C.R.S.). Certification for Extension of Long-term Care and Treatment (27-65-109 (5), C.R.S.).
Form Form Form Form	M-16. M-17. M-18. M-19.	Notice of Right to Hearing (27-65-109 (5), C.R.S.). Order for Extension of Long-term Care and Treatment (27-65-109 (5), C.R.S.). Discharge Order. Motion and Order to Transport (27-65-107 (8), C.R.S.). Application for Representation by Legal Counsel. Order Appointing Attorney (27-65-106 & 107, C.R.S.).

Form M-1. (8/75) EMERGENCY MENTAL ILLNESS REPORT AND APPLICATION

	and the control of	Date	Time
NAME		, hereafte	r referred to as espondent.
Address		Date of	Birth
Place of contact		******	,
	·	_, Colorado.	
Previous Psychiatric	Care Where	17	71
Who brought respond	dent's condition to the	a a	/hen dersigned
Nearest relative			
1	Name	Address	Phone
APPEARANCE ANI	GENERAL BEHAVI	OR (Circle Items	Гhat Apply):
FACIAL EXPRESSI	ntidy, Pary, Eccentric ON Fixed, Changin Vimal, Underactive, C	g, Angry, Perplex	Erect, Tense, Relaxed, Lying down. ed, Sad, Happy, Suspicious. PHYSI-
	CTION (Circle Items TI	* * * *	
			lifferent, Silent, Scared, Sad, Happy, nistic, Suspicious, Insulting, Profane,
TALK: FORM — L Over-talkative, Under Screaming, Mumblin	r-talkative. QUALITY -	, Illogical, Rambli — Controlled, Hun	ng, Nonsensical. RATE — Normal, norous, Dramatic, Forceful, Shouting,
Ideas Grandeur.	as of Being Persecuted. Strange or Bizarre Phylicidal Thoughts. Suicidal	sical Complaints.	Watching Him — Talking about Him. Very Self-Critical. Hearing Voices. aal Sexual Ideas.
DOES PATIENT YN he feels? (Yes. No.)	OW — Who he is? (Ye	es. No.) Where he	is? (Yes. No.) Date? (Yes. No.) How
Counting from 20 to	1 Back yards — Resul	t: Good. Fair. Poor	
GENERAL KNOWL	.EDGE — President? (Yes. No.) Governo	r? (Yes. No.) Mayor? (Yes. No.)
Pursuant to the provi custody by the under	sions of Section 27-63 rsigned and detained for	105, C.R.S., as am	ended, the respondent was taken into treatment and evaluation at
(designated or appro-	ved facility).		
imminent danger to	others or to himself* *	gravely disabled	uch mental illness, appears to be *an The circumstances under which the overaction are as follows:

sign in voluntary at any time.

(NOTICE: Form 2.1 is to be read if respondent accepts treatment voluntarily)

We believe that if you understand and participate in your evaluation, care, and treatment, you may achieve better results. Staff has a responsibility to give you the best care and treatment possible and available, and to respect your rights.

You have the right to consideration and treatment regardless of race reed, color, age, sex, or political affiliation.

You have the right to receive and send sealed correspondere. No incoming or outgoing correspondence shall be opened, delayed, held, or censored by aff.

You have the right to access to letter writing mathals, including postage, and to have staff assist you if you are unable to write, prepare, and mail correspondence.

You have the right to ready access to sephones, both to make and to receive calls in privacy.

You have a right to receive or ruse visitors.

You have a right to see four clergyman, or physician at any time.

You have a right to retain and consult with an attorney at any time. If you cannot afford an attorney, the cont will provide an attorney for you.

Appendix B to Chapter 27

1679

Form M-2

You have the right to wear your own clothing, keep and use your own personal possessions, and keep and be allowed to spend a reasonable sum of your own money.

Name of Facility	Facility Director
	Certificate of Service
I certify that on of the foregoing to the above nar	ned patient.
e de la company	Signature
DISTRIBUTION: To the person	Signature

Se le avisa que usted sera examinado en relacion a su estado mental.

Estamos persuadidos de que si usted comprenda y participe en su evaluacion, cuidado y tamiento, usted puede alcanzar mejores resultados. Todo el personal tiene la responsibilidad de dantel mejor cuidado y tratamiento accesible, y de respetar sus derechos como persona.

Form M-2. (6/79) DERECHOS DEL PACIENTE

Paciente:

Usted tien derecho a la misma consideracion y trate, así como cualquier otra persona sin improtar la raza, credo, olor, edad, sexo, o afiliacion politica.

Usted tiene derecin a recibir o enviar cartas. Su correspondencia no sera abierta, retenida, retrasada, o censurada podel personal.

Usted tendra derecho al acceso de papel y sobre para escribir, incluyendo estampillas del correo. Si usted no puede escribir, una pers na del personal le ayudara a preparar su correspondencia, asi como ponerla en el correo.

Usted tiene derecho a usar el telefono, asi como recibir llamadas en privado.

Usted tiene derecho de recibir asi como rehusar visa ntes.

Usted tiene derecho a ver al sacerdote, pastor o rabi, o docto en cualquier tiempo.

Usted tiene derecho de consultar con un abogado en cualquier tiemp. Si usted no puede pagar un abogado, la corte le puede proveer uno.

Usted tiene derecho de usar su propia ropa, tener y usar sus posesiones personale tener dinero. Se le permitira gastar sumas razonables de su propio dinero.

Si usted abusa de estos derechos ya mencionados arriba, sus derechos pueden ser quindos o restringidos, y se la dara una explicación del porque se la quitan sus derechos y privilegios.

Nombre de Faci, dad	Director o Represen	tante de la Facilidad
*	Certificado de Servicio	
Yo certifico que en contenido de lo preced		stre' y le lei' oralmente e
		to the second se
	Firma	
Distribucion: Al paciente		
Al recuerdo		
FOR NOTICE TO PROFES	Form M-2.1. (6/79) ADVISEMENT TO PERSON ON 72-HOUR H R EVALUATION OR CERTIFIED FOR TREA	OL. TMEN
	sional person: g evaluation or treatment under certification you re	
voluntarily and he/she	elects to do so, the following advisement shall be	equest the person to ligh in given orally and in wining
	NOTICE	
voluntary decision, v	in voluntarily should be made by you alone and aplied or otherwise. If you do not feel that you a you may continue to be held at the hospital involute the right to protest your confinement and request	are able to make a truly
	Certificate of Service	
I certify that on foregoing to	, 20 , I delivered a copy and read (Name of Patient).	d aloud the contents of the
	Signature of Profession	nal Person
D		Mai I Cison
Distribution: To the person		
To the chart		<u> </u>
		1
	Form M-3. (8/75) AFFIDAVIT, MOTION, AND RDER FOR EVALUATION AND TEATMENT (27-65-105 (1), C.R.S.)	
[Insert capti	on A from page 16 4 with the following designat	tion of parties]
THE PEOPLE OF THE IN THE INTEREST OF	STATE OF COLORADO	
Respondent		

AFFIDAVIT

COMES NOW THE AFFIANT pursuant to Section 27-65-105, C.R.S., as amended and respectfully alleges and represents to this Honorable Court as follows:

- 1. That attached hereto is a statement from your affiant relating sufficient facts to establish that the above named respondent appears to be *mentally ill and, as a result of such mental illness, appears to be an imminent danger to others or to himself.* *gravely disabled.*
- 2. That it would be in respondent's best interest to be taken into custody and placed in a suitable facility for seventy-two hour treatment and evaluation.

is recommended.*

Mother

Other (a)	r information known about espondent is as follows: Respondent's name and address
(b)	Respondent's resent whereabouts
(c)	Responent's age, date of birth, sex, marital status
(d)	, occupation, and address of respondent's
	Spouse

	Conservator
(e)	Name, address, and telephone number of the attorney who has most recently represented respondent

Signature of Affiant

	Relationship to respondent
	Address
2000 2000	Dhama

*Strike between asterisks if in policable.

The above information	was	yorn	to*	*affirmed*	before	me	this	 day	of
, 20									

Judg of the	Court	

MOTION

COMES NOW the ______ Attorney of the ______ County of _____, and alleges to this Honorable Court that the above affidavit, sworn to before the court, relates sufficient facts to establish that the above named respondent appears to be *mentally ill and, as a result of such mental illness appears to be an imminent danger to others or to himself.* *grave disabled.*

It is further shown that the requirements of Section 27-65-105, C.R.S., as amended, have been met, and that the respondent should be taken into custody and placed in a suitable facility for seven v-two hour evaluation and treatment.

445

10m 125.1 Com	rado Rules of Probate Procedure 1682
WHEREFOR the	Attorney of the County of moves
that Orders be issue therein:	moves
1 Placing responds in	
	pproved for seventy-two hour evaluation and treatment.
2. Directing the Sherin of the	County of
	Attorney
	Attorney
	ORDER
The above motion is granted and	
IT IS SO ORDERED:	
DONE IN OPEN COURT THI	IS (Date).
	Judge
I, the Clerk of the	Court, do certify that the foregoing is a true copy of the Order
entered by the Court on	(Date)
	Clerk of the Court
	Ву
	Deputy Clerk
•	NOTICE TO RESPONDENT
Section 27-65-105 (3) C.R.S. n	provides that if the evaluation and treatment facility of which you
are admitted does not have evalua	tion and treatment services available on Saturd vs Sundays or
holidays, then the facility may ex period.	clude those days in calculating the seventy wo hour detention
period.	
	Form M-3.1. (8/75)
Screening Fo	cility's or Professic al Person's Letterhead
	emity's of Professional Person's Letternead
TO (Name and address	NOTICE OF DISDOSITION
of judge and court)	NOTICE OF DISPOSITION (TO BE USED WHEN RESPONDENT IS NOT
J. 18- 1111	CERTIFIED)
	Respondent's name
	Court No.
	Date
	Date
The above named respondent wa	as evaluated pursuant to your court order dated
_	

	the respondent's condition are as follows:
· · · · · · · · · · · · · · · · · · ·	
The respondent has *been re for furt	leased.* *accepted treatment on a voluntary basis and was referred there are and treatment.*
	er en
1 WARMS 21 MARK 21 MAR	
	Professional person/evaluator
North Advanced to the second	
	Address and telephone number
Strike etween asterisks if in	applicable.
istribution:	$\mathcal{F}_{i,j}$
Original to Court	
Copies to: person being evaluated	
person's attorney and person	nal representative, if any
rson's chart	•
	Form M-4. (8/75)
PETIT	TION FOR EVALUATION AND MOTION
PETIT	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING
PETIT	TION FOR EVALUATION AND MOTION
	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.)
	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING
	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.)
[Insert caption A fi	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.) rom ge 1674 with the following designation of parties]
[Insert caption A fi	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.) rom ge 1674 with the following designation of parties]
	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.) rom a ge 1674 with the following designation of parties]
[Insert caption A for	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.) rom ge 1674 with the following designation of parties]
[Insert caption A for the PEOPLE OF THE STAT N THE INTEREST OF:	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.) rom ge 1674 with the following designation of parties]
[Insert caption A for the PEOPLE OF THE STAT N THE INTEREST OF:	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.) rom Mge 1674 with the following designation of parties] TE OF COLORAL O
[Insert caption A for the PEOPLE OF THE STAT N THE INTEREST OF:	TION FOR EVALUATION AND MOTION AND ORDER FOR SCREENING (27-65-106, C.R.S.) rom a see 1674 with the following designation of parties] TE OF COLORAL O PETITION
[Insert caption A fine people of the STAT of the Interest of: espondent COMES NOW the petitione	PETITION r pursuant to Section 27-65-106, C.R.S., as an ended, and respectful
[Insert caption A for the PEOPLE OF THE STAT IN THE INTEREST OF: espondent COMES NOW the petitione lleges and represents to this I	PETITION PETITION PETITION r pursuant to Section 27-65-106, C.R.S., as an ended, and respectful Honorable Court as follows:
[Insert caption A for the PEOPLE OF THE STAT N THE INTEREST OF:	PETITION PETITION PETITION r pursuant to Section 27-65-106, C.R.S., as an ended, and respectful Honorable Court as follows:

State of __

Other informatio known about respondent is as follows:

(a) Respondent same, address and phone number ______

Present whereabout Respondent's age

Father _ Mother . Conservator _

occupation

represented the respondent is

for it to represent a client.

a danger to others or to himself* *gravely disabled*:

County of _

Subscribed and sworn to before me this _

My Commission expires:

Deputy Clerk

(SEAL)

Clerk of

information, and belief of affiant.

3. That the espondent appears to be *mentally ill and, as a result of such mental illness, appears to be a danger to others or to himself* *gravely disabled*, and that an evaluation of the respondent's condition sould be made.

te of birth

for the care, support, and maintenant of the respondent are:

_, employer _

the affiant, being first duly sworn, says: that affiant is

_____, occupation _____, employer _____ The name and address of every person known or believed to be legally responsible

The name, address, and telephone number of the attemey who has most recently

best knowledge, the respondent *meets* *does not meet* the criteria established

Signature of Petitioner

by the legal services agency operating in the _____ County of

5. The following allegations indicate that the respondent may be *mentally ill and, as a result,

WHEREFORE, your petitioner requests that an evaluation of the respondent's condition be made.

the petitioner in the above matter, and that the facts therein set forth are true to the best knowledge

Address

Telephone Numi

Notary Public

., marital status

· M	OTION	FOR	SCREEN	IING

MOTION	FOR SCREEN	ING	
WHEREFORE, the Attorne of Colorado moves that Orders be entered he	y of the erein:	County of	State
1. Finding that the above petition for eva	luation satisfies	the requirements 1 Se	ection 27-65-106
3), C.R.S.;			,
2. Designating		*a f lity approve	ed by the execu-
ive director of the Department of Institution espondent to determine whether there is prob	s* *a profession	nal per on* to provide	screening of the
3. Directing the above designated facility mmediately following screening.	or professional	person to file his report	with this Court
		Attorney	-
	ORDER		
The above motion for screening is granted	and it is so or	dered.	
DONE IN OPEN COORT this			
	Total		
ha. 11	Judge	•	
*Stril between asterisks if inapplicable.			
For	m M-5. (8/75)		
	•	•	
	D 6 : 1D		
Screening Facility's or TO:	Professional Pe	erson's Letterhead	
(Name and address			
of patient)	NT-410-4		
		on of Screening	
	Date:		
You are hereby notified purs ant to the Statutes, as amended, that a petition as been your mental condition.	provisions of filed with the _	Section 27-65-106, C	olorado Revised an evaluation of
Attached hereto is a copy of the petition determine whether there is probable cause to designated	n and Court On to believe the all	rder directing that you legations in the petition	be screened to a. The Court has
(facility or	professional pe	ers 1)	
to conduct the screening.	<u>.</u>		
Your cooperation is solicited in order to evaluation.	avoid the possi	bility of your a volunt	ary detention for
		· · · · · · · · · · · · · · · · · · ·	
	Profession	nal Person	
			446

Form M-6.

-	The state of the s
Sc. ening Facility's or	Professional Person's Letterhead
TO:	
(Name and address	
of judge and court)	Samonina Danast
	Screening Report
	Respondent's name
	curt Number
	Date
The above named respondent was screened	d pursuant to your court order dated
wal a delillou has been filed for an order	ered personally to the respondent notifying respondent or for seventy-two hour evaluation and respondent's of said letter was not made for the following reasons:
	*(.
Screening consisted of the following:	
Yes No Review of petition	
Yes No Interview with petition	er
Date of interview	
Yes No Interview with respond	lent
Yes No Explanation of petition	
As a result of this screening the undersign believe that the respondent is *mentally ill and to himself.* *gravely disabled.* Pertinent observations about the respondent	ned reports that there *is* *is not* probable cause to d, as a result of mental illness, is a danger to others, or
	t is selecting are as follows.
It is therefore respectfully recommended that: the court take no action with regard to the respondent be permitted to receive the court act upon the petition and orde seventy-two hour evaluation and treatments.	evaluation and catment on a voluntary basis.
	Professional Person
	Telephone Number
Distribution: Original to court Copy to respondent's	
*Strike between ast risks if inapplicable.	

Form M-7. MOTION AND ORDER FOR EVALUATION AND TREATMENT (27-65-106, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

Respondent		
	MOTION	
It is respectfully shown to this Hor rab C.R.S., as amended, have been met arough Screening Report. It appears that cobable ca and, as a result of such mental anness, is a da efforts have been made to secure the coope accept evaluation and treatment voluntarily.	the filing of a Petition for nuse exists to believe that the nger to others or to himself eration of the respondent,	e respondent is *mentally i * *gravely disabled* and the who has refused or failed to
WHEREFOR, the moves that Orders be issued	Attorney of the herein:	County of
1 Placing respondent inwhit is a facility designated or approved for	or seventy-two hour evalua	ation and treatment.
2. Directing the Sheriff of the		
The state of the s	ORDER	
The above hation is granted and IT IS SO OR FRED:		
IT IS SO OR FRED: DONE IN OPER COURT THIS	(Date)	
IT IS SO OR. FRED:	Judge do certify that the foregoi	ng is a true copy of the sa
IT IS SO OR FRED: DONE IN OPE. COURT THIS I, the Clerk of the Curt,	Judge do certify that the foregoi	
IT IS SO OR FRED: DONE IN OPE. COURT THIS I, the Clerk of the Curt,	Judge do certify that the foregoi (Date).	Court
IT IS SO OR FRED: DONE IN OPE. COURT THIS I, the Clerk of the Curt, Order entered by the Court on NOTICE	Judge do certify that the foregoi (Date). Clerk of the by	Court Deputy Cle
IT IS SO OK FRED: DONE IN OPE. COURT THIS I, the Clerk of the Court, Order entered by the Court on	Judge do certify that the foregoi (Date). Clerk of the by	Court Deputy Cle

1688

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Form M-8. (6/79) NOTICE OF CERTIFICATION AND CERTIFICATION FOR SHORT-TERM TREATMENT (27-65-107, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

IN THE INTEREST OF:
(Name)
Respondent
Date:
The respondent is hereby notified that the following action has been taken oursuant to Sectio 27-65-107, C.R.S., as amended.
The respondent has been *detained for seventy-two hour evaluation under the profisions of Section 27-65-105, C.R.S., as amended.* *evaluated under court order pursuant to Section 27-65-106, C.R.S., as amended.*
The respondent's condition has been analyzed and he has been found to be mentally ill, and, as result of mental illness, *a danger to others or to himself.* *gravely disabled.*
The respondent has been advised of the availability of, but has not accepted, voluntary treatment. *The respondent has accepted voluntary treatment; however, reasonable grounds exist the believe (s)he will not remain in a voluntary program.*
Attached hereto is a statement from, who is on th staff of (facility), setting forth the findings for short-term treatment up certification.
As a result of the finding for short-term treatment under certification the respondent is hereb certified to (facility) for short-term treatment as of the date of st above writte and for a period not to exceed three months.
Professional Person
Addreg and Telephone Number
NOTICE TO RESCONDENT
You are advised that the law gives you a right to a hearing upon your certification for short-term treatment before a court or jury. In addition to the right to review of this certification you have the right to review by the court, of your treatment or that your treatment be on an out-patient basis. If you wish to take advantage of any of mese rights, you should direct a written request to theCourt of County, specifying the type of hearing. You may make this request any time that this certification for short-term is in effect.
request any time that this certification for short-term is in effect. Strike between asterisks a inapplicable.
ourse occared ancies in mappicatic.

INSTRUCTIONS ON USE

A copy of the certification within twenty-four hours, must be delivered personally to the respondent, a copy sent to the respondent's attorney, if any, and a copy sent to a person designated by respondent, if any, and the original certification, showing proper delivery and mailing, must be filed

with the Court of was physically present immediately prior to bein be within forty-eight hours, excluding Saturda certification.	County, in which county the respondent esided or g taken into custody. Said filing with the court must ys, Sundays, and Court Holidays of the date of
Respondent's Acceptance:	
★ 11 ★ 11 ★ 11 ★ 11 11 11 11 11 11 11 11 11 11 11 11 11	of the within raffication this day of
20	of the within trineation this day of
	D 1
	Regiondent
a copy and acknowledge service as follow.	nnot sign, the above receipt then give the respondent
I,, (print) personally ha	inded to and delivered a true and correct copy of the, this day of, 20
within certification to the respectent,	, this day of, 20
	Signature
	Signature
I hereby certify that I have sent this day by re of the within certification of each of the follower certification of each of the follower research that I have sent this day by re- of the within certification of each of the follower research that I have sent this day by re- of the within certification of each of the follower re- terior that I have sent this day by re- of the within certification of each of the follower re- research that I have sent this day by re- of the within certification of each of the follower re- research that it is the sent that the sent this day by re- terior that the sent that the sent this day by re- terior that the sent the sent that the sent that the sent that the sent the sent that the sent that the sent the sen	egular mail, postage prepaid, true and correct copies owing persons at the addresses set opposite their
1. Department of Institutions	4150 South Lowell Boulevard
1	Denver, Colorado 80236
2.	,
Respondent's Attorney	
Respondent's Attorney	
3.	
r son designated by respondent	
and the second s	Address
Dated this	
	Signature of person certifying to the mailing
NOTE: If an attorney has not an adv been ap	pointed, Form M-19 must accompany the Certifica-
tion submitted to the Court.	
Form	v. 9 (8/75)
rotm i	(G/13)
· · · · · · · · · · · · · · · · · · ·	
Facility'	s Letterhead
•	5 Lottomoud
10:	
(Name and address	
of judge and court)	Nation of Transfer
	Notice of Transfer
	Respondent's name
	Court No.
	Court 110.
	Date:

Form M-11. (8/75)
EXTENDED CERTIFICATION
FOR SHORT-TERM TREATMENT
(27-65-108, C.R.S.)

[Insert caption A from page 1674 with the following design non of parties]

IN THE INTERES	ST OF:		
(Name)			
Respondent:			
Date			
The respondent	was rtified for short-	term treatment by	
	(facility/professio	onal person) on	, (date) and respon-
respondent has be respondent has acc not remain in a ve	en advised of the availate cepted voluntary treatment oluntary program.*	ability of, but has not accep ent; however, reasonable gro	aself.* *gravely disabled.* *The oted voluntary treatment.* *The ounds exist to believe (s)he will professional person in charge of extension of the certification for
As a sesult of	ent. f the finding of need	for continued treatment u	ander certification, the original
			
		and treatment	on in charge of evaluation
		and troutmont	
		Address and Tele	phone Number
*Strike between a	asterisks if inapplicable. NOTI	CE TO A ESPONDENT	
short-term treatm certification you I	nent before a court or have the right to review sis. If you wish to take a	jury. In addition to the right by the court, of you treatment advantage of any of the right.	n your extended certification for ght of review of this extended tent or that your treatment be or ghts, you should direct a writter of the type of hearing. You may only true treatment is in effect.
Distribution: Original to Co Copies to: Res	ourt spondent, Department o		L. D. D. J. Marian

1690 The above med respondent who was certified for _ ___ treatment on _ (date) by _ (facility/professional person) has been transferred to for continuing treatment for the following reasons:

Professional person in charge of treatment

Telepho

Distribution: Court

Respondent

Respondent's attorney

Chart

Receiving facility

Form M-10. (8/75)

Facility's Letterhead

TO:

(Name and address of judge and court)

> **Notice of Termination** of Involuntary Treatment

Respondent's name _ Court No. _

Date: __

, (date) has been

ofessional person in charge of treatment Address:

Telephone:

Distribution:

Court — Original Respondent

Respondent's chart

Respondent's atta

Form M-12. (8/75) TITTION FOR LONG-TERM CARE AND TREATMENT (27-65-109, C.R.S.)

[Insert caption A new page 1674 with the following designation of parties] THE PEOPLE OF THE STATE OF COLONDO IN THE INTEREST OF: Respondent DATE The above named respondent was originally certified for short-term to atment by _________; (facility/professional person) on _________; (date) and said ertification was extended by ___________(facility/professional person) on , (date) and certification was extended by __ will expire on _____. The respondent has received short-term treatment continuously for five consecutive months under the provisions of Sections 27-65-107 and 27-65-1 8 C.R.S., as amended. The respondent is now being treated at ______(facility). The respondent continues to be *mentally ill, and, as a result of mental illness, a danger to other or to himself.* *gravely disabled.* *The respondent has been advised of the availability of, but has not accepted, voluntary treatment.* *The respondent has accepted voluntary treatment; however, reasonable grounds exist to believe (s)he will not remain in a voluntary program.* (facility) has been designated or approved by the executive director of the department of institutions to provide respondent with long-term care and treatment. Attached hereto is a statement from _ ___, the professional person in charge of the evaluation and treatment of the respondent, setting forth respondent's need for long-term care a treatment. *Strike between asterisks if inapplicable. As result of the finding of respondent's need for long-term care and treatment, your petitioner prays for a hearing before the court for an order for long-term treatment prior the above expiration date. Professional poson in charge of evaluation ad treatment. ephone Number NOTICE TO RESPONDENT You are advised that the law gives you a right to a hearing concerning the within Petition For Long-Term Treatment. The hearing will be before the court unless you request a jury. If you wish to take advantage of your right to a jury you or your attorney must within ten days after receipt of this petition request said jury trial by afting a written request therefor with the ______ Court, (address of court)

Respondent's Acceptance:
I, the respondent herein, received a copy of the within certification this day of, 20
Respondent
In the event the respondent will not sign, or cannot sign the above receipt, then give the respondent a copy and acknowledge service as follows:
I,, (print) personally handed to and delivered a true and correct copy of the within certification to the respondent,, this day of, 20
Signature
Distribution: Original to Conc. Copies to: Pespondent, Department of Institutions, Respondent's chart, Respondent's attorney
Form M-13. (8/75) ORDER FOR LONG-TERM CARE AND TREATMENT
(27-65-109, C.R.S.)
[Insert caption B from page 1674 with the following designation of parties]
TH. PEOPLE OF THE STATE OF COLORADO IN TH. INTEREST OF:
Respondent
The Court, *having heard the testimony in this case*, *having the findings of the jury in this case*, determines that the responder who is currently receiving treatment at
or to himself*, *gravely disabled, and in need of long-term care and treatment.
IT IS ORDERED that the respondent shall receive long-term care and treatment for a period not to exceed six months and for this purpose the Department of Institutions, State of Colorado, shall have custody of respondent for placement with an agency or facility designated by the executive director to provide long-term care and treatment.
This Order shall expire on, tate) unless extended pursuant to statute.
IT IS FURTHER ORDERED that the clerk of the purt forward copies of this Order, duly certified, to the respondent, the institution or agency curre. It providing care and treatment, the Department of Institutions, and the respondent's attorney.
Done and signed in open court this
Judge
*Strike between asterisks if inapplicable.

Form M-14, (8/75) ERTIFICATE FOR EXTENSION OF LONG-TERM CARE AND TREATMENT (27-65-109 (5), C.R.S.)

[Insert cation A from page 1674 with the following designation of parties] THE PEOPLE OF THE STATE COLORADO IN THE INTEREST OF:

Respondent DATE _ The above named respondent was last ordered by this court to receive long-term care and treatment on __, (date) at___ (facility), such order to expire on ______ (date)

The respondent continues to be *mentally ill and, as a result of mental illness a danger to others or to himself.* *gravely disabled.*

The respondent has been advised of the availability of, but has not accepted, volumery treatment. *The respondent has accepted voluntary treatment; however, reasonable grounds vist to believe (s)he will not remain in a voluntary program.*

This certification for extension of long-term care and treatment is submitted to the court at least thirty days prior to the expiration date of the last order for long-term care and treatment. The undersigned states that an extension of said order is necessary for the care and treatment of the respondent.

> Professional person in charge of evaluation and treatment

Address and telephone ny oer

NOTICE TO RESPONDENT AND HIS ATTORNET IF ANY

You are notified that you have a right to a hearing upon the reconsted extension before the court or a jury; however, you must notify the court in writing, specifying the type of hearing you desire, if

*Strike between asterisks if inapplicable.

Distribution:

Original - Court

Copies — Respondent (delivered) espondent's attorney, Department of Institutions

NOTE ON USE: the court post notify the respondent not less than twenty days before the above expiration date of his right to a hearing on this certification.

Form M-15. (8/75)
NOTICE OF RIGHT TO HEARING (27-65-109 (5), C.R.S.)

[Insert caption B from page 1674 with the following designation parties] THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent TO THE RESPONDENT ABOVE NAMED , ATTORNEY OF RECORD: WHEREAS, this Court has entered in order for long-term care and treatment of the respondent, which order is due to expire on _____; and, WHEREAS, a certification for extension of long-term care and treatment of the respondent was received by this Court YOU ARE, MEREFORE, NOTIFIED HEREBY that you have a right to a hearing upon this extension before the Court or a jury; however, you must notify the Court in writing specifying the type of buring within ten days from the date you receive this notice. no written request is received by the Court within the ten day period, the Court will proceed ex WITNESS my signature and the seal of said Court this _____ day of ______, 20_____ Clerk of the _____ Court Deputy Clerk (SEA OF COURT) CERTIFICATE OF MAILING (TO ATTORNEY) _, 20 ____, I mailed a copy of the foregoing notice, postpaid, by I certify that certified mail, return receipt requested, to _ attorney for respondent at CERTIFICATE OF SRVICE (UPON RESPONDENT) I certify that on the _____ day of _____, 20___ o'clock ____M., at _____Colorado, I duly delivered to the above named respondent a copy of the foregoing notice. NOTE ON USE: This notice should be delivered personally to the recondent and a copy mailed by certified mail, return receipt requested, to the respondent's attorney, if

by a sheriff.

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Form M-16. (8/75) ORDER FOR EXTENSION OF LONG-TERM CARE AND TREATMENT (27-65-109 (5), C.R.S.)

[Insert caption 1 from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF CO. ORADO IN THE INTEREST OF:
Respondent
The Court *having board the testing wind in the
The Court, *having heard the testimony in this case,* *having the findings of the jury in this case *proceeding ex parte after proper notice was given to respondent and respondent's counsel determines that the respondent is *mentally ill and, as a result of mental illness, a danger to others to himself,* *gravely disabled,* and in need of extended long-term can and treatment.
IT IS ORDERED that the respondent shall continue to receive long-term are and treatment for period not to exceed six months, and for this purpose the Department of Austitutions, State Colorado, shall have custody of respondent for placement with an agency or facility designated the executive director to provide said long-term care and treatment.
This order shall expire on, unless extended pursuant to statute.
IT IS FURTHER ORDERED that the Clerk of the Court shall forward copies of this order, certified, to the respondent, the facility or agency currently providing care and treatment, to Department of Institutions, and the respondent's attorney, if any.
DONE AND SIGNED IN OPEN COURT on
BY THE COURT:
Judge
*Strike between asterisks if inapplicable. Distribution: Original to Court Copies to: Respondent Respondent's attorney, if any Facility currently treating respondent; Department of Institutions
Form M-17. (8/75) DISCHARGE ORDER
[Insert caption B from page 1674 with the following designation of parties]
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:
Respondent:
The Court, *having heard the testimony in this case,* *having the findings of the jury in this case, determines that the respondent is not *mentally ill and, as a result of mental illness, a danger to others or to be miself.* *gravely disabled.*

IT IS THEREFORE ORDERED that the respondent be discharged, and that the respondent be released from custody forthwith.

IT IS FURTHER ORDERED that the Clerk of this Court shall forward cores of this order, duly certified, to the respondent, the facility or agency currently providing care and treatment, the Department of Institutions, and the respondent's attorney, if any.

DONE AND SIGNED IN	OPEN COURT on	·	
BY THE COURT:		· · · · · ·	
	Judge	 ,	
		, a	
Strike between asterisks if	inapplicate.		
Distribution:			
Original to Court			
Copies to: Respondent			ere
Respondent' attorney, if	any		
Facility arrently treating Department of Institutions	respondent s		
	MOTION AND ORDER TO TI (27-65-107 (8), C.R.S		
		.)	parties]
	(27-65-107 (8), C.R.S	.)	parties]
[Insert caption A	(27-65-107 (8), C.R.S	.)	parties]
	(27-65-107 (8), C.R.S	.)	parties]
[Insert caption A THE PECALE OF THE ST. IN THE INTEREST OF:	(27-65-107 (8), C.R.S	.)	parties]
[Insert caption A	(27-65-107 (8), C.R.S	.)	parties]
[Insert caption A THE PECALE OF THE ST. IN THE INT. REST OF: Respondent COMES NOW the	(27-65-107 (8), C.R.S A from page 1674 with the followate of COLORADO Attorney of the	wing designation of p	
[Insert caption A THE PECALE OF THE ST. IN THE INT. REST OF: Respondent COMES NOW the	(27-65-107 (8), C.R.S A from page 1674 with the followate of COLORADO Attorney of the	wing designation of p	
[Insert caption A THE PECALE OF THE ST. IN THE INTEREST OF: Respondent COMES NOW the	A from page 1674 with the followate OF COLORADO Attorney of the rt to ever orders herein:	wing designation of p	and
[Insert caption A THE PECALE OF THE ST. IN THE INTEREST OF: Respondent COMES NOW the	(27-65-107 (8), C.R.S A from page 1674 with the followate of COLORADO Attorney of the	wing designation of p	and
[Insert caption A THE PECALE OF THE ST. IN THE INT. PEST OF: Respondent COMES NOW the	A from page 1674 with the followate OF COLORADO Attorney of the Attorney of the to e ter orders herein:	wing designation of p	and
[Insert caption A THE PECALE OF THE ST. IN THE INT. PEST OF: Respondent COMES NOW the	A from page 1674 with the followate OF COLORADO Attorney of the Attorney of the to e ter orders herein: bove named it pondent to facility).	wing designation of p	and
[Insert caption A THE PECALE OF THE ST. IN THE INT. REST OF: Respondent COMES NOW the	A from page 1674 with the followate OF COLORADO Attorney of the Attorney of the to e ter orders herein: bove named it pondent to facility).	wing designation of p	and
[Insert caption A THE PECALE OF THE ST. IN THE INT. REST OF: Respondent COMES NOW the	Attorney of the to e. ter orders herein: bove named 1 pondent to (facility). iff of e unty to	wing designation of p	and
[Insert caption A THE PEOPLE OF THE ST. IN THE INT. PEST OF: Respondent COMES NOW the	Attorney of the to e. ter orders herein: bove named 1 pondent to (facility). iff of e unty to	wing designation of p	and

states that it is desirable to transfer the respondent to another facility for treatment, and the safety of the respondent or the public requires that the respondent be cansported

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	<u> </u>	
	Attorney	
OF	EDER	
The above motion granted and IT IS SO ORE		
DONE IN OPEN COULT on, 20_		
, 20_	•	
	* * * * * * * * * * * * * * * * * * * *	
	Judge	
Form M APPLICATION FOR REPRESE	- (8/75) NTA VON BY LEGAL	COUNSEL
NAME OF RESPONDENT		AGE
Last Fi	rst Middle	
ADDRESS	DIJONET NO	* * * * * * * * * * * * * * * * * * *
Street City State	PHONE NO.	
•		
EMPLOYMENT STATUS:		
) Yes, at		
) No, last employer		
) No, other member of household is employed	i at	
RESPONDENT'S S	OURCE OF	TOTAL FAMILY
NCOME	INCOME	INCOME
Week \$ () Employment		(if applicable)
Week \$ () Employment Month \$ () Social Securit		Week \$
Year \$ () Unemploymen	, , ,,	Month \$
() Chemploymen	it () Other	Year \$
MONTHLY EXPENSES (Necessities only):		
Rent) or (House Payments) Circle One \$	Medical Bills \$	
nstallment Payments \$ Food and Clothing \$	Child Support \$	
	Other \$	
MARITAL STATUS:	= .	
) Single	Name and address of s	y se
) Married		1
) Separated) Divorced	Spouse employe ()	Yes () No
DIVOICEU	Name of em loyer:	6 1 6
	Income: veek \$ N	
DEPENDENTS LIABILITIES	SETS (include spo	ouse's):
Children Major Debts \$	() Savings \$	
pouse	() Car \$	
Other Total Debts \$	() Realty \$	
otal	() Other \$	• •
IAME OF RESPONDENT'S ATTORNEY, IF A	NY	
	Address:	
	Phone No.:	
and the second of the second o		

I certify the the information contained herein is true to the best of my knowledge and belief.

Signature
The information contained in this application was obtained from the respondent
The respondent refused to sign the application and the undersigned by no personal knowledge of the truth of the matter stated herein.
Name:
Phone No.:
THIS FORM MUST ACCOMPANY THE CERTIFICATION TO BE SUBMITTED TO THE COURT.
Form M-20. (8/75) ORDER APPOINTING ATTORNEY (27-65-106 & 107, C.R.S.)
[Insert caption B from page 1674 with the following designation of parties]
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:
Respondent
The court finds that the respondent's financial condition is as represented by the attached application for representation by appointed counsel. The aspondent *meets* *does not meet* the criteria established by the legal services agency
operating this jurisdiction and is entitled to appointed counsel *at the expense of the state.*
The responder has requested that the court appoint as his attorney in this matter.
is hereby appointed to represent respondent herein this day of 20 **at the expense of the state pursuant to 27-65-107, C.R.S., as amended.** **Neither his court nor the state shall be responsible for the payment of attorney's fees.**
ndge
*Strike between asterisks if inapplicable.

COLORADO PROBATE CODE FORMS

- Form 703. Petition for Transfer of Lodged Will Pursuant to § 15-11-516(2), C.R.S.
- Form 704. Order for Transfer of Lodged Will
- Form 705. Probate Case Information Sheet
- Form 711. Notice of Hearing
- Form 712. Notice of Hearing Without Appearance Pursuant to C.R.P.P. 24
- Form 714. Affidavit Regarding Due Diligence and Proof of Publication Pursuant to §§ 15-10-402(1)(c) AND 15-10-401(3), C.R.S.
- Form 716. Notice of Hearing by Publication Pursuant to § 15-10-401, C.R.S
- Form 718. Personal Service Affidavit
- Form 719. Waiver of Notice
- Form 721. Irrevocable Power of Attorney Designating Clerk of Court as Agent for Service of Process
- Form 722. Objection to a Hearing Without Appearance
- Form 726. Claim
- Form 727. Withdrawal or Satisfaction of Claim and Release
- Form 730. Decree of Final Discharge Pursuant to
 - §§ 15-12-1001, 15-12-1002, or 15-14-431, C.R.S.
- Form 731. Receipt and Release
- Form 732. Trust Registration Statement
- Form 735. Amended Trust Registration Statement
- Form 740. Request for Minor Correction Pursuant to C.R.P.P Rule 11
- Form 742. Order Appointing Guardian Ad Litem
- Form 781. Provisional Letters Pursuant To § 15-14.5-302, C.R.S.
- Form 783. Petition Requesting Colorado To Accept Guardianship/Conservatorship
- Form 784. Provisional Order to Accept Guardianship/Conservatorship in Colorado From Sending State Pursuant to § 15-14.5-302, C.R.S. The Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act
- Form 785. Final Order Accepting Guardianship/Conservatorship in Colorado from Sending State Pursuant to § 15-14.5-302, C.R.S. Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act
- Form 787. Petition to Transfer Guardianship/Conservatorship from Colorado to Receiving State
- Form 788. Provisional Order Re: Petition to Transfer from Colorado To Receiving State Guardianship/Conservatorship Pursuant to § 15-14.5-301, C.R.S. Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act
- Form 789. Final Order Confirming Transfer to Receiving State and Terminating Guardianship/Conservatorship in Colorado Pursuant to § 15-14.5-301, C.R.S. Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act
- Form 800. Acknowledgment of Responsibilities
- Form 805. Acceptance of Office
- Form 806. Notice of Hearing to Interested Persons
- Form 807. Notice of Hearing to Respondent
- Form 809. Order Appointing Court Visitor
- Form 810. Court Visitor's Report
- Form 812. Notice of Appointment of Guardian And/or Conservator

Form 821. Affidavit of Acceptance of Appointment by Written Instrument as Guardian for Minor Pursuant to § 15-14-202, C.R.S.

Form 822. Petition for Confirmation of Appointment of Guardian Pursuant to § 15-14-202(6), C.R.S.

Form 824. Petition for Appointment of Guardian for Minor

Form 825. Consent of Parent

Form 826. Consent or Nomination of Minor

Form 827. Order Appointing Guardian for Minor

Form 828. Order Appointing Temporary Guardian for Minor Pursuant to § 15-14-204(4), C.R.S.

Form 829. Order Appointing Emergency Guardian for Minor Pursuant to § 15-14-204(5), C.R.S.

Form 830. Letters of Guardianship - Minor

Form 834. Guardian's Report - Minor

Form 835. Petition for Termination of Guardianship - Minor

Form 836. Order for Termination of Guardianship - Minor Pursuant to § 15-14-210, C.R.S.

Form 841. Petition for Appointment of Guardian for Adult

Form 843. Order Appointing Emergency Guardian for Adult Pursuant to § 15-14-312, C.R.S.

Form 844. Notice of Appointment of Emergency Guardian and Notice of Right to Hearing Pursuant to § 15-14-312, C.R.S.

Fursiant to § 15-14-512, C.R.S.

Form 846. Order Appointing Temporary Substitute Guardian for Adult Pursuant to § 15-14-312, C.R.S.

Form 848. Order Appointing Guardian for Adult

Form 849. Letters of Guardianship - Adult

Form 850. Guardian's Report - Adult

Form 852. Petition for Termination of Guardianship – Adult Pursuant to § 15-14-318, C.R.S.

Form 853. Notice of Death

Form 854. Order for Termination of Guardianship – Adult Pursuant to § 15-14-318, C.R.S.

Form 855. Petition for Modification of Guardianship - Adult or Minor Pursuant to §§15-14-318, C.R.S. or 15-14-210, C.R.S.

Form 856. Order for Modification of Guardianship - Adult or Minor Pursuant to §§15-14-318, C.R.S. or 15-14-210, C.R.S.

Form 857. Petition for Appointment of Co-Guardian or Successor Guardian

Form 858. Order Appointing Co-Guardian or Successor Guardian

Form 861. Petition for Appointment of Conservator for Minor

Form 862. Order Appointing Conservator for Minor

Form 863. Letters of Conservatorship – Minor

Form 865. Order for Deposit of Funds to Restricted Account-Conservatorship

Form 866. Order for Deposit of Funds to Restricted Account and Annual Filing of Restricted Account Report

Form 867. Acknowledgment of Deposit of Funds to Restricted Account

Form 868. Motion to Withdraw Funds from Restricted Account

Form 869. Order RE: Allowing Motion to Withdraw Funds from Restricted Account

Form 876. Petition for Appointment of Conservator for Adult

Form 877. Order Appointing Special Conservator - Adult or Minor

Form 878. Order Appointing Conservator for Adult

Form 879. Petitioner for Appointment of Co-Conservator or Successor Conservator

Form 880. Letters of Conservatorship - Adult

- Form 882. Conservator's Financial Plan with Inventory and Motion for Approval
- Form 883. Order Regarding Conservator's Financial Plan
- Form 884. Order Appointing Co-Conservator or Successor Conservator
- Form 885. Conservator's Report Adult or Minor
- Form 888. Petition for Termination of Conservatorship Adult or Minor
- Form 889. Waiver of Hearing, Waiver of Final Conservator's Report, Waiver of Audit, And Approval of Schedule of Distribution
- Form 890. Order Terminating Conservatorship
- Form 891. Registration and Recognition of Protective Orders from other States and Sworn Statements Conservator for Adult Pursuant to § 15-14.5-402, C.R.S. Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act
- Form 892. Certificate of Registration and Recognition of Protective Orders from Other States Conservatorship for Adult
- Form 897. Online Conservator's Report Attachment Sheet (OCRA)
- Form 898. Public Administrator's Statement of Accounts Pursuant to Small Estates Procedure
- Form 902. Demand for Notice of Filings or Orders Pursuant to §15-12-204, C.R.S. and C.R.P.P.21
- Form 903. Withdrawal of Demand for Notice of Filings or Orders Pursuant to § 15-12-204, C.R.S.
- Form 910. Application for Informal Probate of Will and Informal Appointment of Personal Representative
- Form 911. Acceptance of Appointment
- Form 912. Renunciation And/or Nomination of Personal Representative
- Form 913. Order for Informal Probate of Will and Informal Appointment of Personal Representative
- Form 915. Letters Testamentary/Of Administration
- Form 916. Application for Informal Appointment of Personal Representative
- Form 917. Order for Informal Appointment of Personal Representative
- Form 920. Petition for Formal Probate of Will and Formal Appointment of Personal Representative
- Form 921. Order Admitting Will to Formal Probate and Formal Appointment of Personal Representative
- Form 922. Petition for Adjudication of Intestacy and Formal Appointment of Personal Representative
- Form 923. Order of Intestacy, Determination of Heirs and Formal Appointment of Personal Representative
- Form 924. Application for Informal Appointment of Special Administrator Pursuant to § 15-12-614, C.R.S.
- Form 925. Order for Informal Appointment of Special Administrator
- Form 926. Petition for Formal Appointment of Special Administrator Pursuant to § 15-12-614, C.R.S.
- Form 927. Order for Formal Appointment of Special Administrator
- Form 928. Letters of Special Administration
- Form 929. Domiciliary Foreign Personal Representative's Sworn Statement
- Form 930. Certificate of Ancillary Filing Decedent's Estate
- Form 940. Information of Appointment

- Form 941. Decedent's Estate Inventory
- Form 942. Interim/Final Accounting
- Form 943. Notice to Creditors by Publication Pursuant to § 15-12-614, C.R.S.
- Form 944. Notice to Creditors by Mail or Delivery Pursuant to § 15-12-801, C.R.S.
- Form 945. Notice of Disallowance of Claims Pursuant to § 15-12-806, C.R.S.
- Form 946. Petition for Allowance of Claim(s) Pursuant to § 15-12-806, C.R.S.
- Form 948. Petition for The Determination of Heirs or Devisees or Both, and of Interests in Property
- Form 949. Notice of Hearing to Interested Persons and Owners by Inheritance Pursuant to § 15-12-1303, C.R.S.
- Form 950. Notice of Hearing by Publication Interested Persons and Owners by Inheritance Pursuant to § 15-12-1303, C.R.S.
- Form 951. Application for Informal Appointment of Successor Personal Representative
- Form 960. Petition for Final Settlement
- Form 963. Notice of Hearing Without Appearance on Petition for Final Settlement
- Form 964. Order for Final Settlement
- Form 965. Statement of Personal Representative Closing Administration Pursuant to § 15-12-1003, C.R.S.
- Form 966. Statement of Personal Representative Closing Small Estate Pursuant to § 15-12-1204, C.R.S.
- Form 967. Verified Application for Certificate from Registrar Pursuant to § 15-12-1007, C.R.S.
- Form 968. Certificate of Registrar
- Form 970. Response to Notice and Order Closing Estate After Three Years
- Form 971. Notice and Order Closing Estate After Three Years or More
- Form 990. Petition to Re-Open Estate Pursuant To § 15-12-1008, C.R.S.
- Form 991. Order Re-Opening Estate Pursuant To § 15-12-1008, C.R.S.
- Form 999. Collection of Personal Property by Affidavit Pursuant To § 15-12-1201, C.R.S.

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Deceased	_
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
PETITION FOR TRANSFER OF LODGED WILL PURSUAN	T TO § 15-11-516(2), C.R.S.
The petitioner makes the following statements:	
1. I,(petitioner), am an intereste	d nerson
2. The original of an instrument purporting to be the decedent's last	will has been lodged with this court on _
(date).	
3. Venue is not proper in this court.	
4. The decedent died on (date).	
The petitioner requests that the will be transferred to the following of	ourt for the following reason(s):
Name of Court: State:	
Mailing Address:	
☐The decedent's domicile or residence was located within the jurisd	iction of the court identified above
☐The decedent's domicile or residence is not known and property of	the decedent was located within the
jurisdiction of the court identified above.	
I()thar	
Other:	
	nging anything also on the form
By checking this box, I am acknowledging I am filling in the blanks and not cha	
By checking this box, I am acknowledging I am filling in the blanks and not characteristic box, I am acknowledging that I have made a change to the or	
By checking this box, I am acknowledging I am filling in the blanks and not cha	
By checking this box, I am acknowledging I am filling in the blanks and not characteristic box, I am acknowledging that I have made a change to the or VERIFICATION	iginal content of this form.
By checking this box, I am acknowledging I am filling in the blanks and not charge By checking this box, I am acknowledging that I have made a change to the or VERIFICATION I declare under penalty of perjury under the law of Colorado that the foregon	iginal content of this form.
By checking this box, I am acknowledging I am filling in the blanks and not charge By checking this box, I am acknowledging that I have made a change to the or VERIFICATION I declare under penalty of perjury under the law of Colorado that the foregon	iginal content of this form.
By checking this box, I am acknowledging I am filling in the blanks and not characteristic box, I am acknowledging that I have made a change to the or VERIFICATION	iginal content of this form.
By checking this box, I am acknowledging I am filling in the blanks and not char By checking this box, I am acknowledging that I have made a change to the or VERIFICATION I declare under penalty of perjury under the law of Colorado that the foregoe Executed on the day of,,,,	iginal content of this form.
By checking this box, I am acknowledging I am filling in the blanks and not charge By checking this box, I am acknowledging that I have made a change to the or VERIFICATION I declare under penalty of perjury under the law of Colorado that the foregon	iginal content of this form.
By checking this box, I am acknowledging I am filling in the blanks and not char By checking this box, I am acknowledging that I have made a change to the or VERIFICATION I declare under penalty of perjury under the law of Colorado that the foregoe Executed on the day of,,,,	iginal content of this form.

(signature)		

Note:

- If the requested transfer is to a court within this state, no notice is required. If the requested transfer is to a court outside of Colorado, notice must be given to the person nominated as personal representative and such other person as the court may direct pursuant to § 15-11-516(2), C.R.S.
- All wills and codicils are referred to as "the will."

□ District Court □ Denver Probate Court	
Court Address:	
District Matter of the Forest of	
☐ In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Addre	ess): Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
, ,	NSFER OF LODGED WILL
Hara consideration of the Detition for Transfer of Lode	ad Marin filad by
Upon consideration of the Petition for Transfer of Lodg (date),	ed Will filed by (petitioner) on
The court finds:	
1. Notice:	
☐Was not required because the will is being tra	ansferred to another court in Colorado;
☐Was given or has been waived pursuant to C another state.	R.P.P. 51 because the will is being transferred to
2. Venue is not proper in this court.	
The court orders that:	
The will be transferred to the following court having propursuant to C.R.P.P. 51.	bate jurisdiction at the cost of the petitioner
Name of Court:	State:
Date:	
	□Judge □Magistrate □Registrar

□ District Court □ Denver			
Court Address:	County, Colorado		
☐In the Interest of			
Respondent/Minor			URT USE ONLY
Attorney or Party Without A	ttorney (Name and Address):	Case Number	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
1704110011	PROBATE CASE INFORMA	TION SHEET	
Full name of respondent/mino		or (last 4 digita anh.)	
Date of birth:	Social Security Number	er (last 4 digits only):_	
	vator (including co-guardian/co-conser		·
Full name of guardian/conserv	vator (including co-guardian/co-conse	rvator or successor g	uardian/conservator):
Date of birth:	Social Security Numb	er (last 4 digits only):	
	VERIFICATION		
I declare under penalty of perj	iury under the law of Colorado that the	e foregoing is true and	d correct.
Executed on the day (of,, (year)		
at			
(city or other location, and sta	te OR country)		
(printed name)			
(signature)			

Note:

- This form is for court use only and is to be **sealed** by the court.
- Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.
- This completed form must be filed with the Acknowledgement of Responsibilities prior to issuance of Letters or whenever there is a change of the Fiduciary.

□ District Court □ Denver			
County, Colorado Court Address:			
☐In the Interest of:			
☐In the Matter of the Esta	ate of:	A 00	
		▲ CO	URT USE ONLY
Attorney or Party Without A	ttorney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	NOTICE OF HEA	RING	
To all interested persons:			
A hearing on		(name	of pleading) will be held at
the following date, time, and lo	cation:		
Date:	Time:	_ Courtroom or Division	on:
Address:			
The hearing will take approxim	nately days hours	⊒minutes.	
Date:			
<u></u>	Signature of Person Giv	ring Notice or Attorney f	or Person Giving Notice
$\hfill \square$ By checking this box, I am	acknowledging I am filling in the bl	anks 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 perju	ury under the law of Colorado that	the foregoing is true and	d correct.
Executed on the day o	ıf,,		
(date)	(month) (year)		
at (city or other location, and stat	- OD		
(city or other location, and stat	e OR country)		
(printed name)			
(04 //6//////////////////////////////////			
(signature)			
. . ,			

CERTIFICATE OF SERVICE

Name and Add	.000	Relationship to Decedent, Ward	Manner of Service
Name and Addi	E22	or Protected Person	wanner or service

Signature

☐ District Court ☐ De		
County, Colorado Court Address:		
Godit / Idal 655.		
☐In the Interest of:		
☐In the Matter of th	e Estate of:	
		▲ COURT USE ONLY ▲
Attorney or Party With	nout Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	* Attendance at this hearing is no	ANCE PURSUANT TO C.R.P.P. 24
	Attendance at this hearing is no	required or expected.
To all interested pers	sons:	
A hearing without ap	pearance on	(name of
motion/petition and prop	osed order) is set at the following date,	time, and location:
Date:	(Select a future date no less	s than 14 days from service)
Time: 8:00 a.m.		
Address:		
Date:		Obita National Attacks for Dance Obita Nation
	Signature of Pei	rson Giving Notice or Attorney for Person Giving Notice
	***** IMPORTANT NO	OTICE****
		tion set forth in the attached motion/petition and
		r before the hearing and must furnish a copy of the bjection form) is available on the Colorado Judicial
		ed, the court may take action on the motion/petition
		objecting party must, within 14 days after filing the
	ourt to set the objection for an appearal as required will result in further action a	nce hearing. Failure to timely set the objection for
an appoarance nearing t	ao regamea wiii recait iir fartifer action a	o the court doome appropriate.
☐ By checking this box	, I am acknowledging I am filling in the I	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.
	VERIFICATIO	NI
	VERIFICATIO	VIN
I declare under penalty of	of perjury under the law of Colorado tha	at the foregoing is true and correct.
Executed on the	day of	
(date)	_ day of,,, (year)	
at		
(city or other location, ar	nd state OR country)	
·		
(printed name)		

		ATE OF SERVICE	
certify that on notion/petition was served as	(date), a copy	y of this no	otice along with the
Name and Add	Rola	tionship to Decedent, Ward or Protected Person	Manner of Service*

☐ District Court ☐ De		
Court Address:	County, Colorado	
☐ In the Interests of:		▲ COURT USE ONLY ▲
☐In the Matter of the	Estate of:	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Division Courtroom
AFFID	AVIT REGARDING DUE DILIGENCE A PURSUANT TO §§ 15-10-401(1)(c) A	
	FORSOANT TO 99 13-10-401(1)(c) F	13-10-401(3), C.N.S.
		ne hearing on (title of are not known and cannot be ascertained despite
Full Name Last Known Address		Describe Effort to Identify and Locate*
*Insert one of the following	 g: research firm, internet search, last kn	own employer, family members, or other efforts.
		(date) once a on being at least 14 days before the date of the
		anks and not changing anything else on the form. change to the original content of this form.
	VERIFICATION	
I declare under penalty of	perjury under the law of Colorado that t	the foregoing is true and correct.
Executed on the (date)	day of,, (year)	
at (city or other location, and	I state OR country)	
(printed name)		
(signature)		

	e Court County, (Colorado		
Court Address:	County, C	Solorado		
			_	
☐ In the Interests of:☐ In the Matter of the Estate of:☐				
The Matter of the Estate of.				
			▲ cou	RT USE ONLY
Attorney or Party Without Attorney	(Name and Add	dress):	Case Number:	
Phone Number:	E-mail:			
FAX Number:			Division	
NOTICE OF HEARI	NG BY PUBLI	CATION PURSUA	NT TO § 15-10-40°	1, C.R.S.
To:				
Last Known Address, if any:				
A hearing on				
-				. ,
will be held at the following time and k	ocation or at a l	later date to which t	he hearing may be	e continued:
Date:	Time:	Courtr	oom or Division:	
Address:				
Publish only this portion of form.		Type or Print n	ame of Person Giv	ving Notice
Publish only this portion of form.		Type or Print n	ame of Person Giv	ving Notice
Publish only this portion of form.		Address		ving Notice
Publish only this portion of form.				ving Notice
Publish only this portion of form.		Address		ring Notice
Instructions to Newspaper:	Signature of	Address City, State, Zip	Code	ring Notice
·	•	Address City, State, Zip	Code	
Instructions to Newspaper:	•	Address City, State, Zip f Person Giving Not	Code ce or Attorney for	
Instructions to Newspaper: Name of Newspaper Publish the above Notice once a we	•	Address City, State, Zip f Person Giving Not	Code ce or Attorney for	Person Giving Notice
Instructions to Newspaper: Name of Newspaper Publish the above Notice once a we 3 consecutive calendar weeks.	eek for	Address City, State, Zip f Person Giving Not Type or Print n	Code ce or Attorney for ame of Attorney fo	Person Giving Notice
Instructions to Newspaper: Name of Newspaper Publish the above Notice once a we	eek for dedging I am fil	Address City, State, Zip f Person Giving Not Type or Print n	Code ce or Attorney for ame of Attorney for and not changing ar	Person Giving Notice or Person Giving Notice onything else on the form.

I declare under	penalty of perju	ry under the lav	w of Colorado that the foregoing is true and correct.	
Executed on the		((() () () () () () ()	,	
	(date)	(month)	(year)	
at		OD ()		
(city or other loc	cation, and state	OR country)		
(printed name)				
(signature)				

- Insert name and last known address, if any, of persons whose present address is unknown. For persons whose identities are unknown, identify persons through name and last known address of an ancestor.
- This notice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of 3consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- The contents of the petition or other pleading which is the subject of the hearing need not be published as a part of this notice, but this notice must briefly state the nature of the relief requested. (C.R.P.P 20,)

□District Court □De		1-	
Court Address:	County, Colorac	10	
☐In the Interests of			
☐In the Matter of the	e Estate of:		
		_	COURT USE ONLY
Attorney or Party With	out Attorney (Name and Address):	Case	e Number:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #: PERSONAL SERV	Divis	sion Courtroom
	PERSONAL SERV	ICE AFFIDAVII	
I declare under oath	that I am 18 years or older	and not a party to	o the action and that I served (title of documents) on
	(person) in		(County and State) on
	(date) at (time) at the	following location:	
conspicuous place.	wing fees for my services in this ma		hen leaving the documents in a
☐Sheriff,	County		
Fee \$ N	Mileage \$		
form.	ox, I am acknowledging I am filling		not changing anything else on the original content of this form.
	VERIEIO	ATION	
	VERIFIC		
I declare under penalty	of perjury under the law of Colorad	lo that the foregoing is	s true and correct.
Executed on the(date)	_ day of,,(year)	.,	
at			
	nd state OR country)		

JDF 718SC R9/18 PERSONAL SERVICE AFFIDAVIT

(printed name)		
(signature)		

District Court Denver Probate Court County, Colorado			
Court Address:			
☐ In the Interest of:			
In the Matter of the Estate of:		▲ cc	OURT USE ONLY
Attorney or Party Without Attorney (Name an	d Address):	Case Numb	per:
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Division	Courtroom
	WAIVER OF NOTICE	DIVISION	Courtiooni
	VERIFICATION		
declare under penalty of perjury under the law	v of Colorado that the fore	going is true a	and correct.
Executed on the day of,			
(date) (month) at	(year)		
city or other location, and state OR country)			
printed name)			
signature)			

- Unless otherwise approved by the court, a waiver of notice must identify the nature of the hearings or other matters, notice of which is waived pursuant to C.R.P.P. 23.
- When filed with the court, a copy of the petition or other pleading need not be attached to this waiver.
- Pursuant to § 15-10-402, C.R.S. a person, including a guardian ad litem, conservator, or other fiduciary may waive notice by a signed writing.
- Pursuant to § 15-14-114, C.R.S. a respondent, ward, or protected person may not waive notice.

□ District Court □ Denver Probate Court	
Court Address:	
Court / Idahooo.	
☐ In the Interest of:	
☐In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg.#:	Division Courtroom
IRREVOCABLE POWER OF ATTO DESIGNATING CLERK OF COURT AS AGENT FOR	
(nominated fiduciar	y), a nonresident of the State of
Colorado, irrevocably designate and appoint the clerk of this court, and	any successor in that office, as the
person upon whom may be served all notices and process issued by	
Colorado. This power of attorney is applicable only for notices and prapacity and that affect or pertain to the above captioned matter. T	
iffected by my disability and it will terminate upon my final discharge.	
VERIFICATION	
VENIFICATION	
declare under penalty of perjury under the law of Colorado that the fo	regoing is true and correct.
Executed on the day of .	
Executed on the day of,,, (date) (month) (year)	
at	
city or other location, and state OR country)	
printed name)	
,	
signature)	
oignataro)	
The foregoing instrument was acknowledged before me in the County Colorado, thisday of, 20, by the Proposed Fid	
 Nota	ry Public
Note:	,

JDF 721SC $\,$ R9/18 $\,$ IRREVOCABLE POWER OF ATTORNEY DESIGNATING CLERK OF COURT AS AGENT FOR SERVICE OF PROCESS $\,$

in writing.

The address provided to the court is the address where the clerk of court will forward all notices and processes. Therefore, it is important that you provide current contact information to the court

□ District Court □ Denver Probate Court	
Court Address:	
☐In the Interest of:	—
☐ In the Matter of the Estate of:	
	▲ COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Theories of Fairly Williout Theories (Name and Theories).	Gase Walliber.
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
OBJECTION TO A HEARING WITHOUT	APPEARANCE
object to the requested action set forth in the motion or petition entitle	ed
filed on (date), which is set for a hearing wit (date).	hout appearance on
(date).	
The grounds for my objection are as follows:	
	_
lacksquare By checking this box, I am acknowledging I am filling in the bla	inks and not changing anything else on t
form.	age to the original content of this form
■ By checking this box, I am acknowledging that I have made a char	nge to the original content of this form.
n accordance with C.R.P.P. 24, I will immediately serve a copy of the motion or petition.	his objection to the person who filed
understand that I must contact the court within 14 days after filing that pearance hearing. If I fail to do so, I understand that the court	
appropriate.	will take futilel action as it decine
VERIFICATION	
declare under penalty of perjury under the law of Colorado that the fo	oregoing is true and correct
	oregoing is true and correct.
Executed on the day of,, (date) (month) (year)	
at (city or other location, and state OR country)	
(city or other location, and state OR country)	
(printed name)	

	CERTIFICATE OF SERVICE ate), a copy of this noticeach of the following:	e along with the
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
nsert one of the following: hand delivery	, first-class mail, certified mail, e-served , or	· fax

Court Address:	Denver Probate Communication County, Color				
Court Address.					
☐In the Interests	of:				
☐ In the Matter of the Estate of:			▲ COURT USE ONLY		
Attorney or Party W	ithout Attorney (Na	ame and Address):		Case Numb	er:
Phone Number:	F	E-mail:			
FAX Number:		Atty. Reg. #:		Division	Courtroom
		CLAIM			
ame of Claimant:					
treet Address:					
ity: Sta	e: Zi	ip Code:			
ailing Address, if diff	erent:				
•		ip Code:			
ity: St	ate: Zi	ip Code:			
ity: St rimary Phone:	ate: Zi	ip Code:			
ity: St rimary Phone:	ate: Zi	ip Code:			
ity: St rimary Phone:	ate: Zi	ip Code:			
ity: Strimary Phone: Iternate Phone: laim is made agains: Date(s)	this estate, itemize	ip Code:		:e	Amount
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ity: Strimary Phone: Iternate Phone: laim is made agains: Date(s)	this estate, itemize	ip Code:ed as follows:		ce	Amount
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ity: St rimary Phone: Iternate Phone: laim is made agains Date(s) Obligation	this estate, itemize	ip Code:ed as follows:		ce	Amount
ity: St rimary Phone: Iternate Phone: laim is made agains Date(s) Obligation	this estate, itemize	ip Code:ed as follows:		ce	Amount
ity: St rimary Phone: Iternate Phone: laim is made agains Date(s) Obligation	this estate, itemize	ip Code:ed as follows:		ce	Amount

JDF 726SC R9/18 CLAIM

VERIFICATION

I declare under p	penalty of per	jury under the lav	w of Colora	ado that the foregoing is true and correct.
Executed on the	e day	of,	ı	
Executed on the	(date)	(month)	(year)	
at				
(city or other loc	ation, and sta	te OR country)		
(printed name)				
(signature)				
(Signature)				
			RECEIP	Т
Ι,	, recei	ved a copy of this	s claim on	(date).
				Signature of:
				Personal Representative
				Conservator

Note:

Decedent Estate Action

- For information on claims not due and contingent or unliquidated claims, see § 15-12-810, C.R.S. All claims defined pursuant to § 15-10-201(8), C.R.S. must be filed with the court or presented to the personal representative of the estate.
- If presented to the personal representative, either this form or a written statement complying with § 15-12-804, C.R.S. can be used. If filed with the court, C.R.P.P. 10 provides that either this form or a form that substantially follows the approved JDF be used.
- If this form is presented to the personal representative, the receipt below may be completed.

Protective Proceeding Estate Action

- This form can be used for the presentation and allowance of claims filed with the court pursuant to § 15-14-429, C.R.S.
- If this form is presented to the conservator, the receipt may be completed.

□ District Court □	Denver Probate Court		
Court Address:	County, Colorado		
☐In the Interests			
☐In the Matter o	f the Estate of:		
		≜ COURT	USE ONLY
Attorney or Party V	Without Attorney (Name and Address):	Case Number	r:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	WITHDRAWAL OR SATISFACTION OF CLAIM AN	ID RELEASE	
l,	(claimant), hereby grant	a full and fina	al release to the
estate and to the fidu and	ciary and any successor for any liability in connection	to the claim(s)	described below
withdraw the o	claim		
	that the claim has been satisfied.		
Date(s) Obligation	Type or Description of Claim or Service	e	Amount
Incurred			
		Total	\$
		Total	Ι Ψ
☐ By checking this bo	x, I am acknowledging I am filling in the blanks and not char	nging anything el	lse on the form.
	x, I am acknowledging that I have made a change to the orig		
	VERIFICATION		
I declare under penal	lty of perjury under the law of Colorado that the forego	ing is true and	correct.
Executed on the	day of		
(da	day of,, te) (month) (year)		
(city or other location	, and state OR country)		
•	• •		

(printed name)		
(signature)		

Dist	trict Court Denver Probate Court County, Colorado		
Court	Address:		
	he Interests of:		
□In t	he Matter of the Estate of:		USE ONLY
		Case Number:	
		Division	Courtroom
	DECREE OF FINAL DISCHAR		Courticom
	PURSUANT TO §§ 15-12-1001, 15-12-1002, OR	15-14-431, C.	R.S.
The co	urt finds that:		
	The personal representative of this estate has filed receipts shown al Settlement and Distribution on (date		with the Order for
	The conservator of this estate has filed receipts showing composervatorship on (date).	oliance with the O	order Terminating
con	Other documentation has been filed and there is not clear and the conservatorship is still statutorily warranted tected person.		
	Other:		
It is ord	dered that:		
1.	The fiduciary is discharged from this trust and office.		
2.	The fiduciary and the surety on any bond are released and dis arising in connection with the performance of the fiduciary's du		and all liability
3.	Other:		
Date:			
Dato. _		agistrate 🗖 Regis	strar
3.	arising in connection with the performance of the fiduciary's du Other:	ties.	

District Court Denver Probate Court		
Court Address:		
☐In the Interest of:		
☐In the Matter of the Estate of:		
	▲ COURT	USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Numbe	r:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division	Courtroom
RECEIPT AND RELEASE	1 =	
Received from ,	Personal	Representative
Conservator	- Ci Sonai	Representative
Partial Pull payment and satisfaction of the following:		
the devise to me in the will under article(s)		·
☐ my share of the estate as a devisee in the will.		
☐ my share of the estate as an heir.		
☐my distribution from the conservatorship case.☐Other:		
		-
Cash in the amount of \$		
☐Tangible personal property described as: *		
Real property described as: *		
☐The following securities: *		

Other (describe): *	
☐I grant a partial release and sabove partial distribution.	atisfaction to the estate and to the fiduciary and any successor as to the
☐I grant a full and final release a for any liability in connection with	nd satisfaction to the estate and to the fiduciary and his or her successors my interest in the estate.
_	wledging I am filling in the blanks and not changing anything else on the form. wledging that I have made a change to the original content of this form.
*Attach additional sheets as ne	ecessary.
Date	Signature of Person Acknowledging Signing Receipt and Release
	Print Name
	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)	(month) (year)
at	
(city or other location, and state C	OR country)
(printed name)	
(signature)	

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Metter of the Truct exected by	
In the Matter of the Trust created by:	
Settlor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Addre	ess): Case Number:
Phone Number: E-mail:	Division Courtroom
FAX Number: Atty. Reg.#:	
TRUST REGIST	RATION STATEMENT
Import	tant Notice
esponsibility to protect their own rights and interests in	persons, including beneficiaries and creditors, have the the estate or trust in the manner provided by the provisions court by which the estate or trust is being administered and -401, C.R.S.
he name of the trust is:	
Information about the trustee:	
Name:Street Address:	
City: State:	
Mailing Address, if different:	
City: State:	Zip Code:
City: State:	Zip Code: Alternate Phone:
City: State: Primary Phone: Email Address:	Zip Code: Alternate Phone:
City: State: Primary Phone: Email Address: The records of this trust are kept at the principal plant.	Zip Code: Alternate Phone: ace of administration, which is in
City: State: Primary Phone: Email Address:	Zip Code: Alternate Phone: ace of administration, which is in
City: State: Primary Phone: Email Address: The records of this trust are kept at the principal plants.	Zip Code: Alternate Phone: ace of administration, which is in
City: State: Primary Phone: Email Address: The records of this trust are kept at the principal pla (City and County) at the follow	Zip Code: Alternate Phone: ace of administration, which is in
City: State: Primary Phone: Email Address: The records of this trust are kept at the principal pla (City and County) at the follow This trust	Zip Code: Alternate Phone: ace of administration, which is in
City: State: Primary Phone: Email Address: The records of this trust are kept at the principal pla (City and County) at the follow This trust has not been registered elsewhere.	Zip Code: Alternate Phone: ace of administration, which is in

• 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 numb	er:	
☐an <i>inter vivos</i> trust established by		(settlor) d	ated
The trustee is		<u> </u>	
If multiple trusts are registered on this date	e, provide addition	nal identifying information:	
□ By checking this box, I am acknowledging I am□ By checking this box, I am acknowledging that			
The undersigned trustee acknowledges th court in any proceeding relating to this trustrustee must comply with § 15-16-303(2), C	st. Within 30 day		
Date:	_	Signature of Trustee	
	VERIFICATIO	N	
I declare under penalty of perjury under the la	w of Colorado tha	t the foregoing is true and co	rrect.
Executed on the day of (date) (month)	,,		
(date) (month)	(year)		
at (city or other location, and state OR country)			
(only of other location, and state of country)			
(printed name)			
(signature)			
INFORMAT It is not necessary that this portion of the fo To:	TION OF TRUST I		filed with the court.

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 § 15-16-303, C.R.S.

Date:	
	Signature of Trustee

- File this registration statement in the county where the trust is being administered pursuant to § 15-16-101(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and § 15-16-101, C.R.S. and C.R.P.P. 70.
- The requirements of § 15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.

☐ District Court ☐	Denver Probate Cou			
Court Address:	County, Colora	do		
In the Matter of the	Trust Created by:			
				OUDT HEE ONLY
Settlor	(1) - (A)(1 (A)	1 A 1 1 \		OURT USE ONLY
Attorney or Party WI	thout Attorney (Name	e and Address):	Case Num	per:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg.#:		Division	Courtroom
	AMENDED T	RUST REGISTRAT	ION STATEMEN	NT
		Important Notice		
				ed to do so by a beneficiary,
				s and creditors, have the
				r provided by the provisions t is being administered and
		to § 15-10-401, C.R.S.		and some grammer or our arms
The name of the trust is	S:			
The following amendment	ante to the previouely	/ filed Trust Registration	Statement for this t	trust filed on
(date)		Thea Trast Registration	otatement for this i	rust filed off
П	(trustae) is	no longer a trustee.		
The accessor truetes		Tio longer a trustee.		
The successor trustee				
Name: Street Address:				
		Zip Code:		
		Zip Gode		
-		Zip Co		
		Alternate Pho		
Email Address:				
■the principal place of	f administration has b	peen changed to the foll	lowing address:	
City:	State:	Zip Code:		
☐This trust has termin	nated			

The registration of this trust is transferred to this court fro	m (name of court
in the State of Colorado. This trust was previously reg	istered under Registration No
Attached is a court certified copy of the original Trust Regis	tration Statement and any Amended Trust Registration
Statement filed prior to this amendment.	
☐ By checking this box, I am acknowledging I am filling in the bla☐ By checking this box, I am acknowledging that I have made a	
The undersigned trustee or successor trustee acknowled jurisdiction of this court in any proceeding relating to the represents that the trustee must comply with § 15-16-30	nis trust. Within 30 days of registration, the trusted
Date:	Signature of Trustee/Successor Trustee
VEDIE10.4	
VERIFICA	TION
I declare under penalty of perjury under the law of Colorado	that the foregoing is true and correct.
Executed on the day of,,,, (year)	
at (city or other location, and state OR country)	
(printed name)	
(signature)	
INFORMATION OF TRU It is not necessary that this portion of the form be comple	
То:	
You are a beneficiary with a present interest or you repredescribed in the above Trust Registration Statement.	esent a beneficiary with a future interest, in the trus
Upon reasonable request, you may be entitled to additio pursuant to § 15-16-303, C.R.S.	nal information about this trust and its administration
Date:	
	Signature of Trustee

- The requirements of § 15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.
- For further requirements, see §§ 15-11-901, C.R.S. and 15-16-101, C.R.S. and C.R.P.P. 70.

□ District Court □ Denver	· Probate Court				
Court Address:		County, Colorado			
☐In the Interests of:					
☐In the Matter of the Est	ate of:				
					RT USE ONLY
Attorney or Party Without A	ttorney (Name a	and Address):		Case Numb	er:
Phone Number:	E-mai	il:			
FAX Number:	Atty. F	Reg. #:		Division	Courtroom
		FOR MINOR CO		ION	
	PURS	SUANT TO C.R.	P.P.11		
(name of documents	s) on		_ (date) an	nd due to a cl	erical error, a
orrection is necessary as foll	ows:				
					_
7		en: · a li l			
By checking this box, I am ac					
By checking this box, I am ac	knowledging that	I have made a chang	ge to the orig	linal content o	t this form.
Date		Signature of Att	torney or Pa	arty	
	•	VERIFICATION			
declare under penalty of perj	ury under the la	w of Colorado that	the foregoi	ng is true an	d correct.
xecuted on the day	of	.,,			
xecuted on the day ((month)	(year)			
t					
t city or other location, and sta	te OR country)				
orinted name)					
signature)					

CFF	RTIFICATE OF SERVICE	
		(name of document) was
served as follows on each of the following:		() , , , , , , , , , , , , , , , , , ,
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery	, first-class mail, certified mail, e-servic	e, or fax.
	Signature	

- Use of this form should be limited to correcting clerical errors in pleadings and petitions. (i.e., errors in captions such as a/k/a, misspellings, errors in dates other than dates for settings, hearings, and limitation periods, or transposition errors).
- Any significant errors in documents filed must be corrected by filing an amended or supplemental document.

District Court Denver Probate Court County, Colorado	
Court Address:	
☐In the Interest of:	▲ COURT USE ONLY ▲
☐ In the Matter of the Estate of:	Case Number:
The Matter of the Estate of.	
	Division Courtroom
ORDER APPOINTING GUARDIAN	
1. Upon the □court's own motion; □stipulation of the parties; □moti	ion of
(appointee) is appointed as guardian	ad litem for the following person
<u>.</u>	
Appointee's contact information:	
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code: _	
Primary Phone: Alternate Phone:	
Email Address: Attorney Regis	
/ Morney Regis	
2. This order is entered pursuant to section:	
☐ 15-10-403(5) in a trust, estate, or judicially supervised settlementation into the interests of a minor, an incapacitated, protection	
person whose identity or address is unknown. The reason for the	
☐15-14-115 in a matter regarding a person under disability -	appointment of a guardian ad litem to
represent the interests of a respondent or an incapacitated or	
appointment is as follows:	

3.	The guardian ad litem's duty is:
	☐ to investigate and prepare specific written recommendations regarding:
	the allegations of incapacity or of the need for financial protection.
	☐ the appropriateness of limitations to the guardianship/conservatorship.
	the appropriateness/qualifications of the nominee.
	☐ issues raised in the visitor's report.
	☐ issues raised in the guardian's/conservator's report.
	☐ issues raised by
	the appropriateness of termination of the guardianship/conservatorship.
	other
	☐to advocate for and represent the best interests of the above named person regarding the following
	issues:
	Other:
	The constitution of the co
4.	The appointee must have access to all relevant information regarding the respondent in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, without furthe order, authorization or release. Relevant information includes, but is not limited to the following records reports, and evaluations: medical, psychiatric, psychological, drug, alcohol, law enforcement, social services school, financial, and estate planning. This order provides the authority to release such information to the appointee regardless of the original source of information. The appointee must not disclose this information inappropriately.
5.	The guardian ad litem must prepare a written report, including recommendations.
	The report must be filed and served upon interested persons at least 10 calendar days before the hearing for which the report was prepared If no hearing is currently set, the report must be filed within 30 calendar days from the date of appointment.
	The report must be filed and served upon interested persons by(date).
6.	□Unless otherwise ordered by the court, the guardian ad litem appointment is automatically terminated 30 days after the hearing at which the report is considered. If the hearing is waived, appointment is terminated 30 days after the report is filed. □Other (explain)
7.	11 ,
	☐The captioned estate. ☐The maximum hourly rate is set at \$
	The State of Colorado because all responsible parties are indigent (JDF 208 completed). (See CJD 04 05)
	Person to be determined by the court at a later date.
	Other (explain)
8.	Acceptance of this appointment requires the appointee to comply with Chief Justice Directives 04-05 or 04-06 Failure to comply may result in termination of the appointment and/or removal from the appointment list.
Ne	ext appearance is on (date), at (time), in (division).
	te:
Ja	

District Court Denver Probate Court	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Ward/Protected Person	Division Courtroom
PROVISIONAL LETTERS PU	RSUANT TO § 15-14.5-302, C.R.S.
	(name) was appointed or qualified by this court with an
order for provisional appointment on	(date) as:
☐ Conservator. These are Letters of Conservators	ship.
☐Guardian. These are Letters of Guardianship for	r an incapacitated person.
These Provisional Letters are proof of the guardian from issuance, unless extended by order of the cour	's /conservator's authority to act and will expire 60 days t with the following limitations:
	ecords and information to the same extent that the ward is personal representative for all purposes relating to ward's ction 45 CFR 164.502(g)(2).
The guardian does not have the authority to obtain ho developmental disability, or alcoholism against the will	ospital or institutional care and treatment for mental illness, of the ward pursuant to § 15-14-316(4), C.R.S.
Other limitations:	
Date:	
Date	Probate Registrar Deputy Clerk of Court
CERT	IFICATION
Certified to be a true copy of the original in n	ny custody and to be in full force and effect as of
	☐ Probate Registrar/☐ Deputy) Clerk of Court

U	District Court Denve			
Co	C ourt Address:	County, Colorado		
In	the Interest of:			—
	ard/Protected Person			COURT USE ONLY
At	torney or Party Without	Attorney (Name a	ind Address):	Case Number:
Dh	none Number:	E-mail:		
	AX Number:	Atty. Reg. #:		Division Courtroom
				ADO TO ACCEPT
	□GUARD		ONSERVATORSH	IP FROM SENDING STATE
Pro The	otective Proceedings J e guardian and/or con	Jurisdiction Act.	er, hereby submits o	S. of the Uniform Adult Guardianship and ertified copies of any documents evidencing
	thority to act (Order of ating to a $oxedsymbol{\square}$ Guardiansh	• •	**************************************	onal Order of Transfer from the sending state ow:
Se	nding State:	Se	nding Court:	
Se	nding Court Case #: _			
1.	Information about the	e guardian and/o	r conservator:	
1.	Information about the	•		
1.				
1.	Name:			
1.	Name:	State:	Zip Code:	
1.	Name: Street Address: City:	State:erent:	Zip Code:	
1.	Name: Street Address: City: Mailing Address, if diffe	State:erent:State:	Zip Code:Zip Code:	
1.	Name: Street Address: City: Mailing Address, if diffe	State: erent: State: Alternate P	Zip Code: Zip Code: Phone:	
1.	Name: Street Address: City: Mailing Address, if diffe City: Primary Phone:	State:erent:State: MIternate P	Zip Code: Zip Code: Phone:	
	Name: Street Address: City: Mailing Address, if different city: Primary Phone: Email Address:	State: erent: State: Alternate P	Zip Code: Zip Code: Phone: person:	
	Name: Street Address: City: Mailing Address, if different different primary Phone: Email Address: Information about the Name:	State: erent:State: State:Alternate P e ward/protected	Zip Code:Zip Code:Phone:	
	Name: Street Address: City: Mailing Address, if different different primary Phone: Email Address: Information about the Name:	State: erent: State: State: Alternate P e ward/protected	Zip Code: Zip Code: Phone: person:	
	Name: Street Address: City: Mailing Address, if difference of the common co	State: erent: State: Alternate P e ward/protectedState:	Zip Code: Zip Code: Phone: person: Zip Code:	
	Name: Street Address: City: Mailing Address, if difference of the common co	State:	Zip Code: Zip Code: Phone: person: Zip Code:	
	Name: Street Address: City: Mailing Address, if different city: Primary Phone: Email Address: Information about the Name: Street Address: City: Mailing Address, if different city:	State: erent: State: Alternate P e ward/protected State: State: erent: State:	Zip Code: Zip Code: Phone: person: Zip Code: Zip Code:	
	Name: Street Address: City: Mailing Address, if difference city: Primary Phone: Email Address: Information about the Name: Street Address: City: Mailing Address, if difference city:	State: erent:State: Alternate P e ward/protected State: erent:State: Alternate P	Zip Code: Zip Code: Phone: Zip Code: Zip Code: Zip Code:	

3. The petitioner requests that Colorado accept this guardianship/conservatorship for the following reasons:

<u> </u>						
 The petitioner must provide this petition and a Notice of Hearing Without Appearance entitled to notice. (§ 15-14.5-302(2), C.R.S.) 	e (JDF 712) to persons					
5. The interested persons given notice are as follows:	The interested persons given notice are as follows:					
Name of Interested Person Requiring Notice in Sending State	Relationship to Ward/Protected Person					
Name of Interested Person Requiring Notice in Colorado, not listed above	Relationship to Ward/Protected Person					
☐ By checking this box, I am acknowledging I am filling in the blanks and not changin form. ☐ By checking this box, I am acknowledging that I have made a change to the original cor						
VERIFICATION						
I declare under penalty of perjury under the law of Colorado that the foregoing is true and c	correct.					
Executed on the day of,, (date) (month) (year)						
at (city or other location, and state OR country)						
(printed name)						
(signature)						

□ D	istrict Court Denver Probate Court	
	County, Colorado rt Address:	
004		
In th	ne Interests of:	
		▲ COURT USE ONLY ▲
		Case Number:
War	d/Protected Person	Division Courtroom
_	PROVISIONAL ORDE	
	☐GUARDIANSHIP ☐CONSERVATORSHIP I	
	PURSUANT TO § 15-14.5-302, C.R.S. THE U PROTECTIVE PROCEEDING	
	FROTECTIVE FROCEEDING	S JUNISDICTION ACT.
pon	consideration of the Petition to Accept and having	reviewed the provisional order to transfer from
	•	, C.R.S., any objections filed and after \square evidentiar
earing	g or \square hearing without appearance;	
ho oc	ourt finds:	
	That the statements in the petition are true and notice	has been properly given or waived.
2.	That the transfer is not contrary to the interests of the	vard/protected person.
3.	That the guardian and/or conservator is eligible for app	ointment in this state.
he co	ourt orders the following:	
1.	This court provisionally grants the Petition to Accept.	
2.	This court will appoint receipt of a final court order transferring the proceeding	
3.	The court further orders:	
	☐ Pending filing of the Final Order Confirming the Tra Provisional Letters to expire within 60 days. ☐ Other:	nsfer to Colorado, the court directs the issuance o
ate: _		
	□Ju	dge Magistrate
ote:		
iote.	Upon receipt of the Provisional Order to Accept Transf	er issued by the Colorado court, it is the
	responsibility of the guardian and/or conservator to file	this Provisional Order and necessary documents
	to terminate the guardianship and/or conservatorship v	

JDF 784SC R9/18 PROVISIONAL ORDER TO ACCEPT GUARDIANSHIP/CONSERVATORSHIP IN COLORADO FROM SENDING STATE 496

filed.

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address.	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Word/Drotostad Days av	
Ward/Protected Person	Division: Courtroom:
FINAL ORDER ACCEPTING □GUARDIANS	
IN COLORADO FROM SEN	
PURSUANT TO §15-14.5-302, C.R.S. UNIFORM ADUI	
PROCEEDINGS JURISDIC	CTION ACT
he court has received the Final Order Confirming Transfer fro	om (state) and:
he court appoints the following person as $oxedsymbol{\square}$ Guardian $oxedsymbol{\square}$ Cor	nservator:
lame:	Street
ddress:	
city: State: Zip Code:	
failing Address, if different:	
City: State: Zip Code: Primary Phone :	
Alternate Phone :	
imail Address:	
The court directs the issuance of Letters of Guardianship Letters of Guardianship he final order of transfer that includes the order of appointmentate).	•
he court orders the following pursuant to § 15-14.5-302(6), C.	R.S.:
 The guardian and/or conservator must notify the Court wi phone number changes and/or any change of address for 	
2. The guardian must file an Annual Guardian's Report (JI (date) beginning in (
3. ☐The conservator must file:	
☐ Inventory with Financial Plan within 90 days from the da	ate of this order:
an Annual Conservator's Report (JDF 885) on or before (year) for the duration of the conservatorship.	
The reporting period for the report must be (start da future filings with the court must be provided to the following the following starts are considered as a future filing to the following starts are considered as a future filing to the following starts are considered as a future filing to the following starts are considered as a future filing to the following starts are considered as a future filing to the filing starts are considered as a future filing to the filing starts are considered as a future filing to the filing starts are considered as a future filing start and filing start and filing start and filing starts are considered as a	te) through (end date).Copies of all ng identified as interested persons in this matter,

by the one filing such documents. In addition, the guardian and/or conservator must provide a copy of the required reports, to the following interested persons within 10 days of filing with the court.

Name of Interested Person

Date: ___

6.	serve without bond for the following reason(s): serve with bond in the amount of \$	The bond must be posted with the Court by a surety, notice of any proceeding must be provided		
6.	serve without bond for the following reason(s): serve with bond in the amount of \$	· · · · · · · · · · · · · · · · · · ·		
6.	serve without bond for the following reason(s):	The bond must be posted with the Court by		
6.				
6.				
6				
	The concernator shall.			
5.	The guardian and/or conservator must provide a copy of this Final Order to the ward or protected person and interested persons within 30 days of appointment and file a Notice of Appointment (JDF 812) with the Court. See §§ 15-14-311 or 15-14-409, C.R.S.			
		Guardian, ii applicable		
		Conservator, if applicable Guardian, if applicable		
		Parents, if applicable		
		Adult Children, if applicable		
		a civil union, if applicable		
		opedee of parties in		
		Spouse or partner in		

Notice to Interested Persons

□Judge □Magistrate

You have the right to request termination or modification of the guardianship pursuant to §§ 15-14-318, C.R.S. and/or conservatorship pursuant to 15-14-431, C.R.S.

Relationship to Ward/Protected

Person

	Name of Interests I De	Requiring Notice in Colorado	1	Relationship to Ward/
5.	The interested persons given n	otice are as follows:		
4.	The petitioner will provide this entitled to notice. (§ 15-14.5-30	petition and a Notice of Hearing V 2(2), C.R.S.)	Vithout Appeara	ance (JDF 712) to persons
3.		nable and sufficient plans for care a management of the protected person		
2.	The petitioner requests that Col	orado transfer this guardianship /co	nservatorship fo	or the following reasons:
		is physically present in or is real the protected person has significant		
	_	r, petitioner requests the court to ap (County) in _	•	•
Pro	tective Proceedings Jurisdicti	on Act.		_
Thi		COLORADO TO RECEIVING uant to § 15-14.5-301, C.R.S. of		Adult Guardianshin and
		FER GUARDIANSHIP GC		ORSHIP FROM
	none Number: E-mai	il: Reg. #:	Division	Courtroom
Att	torney or Party Without Attorney	(Name and Address):	Case Number	er:
	the Interests of: ard/Protected Person		▲ co	URT USE ONLY
	the Intercets of		_	
Co	County, C ourt Address:	olorado		
	District Court Denver Probat			

■ By checking this box, I am acknowledging I am■ By checking this box, I am acknowledging that I					1.
declare under penalty of perjury under the lav	VERIFICA w of Colorada		oina is truo a	nd correct	
declare drider perially of perjury drider the law	W OI COIOIAG	Juliat the lolege	oning is true a	na correct.	
executed on the day of .					
executed on the day of, (date) (month)	(year)	'			
t					
tcity or other location, and state OR country)					
sity of other location, and state on country)					
printed name)					
-- ,					
signature)					

☐District Court ☐Den	ver Probate CourtCounty, Colorado	
Court Address:	County, Colorado	
In the Interests of:		Case Number:
Ward/Protected Perso	n	Division: Courtroom:
TO REC	EIVING STATE GUARDIANS	DULT GUARDIANSHIP AND PROTECTIVE
Upon consideration of without appearance;	the Petition to Transfer, any objectio	ns filed and \square evidentiary hearing or \square hearing
The court finds that:		
 The transfer is n The ward /protect receiving state of 14.5-201, C.R.S The plan for cat adequate arrang 	r the protected person has significant control. The significant control is the result of the managements will be made for the managements.	protected person. Is reasonably expected to move permanently to the onnections to the receiving state pursuant to § 15- Receiving state is reasonable and sufficient and/or
The court orders the fo	llowing:	
1. Provisionally gra	nts the Petition to Transfer to	(county) in (state).
2. The Guardian Provisional Orde		to Accept in the receiving state requesting a
terminate this G	Guardianship and/or Conservatorship pents as otherwise ordered by the court	port (JDF 850 and/or JDF 885) for Colorado to bursuant to § 15-14.5-301(6)(b), C.R.S. and the t for good cause pursuant to § 15-14-318, C.R.S
Date:		
	☐Judge ☐Magistrate	
	CERTIFICATIO	N
Certification Stamp or Ce of:	ertified to be a true copy of the original in	n my custody and to be in full force and effect as
Date:		(D) (1) (O)
	Probate Regist	rar/(Deputy)Clerk of Court

• The Colorado court must not issue a Final Order Confirming Transfer until a provisional order from the receiving state is filed pursuant to § 15-14.5-301(6)(a), C.R.S. In addition, the required documents to terminate this guardianship and/or conservatorship must be filed with the Colorado court unless as otherwise directed by the Colorado court pursuant to § 15-14-431, C.R.S.

□ District Court □ Denver Probate Court			
County, Colorado			
Court Address:			
In the Interests of:			
in the interests or:	A 6	SOURT LIGE ONLY	•
	Case Numb	COURT USE ONLY	
	Case Mulli	Jei.	
Was VD actacts I Dags as	D: : :	•	
Ward/Protected Person FINAL ORDER CONFIRMING TRANSFER TO RECEIVE	Division	Courtroom	INIC
			NG
PURSUANT TO § 15-14.5-301, C.R.S. UNIFORM AL			
PROTECTIVE PROCEEDINGS JURIS	DICTION	ACI	
The court has received a Provisional Order from the receiving state	pursuant to	§ 15-14.5-301(6)(a),	C.R.S.
Further the court has received documents it required pursuant to §			₹.S. to
terminate this guardianship /conservatorship and issues this Final Order	Confirming ⁻	Transfer.	
4 -			
1. This Guardianship Conservatorship is terminated and	all Letters	of Guardianship/Lette	ers of
Conservatorship are no longer valid in Colorado.			
2. The most current Guardian's Conservator's Report is attached			
3. The guardian /conservator must provide a copy of this Final O	der to the	ward /protected perso	n and
interested persons.			
_			
Date:			
⅃ Judge ⅃ Magistrate			

□Dist	rict Court Denver Probate Court	
Court	Address: County, Colorado	
In the	e Interests of:	A
		COURT USE ONLY
		Case Number:
Prote	cted Person	Division: Courtroom:
	ACKNOWLEDGMENT OF RESPONSIBILI	
	□CONSERVATOR AND/OR □GUARD	
I,	n for (name), acknowledge that I was a	appointed as the conservator and/or
guardia	an for (ward or protected person)) on (date)
	understand that Letters of Guardianship/Conservatorship will not beed to the court. I agree to comply with statutory and court requ	
	sible for preparing and filing reports and/or plans with the court a	
	s as identified in the Order of Appointment.	
I have r	received the following information to review regarding my responsibilit	ies.
	☐ User's Manual for Guardians ☐ User's Manual for Conservators	
	☐Viewed DVD/Video ☐Pamphlets	
	Attendance at mandatory training session on	(date).
	Other:	
Ackno	wledgment of Responsibilities:	
1.	I am responsible for promptly providing the court with any changes tand telephone number by filing a Notice of Change Regarding Conta	
2.	I am responsible for maintaining supporting documentation for a disbursements out of the accounts under my control during the du documentation includes bank statements and check copies, credit receipts, and other such forms of proof that support my reports. interested persons may request copies at any time.	ration of my appointment. Supporting card statements and receipts, sales
3.	If funds must be placed in a restricted account, I understand that any The Acknowledgment of Deposit of Funds to Restricted Account court as documentation that the funds were deposited, within 30 day All requests for withdrawal must be in writing by submitting a Moti	nt (JDF 867) must be returned to the rs or by (date).
4.	I understand that the following reports and/or plans are due on	(date).
	☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)	
	Conservator's Financial Plan with Inventory and Motion for Approx	val (JDF 882)
5.	I understand that the following reports are due on on such day and month, unless I am notified by the court: Guardian's Report - Minor (JDF 834)	(date) and every year thereafter
	☐ Guardian's Report - Adult (JDF 850) ☐ Conservator's Report (JD	F 885)
6.	I understand that as a court-appointed guardian and/or conservator,	I am required by law to report any

known or suspected abuse, neglect, or exploitation of any at-risk elder (a person 70 years of age or older) to law enforcement. I understand that criminal penalties may result from failure to comply with this law.

Please refer to § 18-6.5-108, C.R.S. for additional information.

	s must be filed on the most current version of the form and that the forms are website: http://www.courts.state.co.us
☐ By checking this box, I am acknowled	edging I am filling in the blanks and not changing anything else on the form.
	edging that I have made a change to the original content of this form.
My signature below indicates the guardian and/or conservator.	at I have read and understand my responsibilities as a newly appointed
Date:	Guardian and/or Conservator
	VERIFICATION
I declare under penalty of perjury un	nder the law of Colorado that the foregoing is true and correct.
Executed on the day of	month) (year)
at(city or other location, and state OR	country)
(printed name)	
(signature)	

□District	Court Denver Probate Court County, Colorado				
Court Ad					
In the last	toward of				
In the In	terest of:				
Respond	dent:	▲ COURT USE ONLY ▲			
Attorney	or Party Without Attorney (Name and Address):	Case Number:			
Phone N					
FAX Nun	<u> </u>	Division Courtroom			
	ACCEPTANCE OF OFFICE – GUARDIANSHIPS AND	CONSERVATORSHIPS			
1.	I, (name), accept appointment to, and agree to perform the dudischarge the trust of, the office of (check all that apply):Guardian.				
	□Emergency guardian.				
	☐Temporary guardian.				
	□Conservator.				
	☐Special conservator.				
2.	I submit personally to the jurisdiction of this court in any proc	eeding relating to this matter.			
3.	A legible copy of my driver's license, passport, or other gove filed as a separate document.	rnment-issued identification is filed/e-			
4.	☐ I request that the court waive required background inform applies, check all boxes below that apply, and skip questions	· · · · · · · · · · · · · · · · · · ·			
	☐ a public administrator.				
	☐ a trust company, bank, credit union, savings and loan, or o	other financial institution.			
	a state or county agency.				
	the respondent's parent, and I reside with the respondent.				
	☐ a person or entity for whom good cause exists to waive succause:	ch disclosures. State reasons of good			

The court may require a nominee to obtain additional background information that the court considers necessary to assist it in determining the fitness of the nominee for the appointment sought. Such information may include requiring a nominee to obtain fingerprint-based criminal history record checks through the Colorado Bureau of Investigation and the Federal Bureau of Investigation at the nominee's expense. (§ 15-14-110(5), C.R.S.)

5.	I have have not been convicted of, pled no contest to, or received a deferred sentence for one or more felonies or misdemeanors. If so, describe all: Name of State and Court Issuing Order
6.	I ☐ have ☐ have not had a temporary or permanent civil restraining/protection order issued against me. If so, describe all: Name of State and Court Issuing Order
7.	A civil judgment has has not been entered against me. If so, describe all: Name of State and Court Entering Judgment
8.	I ☐ have☐ have not been relieved from one or more court-appointed responsibilities. If so, describe all: Name of State and Court Relieving Nominee
9.	Copies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)
10.	I am am not a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.
11.	The nominee acknowledges and understands that if the nominee fails to file required reports or plans with the court or fails to respond to an order of the court to show cause why the nominee should not be held in contempt of court, Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.
Note: S	Social security numbers should not be attached to or written on this Acceptance of Office.
_	checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare und	er penalty of per	jury under the lav	v of Colora	do that the fo	regoing is tr	ue and correct.
Executed on	the day (date)	of, (month)	(year)	_,		
at (city or other	location, and sta	ate OR country)				
(printed name	e)					
(signature)						

Notes

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite 315, Lakewood, CO 80215; (303) 239-4208; or at www.colorado.gov/cbi. For online search requests: go to www.cbirecordscheck.com. The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
 - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or www.equifax.com;
 - b) Experian; 1-888-397-3742; or www.experian.com; or
 - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or www.transunion.com.
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator.

☐ District Court ☐ De				
Court Address:	County, Colorado			
Court Address.				
In the Interest of:				
in the interest or.				
Respondent				COURT USE ONLY
	nout Attorney (Name an	nd Address):	Case No	umber:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #: NOTICE OF HEA		Division	
	NOTICE OF HEA	KING TO INTE	RESIED PER	SUNS
all interested perso	ns:			
hearing on the netition	identified below will be	held at the follow	ing date time and	Location
Date:	Time	: Courti	room or Division:_	
Address:				
_		_		
Petition for Appoint	tment of Guardian			
Petition for Appoint	tment of Conservator	☐Adult ☐I	Minor	
Other:				
e respondent's persona	al affairs or financial affa	airs or both. The r	espondent must ap	right to make decisions about pear in person unless excused ndent attend the hearing.
opense. If the respond the respondent may resubpoena witnesses and ther qualified individual spondent may ask that	ent cannot afford an att quest a professional e documents; examine v providing evaluations, at the hearing be held i	torney, one may be valuation. The rewitnesses, including and the Court Vising a manner that	be appointed for the spondent has the ng any court-appoir itor; and otherwise reasonably accomr	t's choice at the respondent's respondent at state expense. right to present evidence and ated physician, psychologist, or participate in the hearing. The modates the respondent. The not be closed if the respondent
ate:		 Signatu	re of Person Givino	Notice or Attorney
		2.9		,
		VERIFICATION		
leclare under penalty o	of perjury under the law	of Colorado that	the foregoing is true	e and correct.
xecuted on the	day of .	,		
(date)	day of, _(month)	(year)		
ty or other location, ar	nd state OR country)			
rinted name)				
ignature)				

lows on each of the followi	Relationship to Deceder	nt Ward
Name and Addre	or Protected Person	Wanner of Service
	d delivery, first-class mail, certified mail, e-	

□District Court □De	nver Probate Court County, Colorado			
Court Address:	_ County, Colorado			
In the Interest of:				
Respondent			▲ cc	OURT USE ONLY
Attorney or Party Witho	out Attorney (Name and Ad	ddress):	Case Numb	er:
Phone Number: FAX Number:			Division	Courtroom
NOTI	CE OF HEARING TO	RESPONDENT (A		
				•
To respondent:				
A hearing on the following	ng petition will be held at th	ne following date, time,	and location.	
Date:	Time:	Courtroom or	Division:	
Address:				
	tment of Guardian tment of Conservator			
**** IM	PORTANT NOTIC	E TO ADULT RE	ESPONDI	ENTS****
personal affairs or your		You must appear in pe	erson unless	make decisions about your excused by the court. The
attorney, one may be a condition. You have the including any court-appo court visitor; and to othe	ppointed for you at State right to present evidence binted physician, psycholo erwise participate in the he	expense. You may re and subpoena witness gist, or other qualified earing. You may ask the	equest a profeses and docu individual pro nat the hearin	nse. If you cannot afford an essional evaluation of you iments; examine witnesses oviding evaluations, and theng be held in a manner that ed, but the hearing may not
**** IM	PORTANT NOTIC	E TO MINOR RE	ESPONDI	ENTS****
	who has attained twelve y			pject of an appointment by a t or refuse to consent to an
Date:		0	<u> </u>	
		Signature of Per	son Giving N	otice or Attorney
Note:				

- This Notice of Hearing to Respondent must be personally served on the respondent (12 years of age or older), along with a copy of the petition, at least 14 days prior to the hearing pursuant to § 15-14-113, C.R.S. as well as § 15-14-309(1), C.R.S. or § 15-14-404(1), C.R.S.
- Do not attach copies of the petition when filing the Notice of Hearing to Respondent with Personal Service Affidavit with the court.

	r Probate Court ounty, Colorado				
Court Address:					
In the Interest of:					
Respondent				▲ co	DURT USE ONLY
Attorney or Party Without A	attorney (Name and	d Address):		Case Number	er:
Phone Number: FAX Number:	E-mail: Atty. Reg	g. #:		Division	Courtroom
	PERSO	NAL SERV	ICE AFFIDA	AVIT	
documents to a person idea	miled to me as the	e respondent i		e of Process	Server
			Name (F	Print or type)	of Process Server
		VERIFICA	ATION		
I declare under penalty of p	erjury under the la	aw of Colorado	that the foreg	joing is true a	and correct.
Executed on the date) date	(month)	_,, (year)			
at (city or other location, and s	state OR country)				
(printed name)					
(signature)					

□District Court □Denvel	r Probate Court County, Colorado		
Court Address:	Osanty, Osiorado		
In the Interest of:			
		cou	RT USE ONLY
		Case Number	r:
Respondent		Division:	Courtroom:
	ORDER APPOINTING COU	JRT VISITOR	
On the court's own motion		is appointed a	s the court vicitor in this
On the court's own motion, _ matter. The court finds that	this appointment is necessary	is appointed as	s the court visitor in this
☐to investigate the 305(1) C.R.S.	allegations made in the Petition for	Appointment of Guard	ian pursuant to § 15-14
and/or			
to investigate the 14-406(1) C.R.S.	allegations made in the Petition for A	Appointment of a Conse	ervator pursuant to § 15
have access, without further	th Insurance Portability and Accountal release or liability, to all relevant info psychological, drug, alcohol, medic s, and other information.	ormation regarding the i	espondent including, bu
	ave access to interview the responden set, the hearing is scheduled at the		
Date:	Time:	Courtroom or Divisio	n:
Address:			
•	etitioner (petitioner may seek reimburs urt and paid at state expense. A findir er date by the court.	·	•
Date:			
	☐Judge ☐Magist	rate Probate Registrar	(Deputy) Clerk of Court

Distri	ct Court Denver Probate Court				
Court Ad	ddress:				
In the In	nterest of:				
Respon	dent	A			•
<u>-</u>	sitor (Name):	Case Number:	T USE (ONLY .	<u> </u>
Oodit Vi	sitor (Name).	Case Namber.			
		Division	Courtr	oom	
	COURT VISITOR'S REPORT				
	☐GUARDIANSHIP ☐CONSERVATORSHII	COMBINE	<u>-</u> D		
	n to court visitor: Please complete every applicable section	of this form. If a	a sectio	n is not	:
oplicable	e, please enter N/A.				
	(name), submit t	he following re	port co	oncernin	g the
vestigatio	on that I conducted as the court-appointed visitor in this $oldsymbol{\square}$ guardia	anship pursuant t	o § 15-	14-305, (C.R.S
conserv	atorship pursuant to § 15-14-406, C.R.S.				
ummary:			Yes	No	
-	A lawyer should be appointed to represent the respondent.				
7	Reason: The respondent requested a lawyer.				
	Other:				
В.	A guardian ad litem should be appointed to represent the resp	ondent's			
	best interests.				
•	Reason:	roop and ant and		П	
C.	A professional evaluator should be appointed to examine the prepare an evaluation.	respondent and	_	_	
	Reason: The respondent has demanded an evaluation.				
	Other:				
D.	I believe the proposed guardianship, including the type of guard		_		
	appropriate and that less restrictive means of intervention are u		u	u	
	Suggested limitations on guardian's powers and duties:				
E.	The nominated guardian should be appointed for the responder				
F.	I believe the proposed conservatorship, including the type of co	•			
	is appropriate and that less restrictive means of intervention are Suggested limitations on conservator's powers and duties, and which the conservator should be granted authority:	assets over		□	
G.	The nominated conservator should be appointed for the respon	dent.			
	• • • • • • • • • • • • • • • • • • • •				

	Н.	The respondent needs an interpreter. If yes, for what language?	es	No
		List any interested persons involved who may need an interpreter, and for what lange	uage –) :
	l.	Significant concern(s):	_	
l.	Ob	oservations:		
	A.	The activities of daily living (daily functions) that the respondent can manage w could manage with the assistance of supportive services or benefits, incluappropriate technological assistance; and cannot manage are as follows:		
	B.	The financial functions that the respondent can or cannot effectively manage are	as f	iollows:
II.	Int	terview of Respondent:		
		ed the respondent, in person, on(date) at I provided the Notice of Rights to Respondent (JDF 797) and, to the extent the respond, explained the rights contained therein.	nden	t was able to
	A.	Other persons present at the interview:		
	В.	Respondent's physical appearance:		
	C.	Respondent was oriented to time and place	_	Yes □No

D.	After I explained the substance of the petition, the nature, purpose, and effect of the proceeding and the general powers and duties of a guardian, conservator, or both, as appropriate to this call asked the following questions and the respondent answered as follows:			
	1.	Do you understand what I've explained to you? If No , please explain or comment.	☐Yes ☐No ☐Did not respond	
	2.	Do you understand the Notice of Rights to Respond	dent (JDF 797)?	
	3.	respond Do you have a lawyer?	☐Yes ☐No ☐Did not respond	
	4.	If Yes , please provide name: Do you want a lawyer to be appointed for you? If Yes , please explain:	☐Yes ☐No ☐Did not respond	
	5.	Do you have a doctor? If Yes , please provide name:	☐Yes ☐No ☐Did not respond	
		Is your doctor the same doctor who provided the le proceedings? Who are the family members or other people who are	☐Yes ☐No ☐Did not respond	
Guardia	nship (Only		
1.	daily fu	u need any help with your daily living activities or unctions? in what areas?	☐Yes ☐No ☐Did not respond	
2.	If Yes,	u know the proposed guardian? who do you think the proposed guardian is? why not? pondent provides the wrong name of the proposed g proposed guardian).		
3.	Do you	u think that he or she should be appointed as your gua	rdian? □Yes □No □Did not respond	
4.	□Did	o you feel about the proposed guardianship? (Scope, poor respond		
	———	sponded as follows:		

JDF 810SC R9/18 VISITOR'S REPORT Page 3 of 8 516

Conservatorship Only

1.		u need any help with your finances? y specific areas (check writing, bill paying, etc.)	IYes UNo UDid not respond
2.	Do you	u know the proposed conservator?	☐Yes ☐No ☐Did not respond
	If No respon	who do you think the proposed conservator is? why not? ndent provides the wrong name of the proposed conservator).	(If rvator, then inform them of the correct
	-	u think that he or she should be appointed as onservator?	☐Yes ☐No ☐Did not respond
4.	\Box Did	o you feel about the proposed conservatorship? (Scope, not respond sponded as follows:	
Inte		w of Person Nominated as Guardian: ate and place of interview:	
В.		erson seeking appointment was asked and responded as Name and address:	follows:
	2.	Relationship (including non-family) to respondent:	
	3.		
		Occupation:	
	4.	Occupation: Why was this petition initiated?	
		Why was this petition initiated?	nths?

	a. \	Who, if anyone, has been caring for the respondent during this period?
	-	
		What type of care has been provided? □None □In-home care □Assisted living
		Hospital or nursing home
	 	What type of care will be provided if you are appointed as guardian? None In-home care Assisted living
		Hospital or nursing home
	6. Wha	at changes in residence are contemplated?
		rivate home Other facility. Please provide name and address:
	шР	invale nome —Other facility. Flease provide hame and address.
Inte	7. Wha	at are your qualifications to be guardian for respondent? Person Nominated as Conservator:
Intei A.	7. Wha	at are your qualifications to be guardian for respondent?
A.	7. Wha	Person Nominated as Conservator: d place of interview:
	7. Whate and Person s	Person Nominated as Conservator:
A.	7. Whate and Person s	Person Nominated as Conservator: d place of interview: seeking appointment was asked and responded as follows:
A.	7. Whate and Person s	Person Nominated as Conservator: d place of interview: seeking appointment was asked and responded as follows:
A.	7. Wha	Person Nominated as Conservator: d place of interview: seeking appointment was asked and responded as follows:
A.	7. Wha	Person Nominated as Conservator: d place of interview: seeking appointment was asked and responded as follows: ne and address:
A.	7. Whate and Person s 1. Nam 2. Rela	Person Nominated as Conservator: d place of interview: seeking appointment was asked and responded as follows: ne and address: ationship (including non-family) to respondent:
A.	7. Whate and Person s 1. Nam 2. Related to the second se	Person Nominated as Conservator: d place of interview: seeking appointment was asked and responded as follows: ne and address:

		5.	Where has the respondent resided during the last 3months?	
		6.	Who, if anyone, has been handling the respondent's financial affairs during t	this period?
		7.	Does the respondent owe you (conservator nominee) any money or property If Yes , please explain.	
		8.	Do you (conservator nominee) owe the respondent any money or property? If Yes , please explain.	
		9.	What are your qualifications to be conservator for respondent?	
٧.	Inter A.		of Petitioner, if Different than the Nominated Guardian or Come of person:	
	B.	Dat	te and place of interview:	
	C.	1.	titioner was asked and responded as follows: Occupation:	
		2.	Have there been any significant changes since you filed the petition? Comments:	□Yes □No
VI.	Inter	view	of Other Interested Persons:	
	A.	Nar	me of person: Relationship to respondent: _	
	B.	Dat	te and place of interview:	
	C.	Oth	ner person asked and responded as follows:	
		1.	Address:	
		2.	Occupation:	
		3.	Should a guardian or conservator be appointed?	□Yes □No

		Comments:
Note:		This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.
VII.	Rep	ort on Condition of Respondent's Current Residence:
	A.	Date visited:/
	В.	Address:
	C.	Type of dwelling:
	D.	Condition:
		1. Lawn and landscaping:
		2. Exterior:
		3. Interior:
		a. Utilities working Tyes No Additional comments
		b. Clean
		c. Fire hazards
		d. Appropriate accessibility Yes No Additional comments
		e. Other issues or concerns (explain)
	E.	I believe the respondent's current dwelling meets his or her needs.
VIII.	•	ort on Condition of Respondent's Proposed Residence, if a change is templated:
	A.	Date visited:/
	В.	Address:
	C.	Type of dwelling:
	D.	Condition:
		1. Lawn and landscaping:
		2. Exterior:
		3. Interior:
		a. Utilities working Tes No Additional comments
		b. Clean Yes No Additional comments
		c. Fire hazards
		d. Appropriate accessibility Yes No Additional comments
		e. Other issues or concerns (explain)

	E.	I believe the respondent's proposed dwelling meets his or her needs.						
IX.	•	icians or Other Persons Who Are Known to Have Treated, Advised, or ssed the Respondent's Relevant Physical or Mental Condition:						
	Please identify the sources of the information:							
	A.	Physicians and psychiatrists: Comments:						
	В.	Psychologists and psychotherapists: Comments:						
	C.	Nurses and nurse aids: Comments:						
	D.	Other compensated health care providers: Comments:						
	E.	Family members, relatives, and friends: Comments:						
	F.	Others:						
		this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. this box, I am acknowledging that I have made a change to the original content of this form.						
Date: _		Signature of Court Visitor						
I decla	re under	VERIFICATION penalty of perjury under the law of Colorado that the foregoing is true and correct.						
Execut	ted on th	day of,,,,,,,,,,,,,,,,,						
at (city or	other lo	cation, and state OR country)						
(printe	d name)							
(signat	ure)							

□ District Court □ Denver Probate Court			
Court Address:			
In the Interest of:			
		A COURT	USE ONLY
Ward/Protected Person Attorney or Party Without Attorney (Name ar	nd Address):	Case Number:	OSE ONE!
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Division	Courtroom
NOTICE OF APPOINTMEN	IT OF GUARDIAN AN		
NOTICE OF ALL ORIGINAL	TI OI GOANDIAN AN	JON CONSEN	WATOK
notice of the petition for appointment, and as or she is 12 years of age or older. (§§ 15-14-center) Check the boxes that apply: The court appointed a guardian for the attached order.	311, C.R.S. and 15-14-409, above named ward. Detai	C.R.S.) Is of the appointm	ent are included in the
☐The court appointed a conservator for included in the attached order.	the above named protected	I person. Details	of the appointment are
You may have the right to request termination	or modification of the guard	dianship and/or co	nservatorship.
☐ By checking this box, I am acknowledging I am	filling in the blanks and not ch	anging anything else	e on the form.
$\hfill \Box$ By checking this box, I am acknowledging that	I have made a change to the o	riginal content of this	s form.
Date:			
	Signature of Guardian and	d/or Conservator a	ind/or Attorney
	VERIFICATION		
I declare under penalty of perjury under the la	w of Colorado that the foreg	oing is true and co	orrect.
Executed on the day of	.,,		
Executed on the day of (month)	(year)		
at(city or other location, and state OR country)			
(city or other location, and state OR country)			
(printed name)			
,			
(signature)			

CERTIFICATE OF SERVICE

Relationship to Decede or Protected Per	wanner or service
delivery, first-class mail, certified mail,	e-service, or fax.
Circuit III	
	delivery, first-class mail, certified mail,

Note

• A copy of this Notice must be promptly filed with the Court. Do not attach copies of the Order Appointing Guardian or Order Appointing Conservator when filing this Notice with the Court.

▲ COURT USE ONLY ▲ se Number:
oc indiliber.
rision Courtroom
VRITTEN INSTRUMENT
5-14-202, C.R.S.
of guardian for the above named
(date).
r:
<u> </u>
(the
g case number:
(State) in the following case
<u> </u>

3.	The parents of the minor are	and						
	□both parents are deceased.							
	(Name) was the last parent to die and at that time was a resident							
	of (name of County and State).							
	☐(Name)(name) survives, but has been adjudicated	is deceased and ated incapacitated and order is attached.						
	□both parents are alive and have bee	n adjudicated incapacitated. Attach order	s adjudicating incapacity.					
4.	No other guardian for the minor has be	een appointed.						
5.	instituted by any interested person. No	of this court in any proceeding relating to otice of any such proceeding may be maile raddress as I may later report to the court	d to me by ordinary mail at my					
		am filling in the blanks and not changing anyth						
		VERIFICATION						
l de	eclare under penalty of perjury under the	e law of Colorado that the foregoing is true	e and correct.					
	ecuted on the day of (month)							
(cit	ty or other location, and state OR countr	y)						
(pr	inted name)							
(sig	gnature)							
ν- •	5 ,							
		CERTIFICATE OF SERVICE						
	ertify that on (da follows on each of the following:	ate), a copy of this (na	me of document) was served					
as	Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*					
-		0.1100000010000						
-								
-								

^{*}Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

JDF 821SC R9/18 AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT AS GUARDIAN FOR MILES.

Signature		

Note:

- Notice of this Affidavit of Acceptance of Appointment must be given to the appointing parent or guardian, if living; the minor, if he or she is 12 years of age or older; and a person other than the parent or guardian having care and custody of the minor.
- Any person receiving this affidavit may cause this appointment to terminate by filing a written objection to
 this appointment within 35 days after receipt of the affidavit. However, filing of an objection will not preclude
 the appointment of this or another suitable guardian by the court in a proper proceeding.
- The minor, if 12 years of age or older, can consent or refuse to consent to the appointment of the guardian within 35 days after receipt of the affidavit. The Verified Consent of Minor (JDF 826) must be filed with the court.

☐ District Court ☐ Denver	Probate Court				
		County, Colorado			
Court Address:					
In the Interests of:					
Minor				▲ C	OURT USE ONLY
Attorney or Party Without A	Attorney (Name a	and Address):		Case Numb	oer:
Phone Number:	E-mai	l:			
FAX Number:	Atty. R	Reg. #:		Division	Courtroom
PETITION I		MATION OF A NT TO § 15-14			GUARDIAN
,			ian), hereb	y petition	the court to confirm my
appointment as guardian and	state the following	ng:			
The Affidavit of Accep (date) and this petition					
2. The minor, if 12 years and the Verified Cons	•				ppointment of the guardiar
3. The appointed guardi	an believes that	the confirmation i	s in the bes	t interest of t	he minor.
persons (all applicable	e must be given	notice):	ntment (JDF	821) has b	peen given to the following
Appointing parent	_	_			
		, ,	the lest 60 d	0.40	
The minor, if 12 ye		-	ine iasi ou u	ays.	
The fillion, if 12 ye	ars or age or old	CI.			
By checking this box, I am ac	knowledging I am	filling in the blanks	and not char	ging anything	else on the form.
By checking this box, I am ac	knowledging that	I have made a char	nge to the orig	inal content o	of this form.
Date:					
			Signature	of Petitione	r
Date:					
<u> </u>			Signature	of Attorney	for Petitioner
		VERIFICATIO	N		
dealess and service of	Same and the Control			in a la de e	
declare under penalty of per	jury under the lav	w of Colorado tha	t tne torego	ıng ıs true ar	na correct.
Executed on the day (date)	of	,,			
(date)	(month)	(year)			
at					
city or other location, and sta	te OR country)				

(prin	ited name)		
(sigr	nature)		
		CERTIFICATE OF SERVICE	
		date), a copy of this (nar	me of document) was served
as to	ollows on each of the following:		
	Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Ins	ert one of the following: hand deliver	y, first-class mail, certified mail, e-service, o	r fax.
		Signature	

District		over Probate Court County, Colorado			
Court Add	dress:	County, Colorado			
In the Into	erest of:				
				A -	
Minor					OURT USE ONLY
Attorney o	or Party Withou	ut Attorney (Name a	and Address):	Case Numb	er:
Dhana Nu		E maile			
Phone Nu FAX Num		E-mail: Atty. Reg. #:		Division	Courtroom
			OINTMENT OF GU		
☐a pe or ☐the r	minor and is 12 a petition for ardian. (Note: Th	an (not to exceed 6	der.		se ordered by the court.)
☐Tem ☐Eme 2. Inform Name:	ation about th	h e petitioner: Lis	60 days). (§ 15-14-204(st all names used (al		ormerly known as, etc.):
2. Information Name: Relation	ation about the state of the st	he petitioner: Lis	st all names used (al	so known as, fo	ormerly known as, etc.):
2. Information Name: Relation	ation about the state of the st	he petitioner: Lis	st all names used (al	so known as, fo	ormerly known as, etc.):
☐Teme ☐Eme 2. Inform Name: Relatio Street / City:	ation about the state of the st	he petitioner: Lis : State:	st all names used (al	so known as, fo	
2. Information Name: Relation Street / City: Mailing	ation about the state of the st	he petitioner: Lis :: State:	st all names used (al	so known as, fo	
☐ Tem ☐ Eme 2. Inform Name: Relatio Street / City: Mailing City:	nship to minor Address:	he petitioner: Lis State: State:	st all names used (al	so known as, fo	
☐ Tem ☐ Eme 2. Inform Name: Relatio Street / City: Mailing City: Primary	ation about the same of the sa	he petitioner:LisState: fferent:State:Alte	st all names used (al Zip Code:	so known as, fo	
Z. Information Name: Relation Street Activity: Mailing City: Primary Email Activity	ation about the second state of the second sta	he petitioner: Lis State: State: Alte	st all names used (al Zip Code: Zip Code:	so known as, fo	
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Information Name: Relation Street Are City: Mailing City: Primary Email Are Does Possible 1.	ation about the second state of the second sta	he petitioner: Lis State: State: Alte an interpreter?	zip Code: Zip Code: ernate Phone : Current age	so known as, fo	
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Information Name: Relation Street A City: Mailing City: Email A Does P 3. Information Name: Street A City: Mailing City: Mailing City: Mailing City: Mailing City: Mailing City:	ation about the sensing to minor Address:	he petitioner: Lis State: State: Alte an interpreter? State: State: State: State:	zip Code: No	so known as, fo	·

	Email Address:
	Does the minor need an interpreter? No Yes (Language:)
4.	Information about the parents:
	Parent's Name:Deceased Unknown (attach Birth Certificate)
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary Phone : Alternate Phone :
	Email Address:
	Does this person need an interpreter? ☐No ☐Yes (Language:)
	Parent's Name: Deceased Unknown (attach Birth Certificate)
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary Phone:Alternate Phone:
	Email Address:
	Does this person need an interpreter? No Yes (Language:)
5.	The parent or guardian \square has nominated \square has not nominated a guardian by will or other writing. (Attact copy of document, if applicable.)
ŝ.	Venue for this proceeding is proper in this county because the minor:
	☐resides in this county.
	☐ is present in this county at the time the proceeding is commenced.
7.	The best interest of the minor will be served by the appointment of a guardian.
3.	The minor is unmarried and:
	☐ the parent consents (s) consent(s) to the appointment of a guardian. (Attach Consent of Parent - JDF 825).
	☐all parental rights have been terminated by
	prior court order. (Attach a copy of the court order to this petition.)
	death. (If available, attach a copy of the death certificate to this petition.)
	parents are unwilling or unable to exercise their parental rights. (Briefly explain.)

	☐guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)
9.	☐ Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian. or
	Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian (§15-14-206, C.R.S.)
	Name: List all names used (also known as, formerly known as,
	etc.):
	Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary phone: Alternate phone: Email Address:
	Does this person need an interpreter? No Yes (Language:)
10.	The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).
11.	□ It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need exists and the appointment of a temporary guardian is in the best interest of the minor. (§15-14-204(4), C.R.S.)
	(Describe the immediate need.)
12.	☐It is necessary to appoint an emergency guardian (may not exceed 60 days) for the minor, because of the
	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person

appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)

(Describe the natur				
-				
. The following pe this petition:	rson had the prima	ary care and custo	dy of the minor during	g the 60 days prior to the filing
Name:		Relation	nship to Minor:	
Mailing Address,	if different:	•		
		Zip Code		
Primary Phone :		_ Alternate Phone	<u>:</u>	
Email Address: _				
)
found:				ve nearest in kinship that can
found: Name:			Relationship to Minor:	
found: Name: Street Address: _			Relationship to Minor:	
found: Name: Street Address: _ City:	State:	Zip Code:	Relationship to Minor:	
found: Name: Street Address: _ City: Mailing Address,	State: if different:	Zip Code:	Relationship to Minor:	
found: Name: Street Address: _ City: Mailing Address, City:	State: if different:	Zip Code: Zip Code	Relationship to Minor:	
found: Name: Street Address: _ City: Mailing Address,	State: if different:	Zip Code: Zip Code	Relationship to Minor:	
found: Name: Street Address: _ City: Mailing Address, City: Primary phone: _ Email Address: _	State: if different: State:	Zip Code: Zip Code	Relationship to Minor:	
found: Name: Street Address: _ City: Mailing Address, City: Primary phone: _ Email Address: _	State: if different: State:	Zip Code: Zip Code	Relationship to Minor:	
found: Name: Street Address: _ City: Mailing Address, City: Primary phone: _ Email Address: _ Does Petitioner r	State: if different: State: need an interpreter	Zip Code:Zip Code	Relationship to Minor: e: Alternate phone: (Language:	
found: Name: Street Address: _ City: Mailing Address, City: Primary phone: _ Email Address: _ Does Petitioner r	State: if different: State: need an interpreter person is currently	Zip Code:Zip Code:Zip Code	Relationship to Minor:	minor in Colorado or elsewhe
found: Name: Street Address: _ City: Mailing Address, City: Primary phone: _ Email Address: _ Does Petitioner r The following Name:	State: if different: State: need an interpreter person is currently	Zip Code: Zip Code: Zip Code	Relationship to Minor: e: Alternate phone: (Language: n or conservator for the Relationship to Minor:	minor in Colorado or elsewhe
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found: Name: Street Address: _ City: Mailing Address, City: Primary phone: _ Email Address: _ Does Petitioner r The following Name: Street Address: _ City: Mailing address, City:	State: if different: State: need an interpreter person is currently State: if different: State:	Zip Code: Zip Code: Zip Code: / acting as guardian Zip Code: Zip Code:	Relationship to Minor:	minor in Colorado or elsewhe
found: Name: Street Address: _ City: Mailing Address, City: Primary phone: _ Email Address: _ Does Petitioner r The following Name: Street Address: _ City: Mailing address, City: Primary Phone : _	State: if different: State: need an interpreter person is currently State: if different: State:	Zip Code: Zip Code: Zip Code: / acting as guardian Zip Code: Zip Code:	Relationship to Minor:	minor in Colorado or elsewhe

16. The guardian 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 petition. *		
The basis of compensation has not yet been determined.		
* There is a continuing obligation to disclose any material changes to the basis for characteristics.	arging fees. (§ 15-10-602,	
17. The guardian may compensate his, her, or its counsel.		
The hourly rates to be charged, any amounts to be charged pursuant to including the rates and basis for charging fees for any extraordinary services, which a fee charged to the estate will be calculated, are as stated below or in an a	and any other bases upor	
The basis of compensation has not yet been determined. * There is a continuing obligation to disclose any material changes to the basis for charge. C.R.S.)	arging fees. (§ 15-10-602,	
18. The minor's assets are:		
Description of Assets (e.g. bank accounts, property)	Estimated Value	
	\$	
	\$	
Total	\$	
19. The minor's income is:		
Description of Income (e.g. social security, insurance) ☐None	Estimated Amount of Income	
	\$	
	\$	
Total	\$	
The petitioner requests that an appointment of a guardian be made after notice a	and hearing.	
☐In addition, petitioner requests the following:		

\square 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) (month) (year)
at (city or other location, and state OR country)
(printed name)

(signature)

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	-	
Minor	▲ co	URT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number	er:
Phone Number: E-mail: FAX Number: Atty. Reg. #.:	Division	Courtroom
CONSENT OF PARENT		
I, (parent), of the above r	named minor.	
I consent to the appointment of		(name) as guardian.
☐I consent to a guardianship with the following restrictions:		
To concern to a guardianomp with the following restrictions.		
VERIFICATION		
I declare under penalty of perjury under the law of Colorado that the fore	going is true a	nd correct.
Executed on the day of,,,,,		
at (city or other location, and state OR country)		
, , , , , , , , , , , , , , , , , , , ,		
(printed name)		
(signature)		

District Court Denver Probate Court				
Court Address:				
In the Interest of:				
Minor		▲ cour	RT USE ONLY	▲
Attorney or Party Without Attorney (Name and	Address):	Case Number:		
Phone Number: E-mail:		Division	Courtroom	
FAX Number: Atty. Reg. #: CONSENT O	R NOMINATION OF	Division MINOR	Courtroom	
CONSENT	THOMINATION OF			
I,	_ (minor), am 12 years of	age or older an	d I:	
☐Consent to the appointment of		(name) as my guardi	an.
			, , , , ,	
☐Do not consent to the appointment of			(name)	as my
guardian.				
☐Nominate	(name)	who is 21 year	s of age or ol	der as my
☐guardian ☐conservator. (Optional)	(Hame)	, 10 21 you	J J. ago of or	aoi, ao iliy
	VEDICICATION			
	VERIFICATION			
I declare under penalty of perjury under the law	_	joing is true and	correct.	
Executed on the day of, _ (date) (month)	(vear)			
at(city or other location, and state OR country)	_			
(printed name)				
(signature)				

Dis	trict Court Denver Probate Court	
Court	County, Colorado Address:	
In the	Interest of:	
		▲ COURT USE ONLY ▲
		Case Number:
Minor		Division Courtroom
	ORDER APPOINTING GUARDIAN	
Jpon c	onsideration of the Petition for Appointment of Guardian for the a	bove minor and hearing on
	(date),	
	urt has considered any expressed wishes of the minor concerning	
	nsidered the powers and duties of the guardian, the scope of the ations of the nominee.	guardianship, and the priority and
The co	ourt finds, determines and orders:	
1.	Venue is proper and required notices have been given or waive	d.
2.	The minor was born on (date).	
3.	An interested person seeks appointment of a guardian.	
4.	The minor's best interest will be served by the appointment of a	guardian.
5.	☐The minor's parents' consent to the appointment of a guardia	an.
	☐The minor's parents' parental rights have been terminated by	y prior court order.
	The minor's parents are deceased.	
	The minor's parents are unwilling or unable to exercise their	
	☐ Guardianship has previously been granted to a third party whethe guardian has not appointed a successor guardian by will or	
6.	The court appoints the following person as guardian	for the minor:
	Name:	
	Street address:	
	City: State: Zip Code:	<u>_</u>
	Mailing Address, if different:	
	City: State: Zip Code: Primary Phone: Alternate Phone :	
	Primary Phone: Alternate Phone : Email Address:	
	Lindii Addiess.	

- 7. The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.
- 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.

9.	Within 30 days of appointment, the guardian must provide a copy of this Order Appointing Guardian fo Minor to the minor if 12 years or older and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.		
10.	☐The guardian must file the annual Guardian's ☐the minor's birthday or ☐by	Report - Minor (JDF 834) with the court each year by	
11.	Copies of all future court filings must be provided		
	Name	Relationship to Minor	
•		The minor if 12 years or older at the time of mailing	
ľ		Parent or adult nearest in kinship	
		Parent or adult nearest in kinship	
Ī		Guardian	
-			
13.	The guardian is authorized to access the minor's medical records and information. The guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2). Letters of Guardianship will be issued. The Letters will expire on the minor's 18th birthday, (date), unless otherwise ordered by the court. The powers and duties of the guardian are unrestricted. The powers and duties of the guardian are limited by the following restrictions:		
14.	The court further orders:		
	_		
∋:		Divides Discrete	
		☐Judge ☐Magistrate	

Dis	trict Court Denver Probate Court County, Colorado	
Court	Address:	
In the	Interests of:	
		Case Number:
Minor		Division Courtroom
	ORDER APPOINTING TEMPORARY GU PURSUANT TO § 15-14-204(ARDIAN FOR MINOR
•	onsideration of the Petition for Appointment of Temporary Guard	lian for the above minor and/or hearing on
The co	ourt finds, determines and orders:	
1.	Venue is proper and required notices have been given or waive	d.
2.	The minor was born on (date).	
3.	A qualified person seeks appointment.	
4.	An immediate need exists for the appointment of a temporary gubest interest of the minor.	ardian and the appointment would be in the
5.	The temporary guardianship cannot exceed six months from ap	ppointment.
6.	The court appoints the following person as temporary	guardian for the minor:
	Name:	
	Street address:	
	City: State: Zip Code:	
	Mailing address, if different:	
	City: State: Zip Code:	
	Primary phone: Alternate phone:	
	Email address:	
7.	The guardian must promptly notify the court if the guardian's hom	ne address, email address, or phone number

- 7. The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.
- **8.** The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado without a court order.

ſ	Name	Relationship to Minor				
		Minor if 12 years or older at time of mailing				
Ī		Parent or adult nearest in kinship				
		Parent or adult nearest in kinship				
-						
		rder Appointing Temporary Guardian for Minor to the minor (if ns within 5 days after the appointment pursuant to § 15-14-204(
		cess the minor's medical records and information. The temporersonal representative for all purposes relating to the minor HIPAA, Section 45 CFR 164.502(g)(2).				
12.		I be issued. This temporary guardianship expires eed 6 months from appointment.)				
	(**************************************					
	The newers and duties of the temperary quardian are unrestricted					
	☐The powers and duties of the temporary	v quardian are unrestricted				
	The powers and duties of the temporary					
		y guardian are unrestricted. y guardian are limited by the following restrictions:				
		· -				
		· -				
		· -				
		· -				
13.	The powers and duties of the temporary	· -				
13.		· -				
13.	The powers and duties of the temporary	· -				
13.	The powers and duties of the temporary	· -				
13.	The powers and duties of the temporary	· -				
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13.	The powers and duties of the temporary	· ·				
113.	The powers and duties of the temporary	· ·				
13.	The powers and duties of the temporary	· ·				
13.	The powers and duties of the temporary	· -				
13.	The powers and duties of the temporary	· -				
13.	The powers and duties of the temporary	· -				
	The powers and duties of the temporary	· -				
	The court further orders:	y guardian are limited by the following restrictions:				
	The court further orders:	· ·				

Dis	strict Co	ourt Denver Probate Cour	t County, Colorado	
Court	Addres		County, Colorado	
In the	Intere	sts of:		
			A COURT USE ONLY	
			COURT USE ONLY Case Number:	
			Case Ivaniser.	
Mino	r		Division Courtroom	
		ORDER APPOIN	TING EMERGENCY GUARDIAN FOR MINOR	
			JANT TO § 15-14-204(5), C.R.S.	
			<i> </i>	
Upon o	conside	ration of the Petition for App	pointment of Emergency Guardian for the above minor and he	aring on
The c	ourt fir	nds, determines and ord	ers:	
1.	Venu	e is proper.		
2.	Notic	e pursuant to § 15-14-204(5)	C.R.S. was:	
		asonable.	, O. 1.0. 11do.	
	_		ourt finds from affidavit or testimony that the minor will be sub	stantially
		ed before a hearing can be h	· · · · · · · · · · · · · · · · · · ·	
	٨	If the emergency guardien i	a annointed without notice, notice of the annointment must be six	an within
	A.	48 hours after the appointm	s appointed without notice, notice of the appointment must be giv tent to the following:	en wiliii
			<u> </u>	
		Name	Relationship to Minor	
			Minor if 12 years or older at tir mailing	ne oi
			Parent	
			Parent	
			Person with care or custody if than parent	other
	В.		iateness of the appointment must be held within five days will be held at the following time and location:	after the
			Time: Courtroom or Division:	
		Address:		
3.	The r	minor was born on	(date).	
4.		y and no other person appear	4-201, et seq. is likely to result in substantial harm to the minor's s to have authority to act in the circumstances pursuant to § 15-14	
E	Tho	omorgoney guardianchin can	not exceed 60 days from appointment	

	Street address:				
	City: State: Zip Code:				
	Mailing address, if different:				
	City: State: Zip Code:				
	Primary phone: Alternate phone:				
	Email address:				
	date not to exceed 60 days from appointment.) The powers and duties of the emergency guardian are as follows: □To perform any and all acts necessary for the day-to-day care, custody, education, recreation, are property of the minor. □ To access minor's medical records and information. The emergency guardian is deemed to be the				
	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This can				
	minor's personal representative for all purposes relating to the minor's protected health information, a provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This cai includes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S.				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				
8.	provided in HIPAA, Section 45 CFR 164.502(g)(2). To authorize any and all medical and dental care for the health and well-being of the minor. This caincludes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospit care. To authorize mental health treatment, subject to § 27-65-107, C.R.S. Other:				

6. The court appoints the following person as emergency guardian for the minor:

☐ District Court ☐ Denver Probate Court		
Court Address:		
Court Address.		
In the Interest of:		COURT USE ONLY
		Case Number:
Minor		
LETTEROOF		Division Courtroom
LETTERS OF	GUARDIANSHIP -	MINOR
	(name of qua	ardian) was appointed or confirmed by
the court on	` •	, , , , ,
Guardian pursuant to §§ 15-14-202 or 204,		s will expire on, the
minor's 18 th birthday, unless otherwise ordered	•	ottoro will ovniro on
Emergency Guardian pursuant to § 15-14-20 (a date not to exceed 60 days from the date of		
Order.	appointments. The	guardian's powers are specified in the
☐Temporary Guardian pursuant to §	15-14-204(4), C.R.	S. These letters will expire on
(a date not to exceed six n		
The guardian is authorized to access the middle deemed to be the minor's personal representation.	ntative for all purpo	ses relating to the minor's protected
health information, as provided in HIPAA, Sec	tion 45 CFR 164.502	2(g)(2).
These Letters of Guardianship for the minor wh	ose date of birth is _	, are proof of
the guardian's full authority to act pursuant to §	15-14-207, C.R.S., e	except for the following restrictions:
The minor's place of residence must no the court pursuant to § 15-14-208(2)(b),		e State of Colorado without an order of
_		
☐Other limitations:		
Date:		
Р	robate Registrar /(De	eputy)Clerk of Court
CE	RTIFICATION	
Certified to be a true copy of the original i (date).	n my custody and	to be in full force and effect as of
-	roboto Bogistros //D	utty/Clark of Court
P	robate Registrar /(Dep	outy/Cierk or Court

□District Court □De				
Court Address:	C	ounty, Colorado		
In the Interest of:				
in the interest on				
Minor			▲ co	DURT USE ONLY
Attorney or Party Witho	out Attorney (Name	and Address):	Case Numb	per:
Phone Number:	E-ma	ail:		
FAX Number:		Reg. #: RDIAN'S REPORT -	Division	Courtroom
	GUAN	(DIAN'S REPURT -	- WIINOR	
Current Rep	orting Period F	rom	То	
	J	(MM/DD/YYYY)		D/YYYY)
(REPORTING DATE	S MUST BE FOR 1			RT INTO THE FUTURE.)
You have been ordered		Instructions to guardia		minor. When answering the
questions in this report,	you are required to	provide details. Answe	ers such as "same	as last year" or "no change
since last report" are not	acceptable answer	s. Your report may be r	rejected with those	answers.
COLORADO LAW REQI	JIRES THAT ANY	GUARDIAN WANTING	TO REMOVE THE	MINOR CHILD FROM THE
STATE OF COLORADO	MUST OBTAIN CO			cessary forms to make this
request and obtain court	permission.			
CONTACT INFORM	<u>ATION</u>	_		
Minor's Informa	ation:	☐ Check if	Updated Informat	ion from last Report
Name:			\ge:	
Street Address:				
(Include Name of Living Ce	nter or Nursing Home	e)		
City:		State:	Zip Code:_	
Mailing Address, if differ	ent:			
City:	State:	Zip Co	de:	
Primary Phone :	Alterna	ate Phone:		
		_		
Guardian's Info	rmation:	☐ Check if	Updated Informat	ion from last Report
Name:			Age:	<u></u>
Occupation:	Your Relat	tionship to Minor:		
Street Address:		•		
City:				
Mailing Address, if different				
				 ::
Primary Phone:		·		
ury i nono.		momato i none		

Have y	ou had any criminal charges filed against you or convictions entered since the last report	? L Yes	i ∟ No
If Yes,	explain:		
	0. 0 Park lateral (1		1
Name	Co-Guardian's Information: (if applicable)	-	ort
	Age:		
	ation: Your Relationship to Minor:		
	Address:		
	Address, if different: Zip Code:		
	State: Zip Code:		
-	Address:		
	y Phone : Alternate Phone:		
Have y	ou had any criminal charges filed against you or convictions entered since the last report	? 🗖 Yes	No
If Yes,	explain:		
I.	STATUS INFORMATION	Yes	No
A.	Do you recommend that the guardianship continue?		
	If No , explain:		
В.	Do you recommend any changes to the guardianship?		
	If Yes, explain:		
C.	Do you wish to remain guardian? If No , explain:	Ц	ш
	you wish to terminate this guardianship, or modify by replacing		curre
irdian	or adding a co-guardian, you must file a separate petition with the c	ourt.	
D.	The minor's care and living situation is: ☐Very Good ☐Good ☐Adequate ☐Poor		
E.	Do you believe the current plan for care is in the minor's best interest? Yes No		
	If No , describe your recommended changes:		

	F.	Who currently provides the majority of the minor's supervision or care and treatment on a daily basis? Name							
			ary Phone:						
			nate Phone:						
	G.		the minor's residence changed since the la s, identify the date of the move, address of						
	ate Vlov	_	Address of Residence	Type of Residence	Reason for Change				
l.		PER	RSONAL CARE AND OTHER ISSU	ES					
	A.	Date	of the minor's last medical exam:	Dent	al exam:				
	В.	Are t	he Minor's immunizations current? QYes	□No					
		If No	, explain:						
	C.		Is the minor covered under health or dental insurance? \(\begin{align*} \text{Yes} \\ \text{DNo} \\ \text{If No}, explain efforts to obtain coverage. \end{align*}						
	D.	Desc	cribe any counseling services provided to th	e minor.					
	E.	Desc	cribe any other services provided to the min	or.					
		-							
	F.	Desc	cribe any medical services provided to the n	ninor.					

G.	Identify any special needs of the minor during this reporting period.						
Н.	Has the minor's physical and medical condition changed since the last report? If Yes , explain:						
I.	Identify any significant events involving the minor since the last report e.g. special awards or recognition.						
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? No If Yes, in which County?						
K.	Does the minor have any behavioral issues? Yes No Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues.						
L.	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?						

İ	M. Does the minor have any contact with the parents or other family members? \(\textstyle{\textstyle{\textstyle{1}}} \) Yes \(\textstyle{\textstyle{1}} \) No Briefly describe the visits: Name of person visiting, frequency and length of visits and date visit. If no visits, briefly describe why not.					
I.		EDUCATION AND EXTRACURRICULAR ACTIVITIES				
	A.	Is the minor attending school?: Yes No				
		If Yes , complete the information below: If No , please be sure to answer question L on page 4, Part II. Name of School: Address:				
		Phone Number: Minor's grades are: DExcellent Average Below Average				
		If below average explain why.				
I	В.	If the minor is old enough, does he or she have a job? Yes No Describe.				
(C.	Describe the educational services provided to the minor.				
i	D.	Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.				

IV. FINANCIAL MATTERS

Complete this section <u>only</u> if there is no conservatorship and the guardian has custody of funds.

A.	Does the minor own any property?							
B.	Do you have possession or control of the minor's assets, e.g. property (real estate and personal property items), financial accounts? Yes No If Yes, describe the type of property and approximate value of the property:							
C. D.	If Yes, describe:	Do you have control of the minor's Income? Yes No If Yes, describe: Do you or the minor receive any financial support from the biological parents or other family						
	members? Yes	No If there is a current ecent order, and status of	t child s	upport order, prov			-	
	Name of Court	Case Number	State	Date of Current Order	Amount	Payment Se.g. on time		
E.	If applicable, identify the representative payee for Social Security and other income benefits. Name:Phone Number: Have any fees been paid to you in your role as guardian? Yes No If Yes, describe:							
G.	Have any fees been paid to others for the care of the minor or his or her property? Yes No If Yes, describe:							
	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD							
В	eginning balance of ban	k accounts (savings, che	cking, et	tc.)		\$		
P	lus monies received (so	cial security, pension ber	neficiary,	child support, inte	erest, -	-\$		
	c.) from any source on b							
	ess total fees to care pro					\$		
		the Minor, e.g. personal	needs			\$		
	ess total fees paid to gua					·\$		
		e.g. housing, insurance	, mainter	nance		\$		
E	nding balance of bank accounts \$							

You are required to maintain supporting of control during the duration of this appoint Order Appointing Guardian may request of	tment. The court or any interested	
☐ By checking this box, I am acknowledging I ar	n filling in the blanks and not changing anyth	ing else on the form.
☐ By checking this box, I am acknowledging that		
	VERIFICATION	
I declare under penalty of perjury under the la	aw of Colorado that the foregoing is true	and correct.
Executed on the day of (month)	_,,	
(date) (month)	(year)	
at (city or other location, and state OR country)		
(city or other location, and state OR country)		
(printed name)		
The second second		
(signature)		
NOTE: If you wish to change the	nersons entitled to receive co	nies of reports or
other documents filed, you must		
,,,		
I certify that on (date	ERTIFICATE OF SERVICE e), a copy of this (nar	ne of document) was served
as follows on each of the following:		,
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, fir	rst-class mail, certified mail, e-service, o	r fax.
	Signature	

	□ District Court □ Denver Probate Court			
	County, Colorado			
	Court / Marcos.			
	In the Interest of:			
	in the interest of.			
	Minor			COURT USE ONLY
	Attorney or Party Without Attorney (name and address	ss):	Case N	umber:
	Phone Number: E-mail:			
-	FAX Number: Atty. Reg. #:		Division	
	PETITION FOR TERMINATION *****To be used only when Guardianship is to			
L	To be used only when educations is to	be terminated prio		minor o to birdiday.
	The medition on in-			
1.	The petitioner is: the mother.			
	the father.			
	the guardian.			
	the minor.			
	☐ another person interested in the welfare of the m	inor. (State nature of	interest.)	
	·		,	
				_
2.	Name:			
	Street address:			
	City: State: Zip Code	·		
	Mailing Address, if different:			
	City: State: Zip Co			
	Primary phone: Alternate phon			
	E-mail address:			
3.	Petitioner requests that this guardianship be ter	minated for the fol	llowina ı	eason:
•-	The parent can reassume parental responsibilitie		_	
			,	
	The minor was adopted on or about	((date). 🖵	Certified copy of Final Decree of
	Adoption is attached.	`		
	☐The minor is emancipated. (Explain circumstances	.)		

The death of the minor.		
Other: (Attach additional sheets	s, if necessary.)	
	older), guardian, and the following persons desi	
Appointing Guardian, are require a hearing is deemed necessary b	ed by law to be given notice of the time and pla by the Court:	ace of hearing on this Petition
		Dalatia nahi
Name	Address	Relationshi to Minor
/ checking this box, I am acknowled	dging I am filling in the blanks and not changing any dging that I have made a change to the original con	
y checking this box, I am acknowled		
	dging that I have made a change to the original con	tent of this form.
lare under penalty of perjury und	dging that I have made a change to the original con VERIFICATION der the law of Colorado that the foregoing is true.	tent of this form.
lare under penalty of perjury und	dging that I have made a change to the original con VERIFICATION der the law of Colorado that the foregoing is true.	tent of this form.
lare under penalty of perjury und	dging that I have made a change to the original con VERIFICATION der the law of Colorado that the foregoing is true.	tent of this form.
lare under penalty of perjury und cuted on the day of (date) (r	VERIFICATION der the law of Colorado that the foregoing is true month) (year)	tent of this form.
lare under penalty of perjury undustried on the day of(date)	VERIFICATION der the law of Colorado that the foregoing is true month) (year)	tent of this form.
lare under penalty of perjury under the day of day of (date) (report or other location, and state OR of the location.	VERIFICATION der the law of Colorado that the foregoing is true month) (year)	tent of this form.
elare under penalty of perjury under the day of (date) (represented from the location, and state OR of the location, and state OR of the location (location) (locatio	VERIFICATION der the law of Colorado that the foregoing is true month) (year)	tent of this form.
elare under penalty of perjury under cuted on the day of (date) (r or other location, and state OR of ted name)	VERIFICATION der the law of Colorado that the foregoing is true month) (year)	tent of this form.
elare under penalty of perjury under under penalty of perjury under under day of day of (date) (red or other location, and state OR of ted name)	VERIFICATION der the law of Colorado that the foregoing is true month) (year)	tent of this form.
lare under penalty of perjury undusted on the day of (date) (red name)	VERIFICATION der the law of Colorado that the foregoing is true month) (year)	tent of this form.
lare under penalty of perjury unduted on the day of (date) (red or other location, and state OR of the date) ature)	VERIFICATION der the law of Colorado that the foregoing is true month) (year) country) CERTIFICATE OF SERVICE	tent of this form. ue and correct.
lare under penalty of perjury und suted on the day of (date) (red name) ature)	VERIFICATION der the law of Colorado that the foregoing is true month) (year) country) CERTIFICATE OF SERVICE	tent of this form.
lare under penalty of perjury und suted on the day of (date) (red name) ature)	VERIFICATION der the law of Colorado that the foregoing is true month) (year) country) CERTIFICATE OF SERVICE (date), a copy of this (next)	name of document) was serv
lare under penalty of perjury under the day of day of (date) (red or other location, and state OR of the name) ature) ify that on llows on each of the following:	VERIFICATION der the law of Colorado that the foregoing is true month) (year) country) CERTIFICATE OF SERVICE (date), a copy of this (n	name of document) was serv
lare under penalty of perjury unduted on the day of (date) (r or other location, and state OR of the name) ature) ify that on llows on each of the following:	VERIFICATION der the law of Colorado that the foregoing is true month) (year) country) CERTIFICATE OF SERVICE (date), a copy of this (next)	name of document) was serv
clare under penalty of perjury under the day of day of (date) (recorded on the location, and state OR of the name) tify that on day of day of (recorded on the location, and state OR of the following:	VERIFICATION der the law of Colorado that the foregoing is true month) (year) country) CERTIFICATE OF SERVICE (date), a copy of this (next)	name of document) was serv

Signature

Note:

The Petitioner must contact the court to set a date and time for a hearing.

^{*}Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

□ District Court □ Denver Probate Court	
County, Colorado Court Address:	
Court Addicas.	
To the International	
In the Interests of:	A
	▲ COURT USE ONLY ▲
	Case Number:
Minor	
Millor	Division Courtroom
ORDER FOR TERMINATION OF GUAR	RDIANSHIP – MINOR
PURSUANT TO § 15-14-21	10, C.R.S.
Upon consideration of the Verified Petition for Termination	
guardianship filed on (date) or upon prop	per notice and hearing held on
(date):	
The court finds and orders that the statements in the petition are	
properly given or waived; and that the welfare and best interests of this guardianship because:	the minor will be served by the termination of
☐The parent can now reassume parental responsibilities.	
The minor was adopted on or about (dat	te) Hearing is waived for good cause
The minor was adopted on or about (date	to). — Healing is walved for good eduse.
The death of the minor.	
Other:	
	
Therefore, it is ordered that the guardianship is terminated.	
It is further ardered that	
It is further ordered that:	
Date:	
□Judge □	Magistrate

☐ District Court ☐				
Court Address:	County, Colora	do		
In the Interest of:				
			A	🛦
Respondent Attorney or Party Wi	than Attaman (Nlam	2 2 2 2 1 Address).	Cose Number	LY -
Attorney or Party W	thout Attorney (Nam	ne and Address):	Case Number:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #.:		Division Courtroom	
Pl	ETITION FOR A	PPOINTMENT OF (GUARDIAN FOR ADULT	
. The petitioner is:				
_ ·	ted in the welfare of	the respondent.		
or		•		
the respondent.				
This is a petition for	or appointment of a	a(n):		
Permanent Gua	rdian. (§ 15-14-304)	(1) and (2), C.R.S.)		
Emergency Gua	ordian. (not to excee	d 60 days). (§ 15-14-31	2, C.R.S.)	
. Information about	t the petitioner:			
	•	List all n	ames used (also known as, formerl	v known as.
			(2011)	,,
,				
·				
Mailing Address, if	different:			
City:	State:	Zip Code:		
Primary phone:		Alternate phone:		
Email Address:				
Does petitioner nee	ed an interpreter?	☑No ☑Yes (Langua	ge:)
. Information about	t the respondent:			
	-	Age:	Date of Birth (REQUIRED):	
Sex (REQUIRED):				
		Zip Code:		
•		•		
			County of Residence:	
Primary phone:		Alternate phone:		

	Email address:
	Does respondent need an interpreter? ☐No ☐Yes (Language:)
	☐ If this appointment is made, the respondent's residence will change to:
4.	Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than six months in the last year:
	Name: Relationship to Respondent:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary phone: Alternate phone:
	Email address:
	Does this person need an interpreter? ☐No ☐Yes (Language:)
5.	Venue for this proceeding is proper because the respondent ☐ resides in this county.
	is present in this county. (Check this box only if requesting an Emergency Guardian.) (§ 15-14-108(2), C.R.S.)
	is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county. (Attach copy of the Order to the Petition.)
6.	An appointment of a guardian for the respondent has been previously made. (Attach copy of the Order to the Petition.)
7.	A Power of Attorney exists for financial or medical matters. (Attach a copy of the Power of Attorney to the Petition.) The agent's name and mailing address is:
8.	☐ A valid designated beneficiary agreement exists. (Attach a copy of the agreement to the petition.) The designated beneficiary's name and mailing address is:
9.	The respondent is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§ 15-14-102(5), C.R.S.)
10.	The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.
11.	Guardianship is necessary due to the following disabilities or impairments: Physician's letter attached.

12.	Petitioner requests the powers and duties to be unlimited or unrestricted or limited or with restrictions. The requested limitations or restrictions on the guardian's powers and duties, if any, are as follows:
13.	Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian.
	☐ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian.
	Name: List all names used (also known as, formerly known as,
	etc.):
	Street address:
	City: State: Zip Code:
	Mailing address, if different:
	City: State: Zip Code:
	Primary phone: Alternate phone:
	Email Address: Does this person need an
	interpreter?
14.	The nominated guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.) a guardian currently acting for the respondent in Colorado or elsewhere. Inominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.
	☐ an agent under a medical power of attorney.
	☐ an agent under a general durable power of attorney.
	☐ the spouse or partner in a civil union of the respondent.
	☐ the parent of the respondent.
	☐an adult child of the respondent.
	☐ an adult with whom respondent has resided for more than six months immediately before the filing of this petition. ☐ other:
15.	The respondent nominated the following person as guardian, but the petitioner does not seek that person's appointment for the following reason:

Name:		List all names used (als	so known as, formerly known as
etc.):			
Relationship to Re	spondent:		
Street address:			
City:	State:	Zip Code:	
Mailing address, if	different:		
City:	State:	Zip Code:	
Primary phone:		_ Alternate phone:	
Email address:			
procedures for the safety, or welfare a	appointment of a quant no other person	gency Guardian for the respondent beguardian will likely result in substantial happears to have authority and willingne emergency is as follows:	harm to the respondent's health
		Du	
can be found with	reasonable efforts,	ult children and parents. None (such as a brother, sister, aunt, uncle, et	c.)
can be found with	reasonable efforts,	such as a brother, sister, aunt, uncle, et	c.) dent:
can be found with Name: Street address:	reasonable efforts,	such as a brother, sister, aunt, uncle, et	c.) dent:
can be found with Name: Street address: City:	reasonable efforts,	such as a brother, sister, aunt, uncle, et	c.) dent:
can be found with Name: Street address: City: Mailing address, if	reasonable efforts, s	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code:	c.) dent:
can be found with Name: Street address: City: Mailing address, if City:	reasonable efforts, s State: different: State:	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code: Zip Code:	c.) dent:
can be found with Name: Street address: City: Mailing address, if City:	reasonable efforts, s State: different: State:	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code:	c.) dent:
can be found with Name: Street address: City: Mailing address, if City: Primary phone: Email address:	reasonable efforts, s	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code: Zip Code:	c.) dent:
can be found with Name: Street address: City: Mailing address, if City: Primary phone: Email address: Does this person n	State: State	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code: Zip Code: Alternate phone: No	c.) dent:
can be found with Name: Street address: City: Mailing address, if City: Primary phone: Email address: Does this person in Name:	reasonable efforts, s State: different: State: State: eed an interpreter?	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code: Zip Code: Alternate phone: Relationship to Respond	c.) dent:
can be found with Name: Street address: City: Mailing address, if City: Primary phone: Email address: Does this person in Name: Street address:	reasonable efforts, s State: different: State: eed an interpreter?	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code: Zip Code: Alternate phone: Relationship to Respond	c.) dent:
can be found with Name: Street address: City: Mailing address, if City: Primary phone: Email address: Does this person in Name: Street address: City:	state: State: State: State:	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code: Zip Code: Alternate phone: Relationship to Respond Zip Code: Zip Code: Zip Code:	c.) dent:) dent:)
can be found with Name: Street address: City: Mailing address, if City: Primary phone: Email address: Does this person in Name: Street address: City: Mailing address, if	eed an interpreter? State: State: State: different: different: State:	such as a brother, sister, aunt, uncle, et Relationship to RespondZip Code:Alternate phone: Relationship to RespondZip Code:	c.) dent:) dent:)
can be found with Name: Street address: City: Mailing address, if City: Primary phone: Email address: Does this person in Name: Street address: City: Mailing address, if City:	ceasonable efforts, seed an interpreter? State: State: different: State: State: State: State: State:	such as a brother, sister, aunt, uncle, et Relationship to Respond Zip Code: Zip Code: Alternate phone: Relationship to Respond Zip Code: Zip Code: Zip Code:	c.) dent:

	Name:			Relationship	to Respondent:
	Street address:				
	City:	State:	Zip C	ode:	
	Mailing address, if	different:			
	City:	State	: Zip Cod	de:	<u></u>
	Primary phone:		Alternate phor	ne:	
	Email address:				<u></u>
	Does this person ne	eed an interpre	ter?: 🗖No 📮Y	es (Language)
	Information about including the resp		· · · -	_	ary care and custody of the responden
	Name of Treating P	hysician:			Phone #:
	Street Address:				
	Mailing Address, if	different:			
	City:	_State:	Zip Code:		
	Email Address:				
	Name of Caregiver:				Phone #:
	Street Address:				
	City:				
	Mailing Address, if	different:			
	City:	_State:	Zip Code:		
	Email Address:				
9.			istodian of a trust, e	etc. § 15-14-10	oondent not otherwise designated above (2(6), C.R.S.)
	Name:			Type of Lega	al Representative:
					al Representative:
	Phone #:		Email Address:		
			Email Address:		
	Phone #: Mailing Address:	_ State:	Email Address: Zip Code:		

☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis for charge. C.R.S.)	ging fees. (§ 15-10-602,
21. The guardian may compensate his, her or its counsel.	
The hourly rates to be charged, any amounts to be charged pursuant to a publish the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to be considered.	er bases upon which a fee
☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis for charge C.R.S.)	ging fees. (§ 15-10-602,
22. The respondent's assets are:	
Description of Assets (e.g. bank accounts, insurance, pensions, property) None	Estimated Value
	\$
	\$
Total	\$
23. The respondent's income is:	
Description of Income (e.g. social security, pension) ☐None	Estimated Amount of Income
	\$
	\$
Total	\$
The petitioner requests that an appointment of a guardian be made after notice ar In addition, the petitioner requests the following:	nd hearing.
 □ By checking this box, I am acknowledging I am filling in the blanks and not changing □ By checking this box, I am acknowledging that I have made a change to the original 	

VERIFICATION

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

Executed on the	day	of	,
(0	date)	(month)	(year)
at			
(city or other location	on, and sta	te OR country)	
	·	• ,	
(printed name)			
(signature)			

	trict Court Denver Pro	obate Court ty, Colorado				
Court	Addition.					
In the	Interest of:	_			Case Numb	OURT USE ONLY Der:
Resp	ondent				Division	Courtroom
	ORDER	_	NG EMERGE ANT TO § 15			OR ADULT
				•		
	onsideration of the Petitic		ment of Emerge	ncy Guardia	an for the abo	ve respondent and/or hearing
The co	ourt finds, determines	s and order	s:			
1.	Venue is proper.					
2.	Notice pursuant to § 15 Reasonable. Dispensed with becathe appointment is delay	use the court	finds from testing	•	e respondent	will be substantially harmed if
	of Right to Hearing (JI appointment. A copy of	DF 844) mus	t be personally	served on	the responde	nergency Guardian and Notice ent within 48 hours after the nust be promptly filed with the
3.		od of substant	tial harm to the r	espondent's	health, safet	guardian for the respondent y, or welfare, and that no other
4.	The emergency guardi	anship canno	t exceed 60 day	s from appo	ointment.	
5.	The court appoints	the following	ng person an	emergenc	v quardian	for the respondent:
	• •					·
	Name: Street address:					
	City:					
	Mailing address, if diffe					
	City:	State:	Zip Cod	de:		
	Primary phone:		_Alternate phone):		

	E-mail address:				
6.	Appointment of ar		guardian, with or wi	ithout notice, is not a determi	nation of
7.	The court appoints the	ne following atto	orney to represent the r	espondent:	
	Name:				
	Address:				
	City:	State:	Zip Code:	Email address:	
	Primary Phone: Attorney Registration	า #:	Alternate Phor	ne:	
8.				following the entry of this order, a	are termina
	emergency guardian respondent's protect Letters of Guardia	n is deemed to ed health inforr anship will be	b be respondent's person mation, as provided in F e issued. This emerg	ondent's medical records and infonal representative for all purposed IPAA, Section 45 CFR 164.502(gency guardianship expires on	ses relatir g)(2).
				gency guardian are as follows:	
	-				
11.	. The court further	orders:			
:					

□District Court □Den				
Court Address:	County, Colorado			
In the Interest of:				
				COURT USE ONLY
Respondent Attorney or Party Withou	ıt Attorney (Name s	and Address):	Case	Number:
Automos of Farty Willion	it Attorney (Name a	and Address).	Case	Number.
Phone Number: FAX Number:	E-mail:			on Courtroom
		NTMENT OF EN		
AND NOTIC	E OF RIGHT TO	HEARING PUR	RSUANT TO §	15-14-312, C.R.S.
То:	_	(respo	ondent)	
The court appointed an order. Appointment of an				ent are included in the attached capacity.
If you would like the court days after receiving your		opriateness of the a	ppointment, the	court will hold a hearing within 14
The court also appointed	the following attorn	ev to represent volu	for the duration (of the emergency appointment:
•	-			or the emergency appointment.
Name:				_
Street Address				1.
City:				
Mailing Address, if differe				
City:				
Primary Phone:		emate Phone		
Email:				
		Signature of Emer	gency Guardian or	Attorney for Emergency Guardian
		VERIFICATION	N	
I declare under penalty of	perjury under the la	aw of Colorado that	the foregoing is	true and correct.
Executed on the	day of	, ,		
Executed on the (date)	(month)	(year)		
at				
at(city or other location, and	I state OR country)			
(printed name)				
(F. mod namo)				
(signature)				

Note:

• If not present at the hearing, this notice must be personally served on the respondent, along with a copy of the Order Appointing Emergency Guardian within 48 hours of the appointment pursuant to § 15-14-312(2), C.R.S. A copy of this notice (JDF 844) and the Personal Service Affidavit (JDF718) must be filed with the court.

Dis	trict Court Denver Probate Court County, Colorado	
Court	Address:	
In the	Interests of:	
		COURT USE ONLY
		Case Number:
Ward		
vvaru	ODDED ADDOINTING TEMPODARY CURE	Division Courtroom
	ORDER APPOINTING TEMPORARY SUBST PURSUANT TO § 15-14-3	
	onsideration of the Petition for Appointment of Temporary on (date),	Substitute Guardian for the above ward and/or
The co	ourt finds, determines and orders:	
1.	Venue is proper and the required notices have been given	or waived.
2.	A qualified person seeks appointment.	
3.	The current guardian is not effectively performing his or himmediate action pursuant to § 15-14-313, C.R.S.	ner duties and the welfare of the ward requires
4.	The temporary substitute guardianship cannot exceed 6 me	onths from appointment.
5.	The court appoints the following person as tempo	orary substitute guardian for the ward:
	Name:	
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip Co	de:
	Primary Phone: Alternate Ph	one:
	Email Address:	
6.	The temporary substitute guardian must notify the court with street address, email address, or phone number changes a	
7.	The authority and letters of any guardian previously appoin	ted by this court are hereby suspended.
8.	Copies of all future court filings must be provided to the following	lowing interested persons:
	Name	Relationship to Ward
		Ward
		Guardian
		Spouse or partner in a civil union
		Parent

	A	dult children
9.	If an appointment is made without previous notice to the ward, the persons, the temporary substitute guardian must, within 5 days after the	
10.	The temporary substitute guardian is authorized to access the ward's temporary substitute guardian is deemed to be the ward's personal re the ward's protected health information, as provided in HIPAA, Sect	epresentative for all purposes relating to
11.	1. Letters of Guardianship will be issued. This temporary (date not to exceed 6 months from appropriate guardian has the same powers as set forth in the previous Order Approximately (1997).	pointment). The temporary substitute
12.	2. The court further orders:	
e:		
·	□ Judge □	Magistrate

Dis	trict Court Denver Probate Court	
Court	County, Colorado Address:	
les 4le e	Interest of	_
in the	Interest of:	A COURT HOT ONLY A
		Case Number:
Respo	ondent/Ward	Division Courtroom
Поорс	ORDER APPOINTING GUARDIAN	FOR ADULT
Upon d	consideration of the Petition for Appointment of Guardian (for the above respondent and hearing on
court ha	urt has considered any express wishes of the respondent cor as considered the powers and duties of the guardian, the sco ations of the nominee.	
The co	ourt finds, determines and orders:	
1.	Venue is proper and required notices have been given or wa	ved.
2.	The evidence is clear and convincing that the respondence respondent's needs cannot be met by less restrictive me reasonably available technological assistance.	
3.	The nature and extent of the respondent's incapacity is as for	lows:
4.	The court appoints the following person as guardia	n for the ward:
	Name:	
	Street address:	
	City: State: Zip code:	
	Mailing address, if different:	
	City: State: Zip code:	
	Primary phone: Alterna	
	Email address:	
	Email address.	

5. The guardian must promptly notify the court if the guardian's street address, email address, or phone number changes or of any change of address for the ward.

6. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.

7.	Adult to the ward and persons	s given notice of the peti or Conservator (JDF 81	ovide a copy of this Order Appointing (ion and must advise those persons usi 2) that they have the right to request te	ng Notice of
8.	The guardian must file the init	tial Guardian's Report -	Adult (JDF 850) by	(date
	60 days from appointment)	and must file annual	Guardian's Report - Adult (JDF 85	0) by each
	,		(year), for the duration of the guardia	, •
9.	welfare of the ward. The gua	ordian is required to main	ces for the support, care, education, ntain supporting documentation for all ent. The court further orders the following	eceipts and
10.	☐Medical powers of attorneterminated, except as follows:		prior to or following the entry of this	order, are
11	Conice of all future court filings	a must be provided to th	o following interested persons:	
11.	Copies of all future court filings	s must be provided to th	<u> </u>	
	Name		Relationship to the Ward Ward	
			Guardian	
			Spouse or Partner in a civil	union
			Parent	4
			Adult Child	
			713311 071113	
12.		onal representative for	nedical records and information. The all purposes relating to ward's prote 4.502(g)(2).	
13.			spital or institutional care and treatmer ace abuse against the will of the ward.	nt for mental
14.	guardian has reasonable caus	se to believe that the wa the guardian is require	intellectual and developmental disability and has been abused or exploited or is d to make a report to law enforceme .R.S. § 18-6.5-108(1)(b)(XII).	at imminent
15.	Letters of Guardianship w	vill be issued.		
	☐The powers and duties of t		cted.	
	The powers and duties of the	=		
	— The powere and datice of a	no guardian are infined i	by the fellowing rectifications.	
			y the following rectrictions.	

16.	The court further orders:	
Date:		☐Judge ☐Magistrate

□ District Court □ Denver Probate Court		
Court Address:		
Court Address.		
In the Interest of:	▲ COURT USE	ONLY A
	Case Number:	
Respondent/Ward	Division Courtroo	m
LETTERS OF GUARDIANSHIP	- ADULT	
(guardian) was appointed by co	urt order on	(date) as:
☐Guardian pursuant to § 15-14-311, C.R.S.		
Emergency Guardian pursuant to § 15-14-312(1), C.R.S. These letter not to exceed 60 days from the date of appointment). The guardian's power		
Temporary Substitute Guardian pursuant to § 15-14-313, C.R.S. The (a date not to exceed 6months from the date of appointment). The guar Order of Appointment.	•	d in the previous
The guardian must have access to respondent's/ward's medical record the respondent/ward is entitled. The guardian must be deemed to representative for all purposes relating to his or her protected health in 45 CFR 164.502(g)(2).	be the respondent's /	ward's personal
These Letters of Guardianship are proof of the guardian's full authority to a	ct, except for the following	restrictions:
The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illr developmental disability, or alcoholism against the will of the respondent/ward pursuant to § 15-14-316(4), C.		
The respondent /ward's place of residence must not be changed from the court pursuant to § 15-14-315(1)(b), C.R.S. Other limitations:	e State of Colorado withou	it an order of the
Curer inflications.		
Date:	······································	
Probate Registrar /(Dep	uty)Clerk of Court	
CERTIFICATION		
Certified to be a true copy of the original in my custody and to be in full f	orce and effect as of	
Probate Registrar/(Dep	outv)Clerk of Court	-

			1	
□ District Court □ Denver Pr	obate Court County, Cole	orado		
Court Address:	County, Con	orado		
In the Interest of:		_		
			A	🛦
Ward	was (Nama and Addus			OURT USE ONLY
Attorney or Party Without Atto	rney (Name and Addre	SS):	Case Numb	oer.
Phone Number:	E-mail:			_
FAX Number:	Atty. Reg. #:	REPORT – AD	Division	Courtroom
			-	
LINITIAL	. REPORT/CARE P	LAN LA	NNUAL RE	PORT
Current Reporting			_To	
(REPORTING DATES MUS	(MM)	/DD/YYYY)	(MM/D	D/YYYY)
(REPORTING DATES MICS	DI BE FOR THE PAST	TEAR AND MAT	NOI KEPON	TINIO THE FUTURE.)
	Instruction	ns to Guardian:		
Colorado law requires that ever	ry guardian of an adult	complete a Guardi	an's Report e	every year. When answerii
the questions in this report, you				
"no change since last report" ar	e not acceptable answe	ers. Your report ma	ay be rejected	u with those answers.
COLORADO LAW REQUIRES				
STATE OF COLORADO MUST request and obtain Court permi		MISSION. YOU MU	ist lile the he	cessary forms to make tr
CONTACT INFORMATIO	<u>N</u>			
Ward's Information:	☐ Check if Updat	ed Information fro	om last repo	rt (Annual Report ONLY)
	☐ Check if Resid	ency is Temporar	y (Care Plan	ONLY)
Name:	A	ge:		
Sex:				
Street Address:				
(Include Name of Living Center	or Nursing Home)			
City:	State:	Zip Co	ode:	
Mailing Address, if different:				
City:	State:	Zip Co	ode:	
Primary Phone:	Α	Iternate Phone:		

Name:			Age: _		0	ccupation
	Your Relationship to V	Vard:				
Street Address: _						
City:	State: Zip	Code:				
Mailing Address,	if different:					
City:	State:	_ Zip Code:				
Primary Phone: _	Alternate Phone:					
Email Address: _						
Have you had an	criminal charges filed against	you or convictions	entered since	the last report?	□Ye	s 🛭 No
If Yes, explain:						
Co-Guar	dian's Information (if applicabl	e): □Check if u	pdated inform	ation from last	repor	t
Name:			Age:			
Occupation:	Your R	elationship to War	·d:			
Street Address: _						
City:	State: Zip	Code:	-			
Mailing Address,	if different:					
City:	State:		_ Zip Code:			
Primary Phone: _	Alternate Phone:					
Have you had an	criminal charges filed against	you or convictions	entered since	the last report?	□Ye	s 🖵 No
If Yes, explain: _						
. PLACEN	ENT AND CARE SUPER	VISION				
A. Who curr	ently supervises the ward's care	e and treatment or	n a daily basis?	•		
Name:			·			
Primary F	Phone:	Alternate	Phone:			
	d has moved since the last repositions and reason for the cha		tify the date of	the move, addre	ess of	residence
Date of Move	Name of Facility and Address	ss	Type of Residence	Reason for Ch	nange	
				1		
I. STATUS	INFORMATION				Yes	No
		0				
	commend that the guardianshipolain:					Ц

	В.	Do you recommend any changes to the guardianship? If Yes , explain:		
	C.	Do you wish to remain guardian? If No , explain:		
		If you wish to terminate this guardianship, or modify by replacing lian or adding a co-guardian, you must file a separate petition with the		
III.		CURRENT CONDITION OF THE WARD ease describe in detail the current mental condition of the ward:		
	Ple	ease describe in detail the current physical condition of the ward:		
	Ple	ease describe in detail the current social condition of the ward:		
IV.	-	PERSONAL CARE AND OTHER ISSUES	Yes	No
	A.	Has the ward's physical and medical condition (illness/injuries) changed since the last report? If Yes , explain:		<u> </u>
	В.	Has the ward been hospitalized since the last report? If Yes , explain:		
	C.	Have there been any medical, social or psychological evaluations of the ward performed? Please explain:		<u> </u>
	D.	Is there a need for further medical, social or psychological evaluations of the ward? Please explain:		

Ε.	Describe the medical, educational, vocational and other services provided to the ward.
	Please describe in detail any medical services provided to the ward:
	Please list any medications provided to the ward:
	riease list any medications provided to the ward.
	Please describe in detail any educational services provided to the ward:
	Please describe in detail any vocational services provided to ward:
	Please describe in detail any other services provided to ward:
F.	How often do you contact the ward's medical provider?
	□ Daily □ Weekly □ Monthly □ Other:
	How do you contact the ward's medical provider (phone, email, etc.)?
G.	Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?
	Yes No If No, describe what changes would be appropriate.
н.	The ward's care and living situation is Very Good Good Adequate Poor
п.	
l.	Describe your plans for the ward's future care, including any recommended changes.

V. VISITATION OF WARD

	Colorado law requires that a guardian maintain sufficient contact with the ward.
A.	How often do you visit the ward? □Daily □Weekly □Monthly □Other:
В.	How often do you contact the ward or the ward's care provider?
	□Daily □Weekly □Monthly □Other:
C.	When was the last time you saw the ward in person? (date)
D.	Indicate how long your visits are and summarize your activities with and on behalf of the ward.
E.	Does the ward participate in decision-making? Yes No Briefly describe.
	——————————————————————————————————————
F	FINANCIAL MATTERS
F	FINANCIAL MATTERS Complete this section <u>only</u> if the guardian has custody of funds.
	Complete this section only if the guardian has custody of funds. Are there sufficient financial resources to take care of the ward? Yes No
A.	Complete this section only if the guardian has custody of funds. Are there sufficient financial resources to take care of the ward? Yes No
A. B.	Complete this section only if the guardian has custody of funds. Are there sufficient financial resources to take care of the ward? Yes No If No, what do you believe is the best way to handle this problem? Do you have control of the ward's income? Yes No

	Estimated Value:		
	Investment Account(s): Name of financial institution(s) and last four numbers of	account	t(s):
	Estimated Value:		
Rea	al Estate: Address:		
	Estimated Value:		
Per	sonal Property (i.e. jewelry, collectibles, vehicles) Description:		
	Estimated Value:		
	Estimated Value:		
	Estimated Value: bilities/Debts: Creditor(s):		
Lial			
Lial	bilities/Debts: Creditor(s): Estimated Amount:		
Lial	bilities/Debts: Creditor(s): Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY		
Lial	bilities/Debts: Creditor(s): Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Lial	bilities/Debts: Creditor(s): Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY		
Be Plu	bilities/Debts: Creditor(s): Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD eginning balance of bank accounts (savings, checking, etc.)	\$	
Be Plu	Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD eginning balance of bank accounts (savings, checking, etc.) us money received (Social Security, SSI, pension, disability, interest, etc.) from	\$ +\$	
Be Plu an Le	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD eginning balance of bank accounts (savings, checking, etc.) us money received (Social Security, SSI, pension, disability, interest, etc.) from by source on behalf of the Ward best total fees to care providers best total monies paid to the Ward, e.g. personal needs	\$ +\$ -\$	
Bee Plu an Le Le Le	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD eginning balance of bank accounts (savings, checking, etc.) us money received (Social Security, SSI, pension, disability, interest, etc.) from by source on behalf of the Ward less total fees to care providers less total monies paid to the Ward, e.g. personal needs less total fees paid to guardian	\$ +\$ -\$ -\$	
Be Plu an Le Le Le	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD eginning balance of bank accounts (savings, checking, etc.) us money received (Social Security, SSI, pension, disability, interest, etc.) from by source on behalf of the Ward best total fees to care providers best total monies paid to the Ward, e.g. personal needs	\$ +\$ -\$	

IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Guardian's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Guardian, including minors 12 years of age or older (§ 15-14-309(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate petition with the court.

VERIFICATION

Executed on the day of			
Executed on the day of (date)	(month)	(year)	
at			
at(city or other location, and state	OR country)		
(printed name)			
(signature)			
	055		
	CER	RTIFICATE OF SERVICE	
I certify that on	(date),	RTIFICATE OF SERVICE a copy of this (name	ne of document) was served
I certify that on as follows on each of the follow Name and Address	(date), ing:		ne of document) was served Manner of Service*
as follows on each of the follow	(date), ing:	a copy of this (name	,
as follows on each of the follow	(date), ing:	a copy of this (name	,
as follows on each of the follow	(date), ing:	a copy of this (name	,
as follows on each of the follow	(date), ing:	a copy of this (name	,
as follows on each of the follow	(date), ing:	a copy of this (name	,
as follows on each of the follow	(date), ing:	a copy of this (name	,
as follows on each of the follow	(date), ing:	a copy of this (name	,
as follows on each of the follow	(date), ing:	a copy of this (name	,
Name and Addre	(date), ing: ess	a copy of this (name	Manner of Service*

In the Interests of: Ward Attorney or Party Without Attorney (Name and Address): Case Number:	□ District Court □ Denver F				
Attorney or Party Without Attorney (Name and Address): Case Number: E-mail: FAX Number: Atty. Reg. #.: Division Courtroom PETITION FOR TERMINATION OF GUARDIANSHIP − ADULT PURSUANT TO § 15-14-318, C.R.S. Petitioner(s), Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Alternate Phone: Email Address: Is the guardian Is the guardian Is the ward Is a person interested in the welfare of the ward (State nature of interest) The Petitioner requests that the guardianship be terminated because the ward no longer meets the standar for establishing the guardianship for the following reasons:	Court Address:	unty, Colorado			
Attorney or Party Without Attorney (Name and Address): Case Number: E-mail: FAX Number: Atty. Reg. #:: PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO § 15-14-318, C.R.S. Petitioner(s),	In the Interests of:				
Attorney or Party Without Attorney (Name and Address): Case Number: E-mail: FAX Number: Atty. Reg. #:: PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO § 15-14-318, C.R.S. Petitioner(s),					
Phone Number: Atty. Reg. #:: Division Courtroom PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO § 15-14-318, C.R.S. Petitioner(s),	Ward			▲ COURT USE	ONLY A
PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO § 15-14-318, C.R.S. Petitioner(s),	Attorney or Party Without At	torney (Name and Address):		Case Number:	
PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO § 15-14-318, C.R.S. Petitioner(s),	Phone Number:				
Petitioner(s),					room
Petitioner(s),	PEIIIIO			_	
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip: Primary Phone : Alternate Phone: Email Address: is the guardian is the ward is a person interested in the welfare of the ward (State nature of interest) The guardian was appointed on (date). The Petitioner requests that the guardianship be terminated because the ward no longer meets the standar for establishing the guardianship for the following reasons:			10 11 010, 0		
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip: Primary Phone : Alternate Phone: Email Address: is the guardian is the ward is a person interested in the welfare of the ward (State nature of interest) The guardian was appointed on (date). The Petitioner requests that the guardianship be terminated because the ward no longer meets the standar for establishing the guardianship for the following reasons:	 Petitioner(s). 			(full name(s))	
City: State: Zip Code: Mailing Address, if different: State: Zip: Primary Phone : State: Alternate Phone: Email Address: is the guardian is the ward is a person interested in the welfare of the ward (State nature of interest) The guardian was appointed on (date) The Petitioner requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:				(********************************	
Mailing Address, if different:					
City: State: Zip: Primary Phone : Alternate Phone: Email Address: lis the guardian lis the ward lis a person interested in the welfare of the ward (State nature of interest) The guardian was appointed on (date). The Petitioner requests that the guardianship be terminated because the ward no longer meets the standar for establishing the guardianship for the following reasons:	-		-		
Primary Phone:	=			Zip:	
□ is the guardian □ is the ward □ is a person interested in the welfare of the ward (State nature of interest) □ . The guardian was appointed on (date). The Petitioner requests that the guardianship be terminated because the ward no longer meets the standar for establishing the guardianship for the following reasons:					
□ is the guardian □ is the ward □ is a person interested in the welfare of the ward (State nature of interest) □ . The guardian was appointed on (date). The Petitioner requests that the guardianship be terminated because the ward no longer meets the standar for establishing the guardianship for the following reasons:	Email Address:				
□ is the ward □ is a person interested in the welfare of the ward (State nature of interest) □ . The guardian was appointed on	_				
The guardian was appointed on (date). The Petitioner requests that the guardianship be terminated because the ward no longer meets the standar for establishing the guardianship for the following reasons:					
The Petitioner requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:	☐is a person interested	in the welfare of the ward (St	ate nature of in	erest)	
for establishing the guardianship for the following reasons:	. The guardian was appointe	ed on	(date).		
□Physician's letter or professional evaluation by qualified person is attached. if appropriate in compliance w				the ward no longer me	ets the standard
□Physician's letter or professional evaluation by qualified person is attached. if appropriate in compliance w					
□Physician's letter or professional evaluation by qualified person is attached. if appropriate in compliance w					
□ Physician's letter or professional evaluation by qualified person is attached. if appropriate in compliance w					
☐Physician's letter or professional evaluation by qualified person is attached. if appropriate in compliance w					
☐Physician's letter or professional evaluation by qualified person is attached. if appropriate in compliance w					
☐Physician's letter or professional evaluation by qualified person is attached. if appropriate in compliance w					
	Physician's letter or prof	fessional evaluation by qualif	ied person is at	tached, if appropriate in	compliance with

4. The court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following

JDF 852SC R9/18 PETITION FOR TERMINATION OF GUARDIANSHIP - ADULT

person(s):

The people listed above will be giver 309(3), C.R.S.	n notice of	f the time and	place for hearing on this peti	tion, purs	uant to § 15-1
5. The petitioner requests that the	e court ap	point (check a	ll that apply):		
☐Court Visitor☐Guardian ad Litem (GAL)☐					
Attorney Other:					
☐None.					
6. The ward is required to be pre	sent at th	ne hearing, un	less excused by the court	for good	cause.
☐The petitioner requests that the w	ard be ex	cused from att	ending the hearing for the fo	llowing re	asons:
form.					
form. ☐ By checking this box, I am ackno					
form. By checking this box, I am ackno	wledging		de a change to the original c		this form.
form. By checking this box, I am ackno Signature of Attorney for Petitioner	wledging	that I have ma	de a change to the original c Signature of Petitioner	ontent of	this form.
form. By checking this box, I am ackno Signature of Attorney for Petitioner I declare under penalty of perjury un-	wledging Date der the la	that I have ma VERIFICAT w of Colorado	de a change to the original c Signature of Petitioner	ontent of	this form.
form. By checking this box, I am ackno Signature of Attorney for Petitioner I declare under penalty of perjury uncertainty to the day of the	Date der the law	VERIFICAT w of Colorado ,, (year)	de a change to the original c Signature of Petitioner	ontent of	this form.
form. By checking this box, I am ackno Signature of Attorney for Petitioner I declare under penalty of perjury uncertainty to the day of the	Date der the law	VERIFICAT w of Colorado ,, (year)	de a change to the original c Signature of Petitioner	ontent of	this form.
form. By checking this box, I am acknown By checking this box, I am acknown By checking this box, I am acknown By checking the Signature of Attorney for Petitioner I declare under penalty of perjury under the day of day of date (date) (respectively) at declare under penalty of perjury under the day of day of date (date) (respectively)	Date der the law	VERIFICAT w of Colorado ,, (year)	de a change to the original c Signature of Petitioner	ontent of	this form.
By checking this box, I am ackroform. By checking this box, I am acknown By checking this box, I am ackroform. Signature of Attorney for Petitioner I declare under penalty of perjury under the checking this box, I am ackroform. (data by checking this box, I am ackroform. Signature of Attorney for Petitioner (data by checking this box, I am ackroform. Signature of Attorney for Petitioner I declare under penalty of perjury under the checking this box, I am ackroform. (data by checking this box, I am ackroform.	Date der the law	VERIFICAT w of Colorado ,, (year)	de a change to the original c Signature of Petitioner	ontent of	this form.
form. By checking this box, I am acknown as a comparison of the properties of the comparison of the c	Date der the law	VERIFICAT w of Colorado ,, (year)	de a change to the original c Signature of Petitioner	ontent of	this form.

Address

as follows on each of the following:

Full Name

Relationship

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

^{*}Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature		

Note:

• The petitioner must contact the court to set a date and time for a hearing.

	The state of the s	
□ District Court □ Denver Probate Court		
Court Address:		
County ladieses.		
In the Interest of:		
		▲ COURT USE ONLY ▲
Ward/Protected Person		
Attorney or Party Without Attorney (Name a	nd Address): Cas	e Number:
Phone Number: E-mail:	Divis	sian Countra and
FAX Number: Atty. Reg.#:	NOTICE OF DEATH	sion Courtroom
	NOTICE OF BEATT	
This notice is submitted pursuant to §§15	-14-314(2)(g), C.R.S. and/or 15-1	4-431(1), C.R.S.
1	(name), who died on	(date)
was the subject of a ☐Guardianship and	/or □Conservatorship.	
O The supplied and substitute and substitute		
2. ☐The guardian's authority to act on beh	air of the ward has terminated.	
☐The conservator's authority to act or	behalf of the protected person	is limited and the conservator will
conclude administration of the conservate	orship estate pursuant to §§15-14-	428 and 15-14-431, C.R.S.
	VERIFICATION	
I declare under penalty of perjury under the la	aw of Colorado that the foregoing i	s true and correct.
Executed on the day of (date) (month)	_,, (vear)	
(date) (mentity	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
at (city or other location, and state OR country)		
(city of other location, and state on country)		
(n vinte d n o no o)		
(printed name)		
(signature)		
	RTIFICATE OF SERVICE), a copy of this	_ (name of document) was served
as follows on each of the following:), a copy of this	_ (name or document) was served
-	Dolotionabin to Deceder 14	lovd
Name and Address	Relationship to Decedent, W or Protected Person	Manner of Service*
	3. 1 10100134 1 010011	
1		

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	Case Numb	OURT USE ONLY
	Case Numb	GI.
Ward	Division	Courtroom
ORDER FOR TERMINATION OF PURSUANT TO § 15		ADULT
Upon consideration of the Petition for Termination of		
□ Death of the ward. □ The ward no longer meets the standard for continuing the □ The following good cause:	·	cause:
☐ Death of the ward. ☐ The ward no longer meets the standard for continuing the	·	cause:
☐ Death of the ward. ☐ The ward no longer meets the standard for continuing the	·	cause:
☐ Death of the ward. ☐ The ward no longer meets the standard for continuing the	·	cause:
☐ Death of the ward. ☐ The ward no longer meets the standard for continuing the	·	cause:

☐District Court ☐D	Denver Probate C				
Court Address:	County, Colo	ilauo			
In the Interests of:					
Ward/Minor					URT USE ONLY
Attorney or Party Wit	hout Attorney (Na	ame and Address)):	Case Numb	er:
Phone Number: FAX Number:		E-mail: Atty. Reg. #.:		Division	Courtroom
PETITION	FOR MODIF	ICATION OF G	UARDIANSH	IIP – 🗖 ADI	JLT MINOR
P	URSUANT TO	O § § 15-14-318	, C.R.S. OR 1	5-14-210, C	C.R.S.
. Petitioner:					(name)
Relationship to wa	rd:				
Street Address:					
City:		State:	Zip Cod	e:	
Mailing Address, if	different:				
City:	State:	Z	Zip Code:	· · · · · · · · · · · · · · · · · · ·	
Primary Phone:			Alternate Pho	one:	
Email Address:					
☐is the ☐mother	r. 🗖 father.				
☐is the ward/mind	or.				
☐is guardian.					
☐is a person inte	rested in the welf	fare of the ward (s	tate nature of in	terest):	
. The guardian was a	ppointed on			(date).	
. The authority of the	guardian should	be modified as fo	llows:		
-					
-					

4. The court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following

person(s): **Full Name Address** Relationship 5. The Petitioner requests that the Court appoint: (check all boxes that apply): ☐ Court Visitor ☐ Guardian ad Litem (GAL) Attorney for Ward/Minor Other: ☐None. 6. The ward is required to be present at the hearing, unless excused by the court for good cause. The petitioner requests that the ward be excused from attending the hearing for the following reasons: ☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the By checking this box, I am acknowledging that I have made a change to the original content of this form. Signature of Attorney for Petitioner Date Signature of Petitioner Date **VERIFICATION** I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the __ day of _ (month) (vear) (city or other location, and state OR country) (printed name) (signature) CERTIFICATE OF SERVICE __ (date), a copy of this _____ (name of document) was served I certify that on

as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

^{*}Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature		

Note:

• The petitioner must contact the court to set a date and time for a hearing.

□ District Court □ Denver Probate Court □ County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY Case Number:
Ward/Minor	
Wal driving	Division Courtroom
	OF GUARDIANSHIP □ADULT □MINOR I-318, C.R.S. OR 15-14-210, C.R.S.
Upon consideration of the Petition for Modification upon proper notice and hearing held on	on of Guardianship filed on (date)
☐ The extent of protection or assistance previously☐ The ward's or minor's capacity to provide for him☐ Other:	nself or herself has changed.
The court orders the following modifications to	this quardianshin:
The guardian is granted additional authority as fo	-
■The authority of the guardian is limited by the foll	lowing restrictions:
Other:	
Amended Letters of Guardianship will issue.	
Date:	
	☐Judge ☐Magistrate

□ District Court □ Denver Probate Cour			
Court Address:)		
Court / todal coo.			
In the Interest of:		_	
in the interest of.			
Ward/Minor		▲ c	OURT USE ONLY
Attorney or Party Without Attorney (name	and address):	Case Num	ber:
Phone Number: E-mail:			
FAX Number: Atty. Reg. #:			Courtroom
PETITION FOR APPOINTMEN	T OF UCO-GUARDIA		SSOR GUARDIAN
his Petition is submitted pursuant to tatements:			
Petitioner,			
Street Address:			
City: State:	•		
Mailing Address, if different:			
City:State:			
Primary Phone:	Alternate Phone:		
Email Address:		_	
Petitioner relationship to ward or minor:			
Letters of Guardianship were issued on		(dat	re).
The previously appointed guardian,		(name):	
☐ joins in this petition.		().	
tendered a resignation approved by the	ne court on		(date).
died on	(date of death).		
was removed by a court order issued	on	(date).	
☐ is the petitioner and hereby tenders h☐ other:			
☐ Petitioner is, 21 years of age or older			_
Guardian or Successor Guardian.	, nonlinates minisch of ners	cii ana request	
or			
Petitioner nominates the following p	erson, who is 21 years of	age or older,	to be appointed as $\square Co$
Guardian or Successor Guardian.			
Nome			
Name:			
Street Address:			

	City:	State:	Zip Code:	
	Mailing Address, if o	different:		
	City:	State:	Zip Code:	
			Alternate Phone:	
	Email Address:			
6.	The nominated (§ 15-14-310, C.R.S.)		iccessor Guardian has priority for appo	pintment because he or she is:
	a guardian currer	ntly acting for the Wa	rd in Colorado or elsewhere.	
	nominated in writ	ting by Ward, includin	g nomination in a durable power of atto	orney or designated beneficiary
	an agent under a	medical power of at	orney.	
	an agent under a	a general durable pov	er of attorney.	
	the spouse or pa	rtner in a civil union o	of the ward.	
	the parent of the			
	an adult child of t	the ward.		
		om ward or minor ha	s resided for more than 6 months imme	ediately before the filing of this
	petition.			
	Gotner.			
7.	The Co-Guardian or	r Successor Guardiar	n may receive compensation.	
	the rates and basis	for charging fees fo	mounts to be charged pursuant to a pul r any extraordinary services, and any are as stated below or in an attachmen	other bases upon which a fee
	☐The basis of com	npensation has not ye	et been determined.	
		,		
8.	The Co-Guardian or	r Successor Guardiar	n may compensate his, her, or its couns	sel.
	the rates and basis	for charging fees fo	mounts to be charged pursuant to a pul r any extraordinary services, and any are as stated below or in an attachmen	other bases upon which a fee
	☐The basis of com	npensation has not ye	et been determined.	
. T				v shaveing face (C.45.40.000
4	nere is a continuing	Objugation to disclose	e any material changes to the basis for	r charding tees (§ 15-10-602

9. The petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current guardian.

C.R.S.)

10. Petitioner requests that the nominee Guardianship be issued ☐immediat			Guardian and that Letters of
☐ By checking this box, I am acknowled ☐ By checking this box, I am acknowled			
	VERIFICATION		
I declare under penalty of perjury under t	the law of Colorado that the f	oregoing is true a	and correct.
Executed on the day of (mon	th) (year)		
at (city or other location, and state OR cour	ntry)		
(printed name)			
(signature)			
	CERTIFICATE OF SERVIO	CE	
I certify that on (as follows on each of the following:	(date), a copy of this	(nam	e of document) was served
Name and Address	Relationship to Dec or Protected		Manner of Service*
*Insert one of the following: hand deliver	ry, first-class mail, certified m	ail, e-service, or	fax.
Note:	Sigr	nature	

• The petitioner must contact the court to set a date and time for a hearing.

	strict Court Denver Probate Court	
	County, Colorado	
Court	Address:	
In the	Interests of:	
		A COURT HOT ONLY
		COURT USE ONLY Case Number:
		0.000 1
Ward	/Minor	Division Courtroom
	ORDER APPOINTING CO	O-GUARDIAN OR SUCCESSOR GUARDIAN
Upon	consideration of the Petition of Ap	opointment of Co-Guardian or Successor Guardian filed by (name of petitioner) on (date),
The c	ourt finds:	
1.	The previously appointed guardian has	s joined in the petition, resigned, died or been removed.
2.	The best interests of the ward/minor wil	ill be served upon this appointment.
	The best interests of the ward/minor will Any required notices have been given or	
2. 3. The c	Any required notices have been given of court orders the following	or waived.
2. 3. The c	Any required notices have been given of	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development o §15-14-316(4), C.R.S. The address, telephone number and e-	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development to §15-14-316(4), C.R.S. The address, telephone number and e-Street Address: States.	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development to §15-14-316(4), C.R.S. The address, telephone number and e-Street Address: State Mailing Address, if different: State St	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development to §15-14-316(4), C.R.S. The address, telephone number and e-Street Address: State Mailing Address, if different: State:	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development to §15-14-316(4), C.R.S. The address, telephone number and e-Street Address: State Mailing Address, if different: State:	or waived.
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development to §15-14-316(4), C.R.S. The address, telephone number and e-Street Address: State:	ects the issuance of Letters of Guardianship-Adult (JDF 849) with not have the authority to obtain hospital or institutional care and ental disability, or alcoholism against the will of the ward pursuant -mail is as follows: Zip Code:
2. 3. The c	Any required notices have been given of court orders the following The court appoints guardian. In an adult guardianship, the court direct the restriction that the guardian does treatment for mental illness, development to §15-14-316(4), C.R.S. The address, telephone number and e-Street Address: State:	cor waived. (name) as □co-guardian □successor ects the issuance of Letters of Guardianship-Adult (JDF 849) with not have the authority to obtain hospital or institutional care and ental disability, or alcoholism against the will of the ward pursuant -mail is as follows: ate: Zip Code: Zip Code: Alternate Phone:

3.	■The provisions of the original order apply.		
	☐File the Guardian's Report (JDF 850) by	(date 60 days	from appointment).
	☐ File the Annual Guardian's Report (JDF 834 or annually one year from said date unless otherwise)	IDF 850) by ise ordered by the Court.	
	Other:		
4.	The court further orders:		
Date:			
Date		Judge Magistrate	

☐ District Court ☐	Denver Probate Court				
Court Address:	County, Colorado				
In the Interest of:			_		
			A .cc	OURT USE ONLY	A
Minor	ithout Attorney (name and a	addross):	Case Numb		
Altorney or Party Wi	unout Attorney (name and a	address).	Case Numb	er.	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:		Division	Courtroom	
PET	ITION FOR APPOINT	MENT OF CONSE	RVATOR FO	R MINOR	
1. The petitioner is	:				
_ ·	would be adversely affect	ed by lack of effective	management	of the minor's pro	perty and
business.					
_ '	s interested in the estate, f	nancial affairs, or welf	are of the minor		
□ the minor and	is 12 years of age or older.				
This is a petition	for appointment of a:				
	(Note: the appointment wil	expire when the Mind	or reaches the a	age of 21, unless	otherwise
ordered by the co	ιστι.) rvator. While a petition to	actablish a conservat	orchin is nandir	na a special cons	orvator is
needed to prese	rvator: write a petition to rve and apply the minor's re dependent upon the Min	property as may be			
_	rvator. A special conserva		sist in the acco	mplishment of the	following
protective arrange	ement or other single transa	action. A permanent of	conservatorship	is not requested.	
O Information above					
2. Information about	•	Liet	all names use	d (also known as	formarly
				a (also kilowii as	, ioiiiieiiy
·	inor:				
	State:				
•	if different:	•			
-	State:				
	Alter				
Email Address:			<u></u>		
Does Petitioner n	eed an interpreter? ☐No	☐Yes (Language:_)
3. Information about	ut the minor:				
	at the fillion.	Age:	Date of Birth	າ:	

	Street Address:				
			Zip Code:		
	Mailing Address, if diffe	rent:			
			Zip Code:		
	Primary Phone:		Alternate Ph	none:	
	Email address:				
	Does the minor need a	n interpreter?	lo 🗖 Yes (Language:)	
4.	Information about the	minor's parents:			
	Parent's Name:		Deceased □l	Unknown (attach Birth Certificate)	
			Zip Code:		
	-		•		
			ip Code:		
	Primary Phone:		Alternate Phone:		
	Email Address:				
	Does this person need	an interpreter?	No ☐Yes (Language:)	
	Parent's Name:		☐Deceased ☐U	nknown (attach Birth Certificate)	
				· · · · · · · · · · · · · · · · · · ·	
			Zip Code:		
	•		•		
	-		ip Code:		
	•		•		
	Email Address:				
			No Yes (Language:)	
	Bood tine percent need				
5.	Venue for this procee	ding is proper in	this county because the mi	inor	
	resides in this county				
	does not reside in th	is state, but has p	operty in this county.		
6.	☐A conservator is re	equired because o	f the minor's age. The min	ıor	
•	_	-	-	nent or protection that cannot otherwi	se
	be provided; and/o	• •	, ,	·	
	-	e business affairs	that may be put at risk or	prevented because of his or her ag	је;
	and/or ☐needs money formoney.	r support and edu	cation and protection is nece	essary or desirable to obtain or provi	de
	_				
7.				age. The minor is unable to mana ely receive and evaluate information	

;	
	In addition: the Minor has property that will be wasted or dissipated unless proper management is provided. and/or
	the Minor, or persons entitled to the Minor's support, require money for support, care, education, healt and welfare, and protection is necessary or desirable to obtain or provide money.
	A conservator is required because the minor is missing, detained, or unable to return to the United States. The nature of the minor's disappearance or detention and any efforts to locate the minor are as follows:
	The petitioner requests the conservator's powers and duties be □unlimited/unrestricted or □limited/wirestrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:
•	
	The petitioner requests the special conservator's powers and duties be unlimited or unrestricted or limited or with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the Special Conservator's powers and duties, if any, are as follows:
	☐Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed

Name:		List all names used (also known as, formerly
known as, etc.):		
Relationship to Mino	r:	<u> </u>
Street Address:		
City:	State:	Zip Code:
Mailing Address, if d	ifferent:	
City:	State: Zip	Code:
Primary phone:	Alt	ernate phone:
Email Address:		
Does this person nee	ed an interpreter?	☐Yes (Language:
an interested person.	(State nature of interest.)	
The conservator may red	ceive compensation.	
☐The hourly rates to including the rates and	be charged, any amour basis for charging fees	nts to be charged pursuant to a published fee schedule, for any extraordinary services, and any other bases upon d, are as stated below or in an attachment to this petition. *
☐The hourly rates to including the rates and	be charged, any amour basis for charging fees	for any extraordinary services, and any other bases upon
The hourly rates to including the rates and which a fee charged to the	be charged, any amour basis for charging fees	for any extraordinary services, and any other bases upon d, are as stated below or in an attachment to this petition. *
☐The hourly rates to including the rates and which a fee charged to the charged the	be charged, any amour basis for charging fees he estate will be calculate	for any extraordinary services, and any other bases upon d, are as stated below or in an attachment to this petition. * etermined.

* There is a continuing obligation to disclose any material changes to the basis C.R.S.)	s for charging fees. (§ 15-10-602
14. Sections a and b below identify assets and the source and amount of est property, proceeds from insurance policy, proceeds from pension, etc.) of of the value.	
a. The minor's assets are:	
Description of Assets (e.g. bank accounts, property) None.	Estimated Value
	\$
	\$
	\$
Total	\$
b. The Minor's income is:	
Description of Income (e.g. social security, insurance or pension) None.	Estimated Amount of Income
	\$
	\$
	\$ \$ \$
Total	\$
Total 15. □The following person is currently acting as Guardian or Conserv	stator for the Minor in Colorado o
Total 15. □The following person is currently acting as Guardian or Conservelsewhere:	stator for the Minor in Colorado o
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	\$ rator for the Minor in Colorado o p to Minor:
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name: Relationship Street Address:	stator for the Minor in Colorado of the Minor:
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name: Relationship Street Address: Zip Code:	stator for the Minor in Colorado o
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name: Relationship Street Address: Zip Code: Mailing Address, if different:	stator for the Minor in Colorado of the Minor:
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	stator for the Minor in Colorado of the Minor:
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	stator for the Minor in Colorado of the Minor:
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	stator for the Minor in Colorado of the Minor:
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	s rator for the Minor in Colorado o
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	stator for the Minor in Colorado of p to Minor:
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	s rator for the Minor in Colorado o p to Minor: Colorado o Colora
Total 15. The following person is currently acting as Guardian or Conservelsewhere: Name:	stator for the Minor in Colorado of p to Minor:

	City:	State:	Zip Code:	_
	Primary Phone:		Alternate Phone:	
	Email Address:			_
)
17.	The following person had filing of this petition:	the primar	y care and custody of the	minor during the 60 days prior to the
	Name:		Relati	onship to Minor:
	Street Address:			
				Zip Code:
	Mailing Address, if different:			
	City:			
	Primary Phone:		Alternate Phone:	
	Email Address:			_
	Dates of Care:			
)
10.	(Representative payee, trusto	ee, custodia	an of a trust, etc. § 15-14-102	nor not otherwise designated above. 2(6), C.R.S.) Representative:
	Street Address:			
	City:			
	Mailing Address, if different:_			
	City:			
	Primary Phone:		_ Alternate Phone:	
	Email Address:			_
	The Petitioner requests tha			e made after notice and hearing.
forr	n.			s and not changing anything else on the 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)	•	(month)	(year)	
at					
city or other loc	ation, an	d state (OR country)		
(printed name)					
(signature)					

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	▲ COURT USE ONLY ▲
	Case Number:
Minor	
ORDER APPOINTING CONSERVATO	Division Courtroom
ORDER APPOINTING CONSERVATO	DR FOR WIINOR
Upon consideration of the Petition for Appointment of Conservate (date),	or for the above minor and hearing on
The Court finds that:	
 Venue is proper and required notices have been given or waive. An interested person seeks the appointment of a conservator. The person is a minor born on	(date). onservator. ninor ction that cannot otherwise be provided. orevented because of the minor's age. is necessary or desirable to obtain provide property and business affairs because he or on or both or to make or communicate or available technological assistance. The y, it has been shown that the minor has hagement is provided or that the minor, or oport, care, education, health, and welfare, oney. detained, or unable to return to the United
The court has considered any expressed wishes of the minor concert court has considered the powers and duties of the conservator, the sc and qualifications of the nominee.	
The court appoints the following person as conservator of the	he minor:
Name:	
Street Address:	
City: State: Zip C	code:
Mailing Address, if different:	
City: State: Zip Code:	
Primary Phone: Alternate Phone:	
Email Address:	

	The letters will expire on (date otherwise ordered by the court.	e) the	minor's	21st	birthday,	unless
	The powers and duties of the conservator are unrestricted.	The con	servator m	ay exe	rcise all the	powers
mi ac \$_ ma tra ord ret	granted in §15-14-425, C.R.S. The conservator must open an account in a federally insured minor or protected person. The account must be opened on behaccount must be opened using the sample title, " (Name of \$ and funds received subsequently make internal transfers of funds in order to take advantage of charansfers, the financial institution must permit no withdrawals froorder of this court. An Acknowledgment of Deposit of Funds to Returned to the court within 30 days. No attorney fees may be patform is signed and returned to the court.	nalf of the Conser into the anges in the allestricte	e minor or vator). The e account. In interest raccount, except a Account	protect conser The co ates ex cept by (JDF 8	red person. rvator must nservator n cept for inte separate c 67) must be	The deposit nay ernal ertified
	The powers and duties of the conservator are limited by the fo	ollowing	restrictions	S:		
	court orders the following: 1. The conservator must notify the court within 30 days if his or	r her ho	me addres:	s emai	l address (or phone
	number changes and any change of address for the Minor.					·
2.	 Within 30 days of appointment, the conservator must provi and persons given notice of the petition and must advise the Guardian and/or Conservator (JDF 812) that they have the the conservatorship. 	iose pei	sons using	Notice	e of Appoir	tment of
3.	The conservator must ☐ file for approval with the court a Conservator's Inverbefore (date within 90 days from be reported as of the date of this order. ☐ file a Conservator's Report (JDF 885) with (date). The time period	appoint	ment). The ourt each	e value ı yea	of the ass	ets must before
	(date) and end on			-		_
	maintain all supporting documentation; including receipts and	d disbur	sements.			
	☐ file a Restricted Account Report (JDF 896) along with a the restricted account each year ☐ on the(date) or ☐ on	Mino	r's/Protect	ed F	Person's	ment for birthday date).
4.	4. The conservator will				(,

	by (date). If bond provided to the surety.	. The bond must be posted with the Cod is posted by a surety, notice of any proceeding must
5.	Copies of all future Court filings must be provide	ed to the following:
	Name of Interested Person	Relationship to Minor
		The Minor if 12 years or older at the time of mailing
		time of mailing Parent or adult nearest in kinship
		Parent or adult nearest in kinship
		Conservator
6.	The court further orders:	
7.		

□ District Court □ Denver Probate Court		
Court Address:		
Court Address.		
In the Interests of:		
	A	A
	-	RT USE ONLY
	Case Number	•
Minor		
	Division	Courtroom
LETTERS OF CONSERVATORSHIP	P - MINOR	
(nama) was	appointed by	v court order on
(name) was (date) as conservator.	appointed by	y court order on
(date) as conservator.		
As to the minor whose date of birth is	, these Letters	of Conservatorship are
proof of:		
☐the conservator's authority to exercise all the powers in	S 15 11 125	CPS subject to the
exclusions in § 15-14-411, C.R.S. The powers and dutie	-	
unrestricted.	cs of the con	screator are otherwise
☐ the conservator's authority to exercise the powers in §	15-14-425, C.R	.S., are limited by the
following restrictions:		
the conservator must not, without prior court orde	er, convey or en	cumber any real estate
owned by the protected person.		
□other		
<u>otner</u>		
-		
Date:		
Date: Probate Registrar/(Deputy)/C	lerk of Court	
CERTIFICATION		
Certified to be a true copy of the original in my custody and	to be in full t	force and effect as of
(date).		3 3 3 40 OF
_		
Doob ato Danistra "D	2011 th () () (and f ()	ourt.
Probate Registrar/(De	eputy)Cierk of C	ourt

□ District Court □ Denver Probate Court	
Court Address:	
In the Interests of:	—
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED A	
The court hereby orders that Conservator must open an insured account in a financial or brithe Minor/Protected Person. The account must be opened of the account shall be opened using the sample title, Conservator/Special Conservator for(Nan	okerage institution for the sole benefit on behalf of the Minor/Protected Person
The fiduciary shall deposit \$ ar account. This person may make internal transfers of funds in interest rates.	nd funds received subsequently into the n order to take advantage of changes in
It is ordered that, except for internal transfers, the financial insthe account(s), except by separate certified Order of this Court	
It is ordered that an Acknowledgment of Deposit of Funds to returned to the Court within 30 days. No attorney fees Acknowledgment form is signed and returned to the Court. T shall file a Motion to Withdraw Funds from Restricted Account funds.	may be paid in this case until the he court further orders that the fiduciary
It is further ordered that the conservator must file a Conserva of the most recent bank statement for the account each year or	, , , ,
☐ the minor's/protected person's birthday(date).	(date) or
Failure to file an annual Conservator's Report may result in which could include removal of the fiduciary from further dut account until further order of the court. The court may also fiduciary.	ties and an order freezing the restricted
The court further orders:	

Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when12 years or older
	Parent or adult nearest in kinship
	Other:
Dated:	-
<u></u>	☐Judge ☐Magistrate

District Court Denver Probate Court County, Colorado Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED OF RESTRICTED ACCOUN	
The court finds the limited nature of the protected pestablishment of a conservatorship.	person's account does not justify the
It is therefore ordered that	ge institution for the sole benefit of the behalf of the minor/protected person. The
The fiduciary shall deposit \$a account. This person may make internal transfers of funds interest rates.	and funds received subsequently into the in order to take advantage of changes in
It is ordered that, except for internal transfers, the financial in the account(s), except by separate certified order of this cour	
returned to the court within 30 days. The court further orde	ers that the fiduciary shall file a Motion to
It is ordered that an Acknowledgment of Deposit of Funds returned to the court within 30 days. The court further order Withdraw Funds from Restricted Account (JDF 868) prior to a No attorney fees may be paid in this case until the Acknowle Court.	ers that the fiduciary shall file a Motion to any disbursement of funds.
returned to the court within 30 days. The court further order Withdraw Funds from Restricted Account (JDF 868) prior to a No attorney fees may be paid in this case until the Acknowle	ers that the fiduciary shall file a Motion to any disbursement of funds. Edgment form is signed and returned to the Ed Account Report (JDF 896) along with a

Failure to file an annual Restricted Account Report and bank statement may result in the imposition of sanctions by the court which could include removal of the fiduciary from further duties and an order freezing the restricted account until further order of the court. The court may also order the appointment of a professional fiduciary.

opies of all future court filings	will be provided to the following interested persons:
Name	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

					_
□ District Court □ Denver Probate Court					
Court Address:					
In the Interests of:					
Protected Person/Minor			▲ co	URT USE ONLY	
Protected Person/Minor Attorney or Party Without Attorney (Name and Addre	ess):		Case Number		
Phone Number: E-mail: Atty. Reg. #:			Division	Courtroom	
ACKNOWLEDGMENT OF DEPOSIT	OF FUND	S TO			
	(name	of fina	ancial institu	tion), acknowledges th	ล
funds have been deposited by	•			,,	
	•				
□Next Friend, or □Parent for			(Protecte	ed Person or Minor) a	38
follows:					
Title of Account		Δ	ccount	Amount	
The of Addount			er - last 4-	Amount	
		dig	its only	\$	
				Ф	
Total				\$	
By checking this box, I am acknowledging I am filling in the By checking this box, I am acknowledging that I have material and the submits itself to the jurisdiction withdrawal of funds except upon being furnished such withdrawal.	ade a change of this co	to the or	riginal content of	of this form. at it will not permit ar	
Date:	Signatu	re of Au	thorized Bank	Officer	
				ized Bank Officer I telephone # below of Bank)

VERIFICATION

I declare under	penalty of perjury	under the law	of Colorad	o that the	foregoin	g is true and	correct.
Executed on the	e day of _ (date)		(year)	,			
at							
(city or other loo	cation, and state	OR country)					
(printed name)							
(signature)							

Note:

Return to the Court name and address as shown above.

□ District Court □ Denver Probate Court			
Court Address:			
Court / tadioos.			
In the Interest of:			
Protected Person/Minor		▲ COURT USE	ONLY A
Attorney or Party Without Attorney (Name and Address):		Case Number:	
	,		
Phone Number: E-mail:			
FAX Number: Atty. Reg. #:	Div	Division Courtroom	
MOTION TO WITHDRAW FUN	IDS FROM RESTRI	CTED ACCOUN	Т
	t(-)\		: 41
, on deposit in the restricted account(s	servator(s)), respectfully s) listed below:	request authority to	withdraw \$
,	-,		
Attach current bank statement.		1 -	1 -
Name and Address of Financial Institution		Account Number (last	Current Balance in
		4-digits only)	Account
			\$
	Tot		\$
	100	al .	Ι Ψ
Signature of Conservator and/or Attorney Date	Signature of Conserva	ator and/or Attorney	Date
Address	Address		
Address			
City, State, and Zip Code	City, State, and Zip Code		
☐Check if new address	☐ Check if new address		
□ By checking this box, I am acknowledging I am fillin□ By checking this box, I am acknowledging that I ha	ng in the blanks and not	changing anything e	
	ve made a change to the		
Date:		original content of	this form.
Date:	Signature of Minor if 1	original content of	this form.
	Signature of Minor if 1	original content of	this form.
VERI	Signature of Minor if 1	e original content of	this form.
	Signature of Minor if 1	e original content of	this form.
VERI I declare under penalty of perjury under the law of Colo	Signature of Minor if 1 FICATION prado that the foregoing	e original content of	this form.
VERI	Signature of Minor if 1 FICATION prado that the foregoing	e original content of	this form.
VERI I declare under penalty of perjury under the law of Colo	Signature of Minor if 1 FICATION prado that the foregoing	e original content of	this form.

(printed name)		
(signature)	_	
I certify that on	CERTIFICATE OF SERVICE _ (date), a copy of this (nam	ne of document) was served
as follows on each of the following:	_ (22.5), 2 50p) 5. 15 (10.11	
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand deliv	very, first-class mail, certified mail, e-service, or	fax.
	Signature	

District Court Denver Probate Court			
Court Address:			
In the Interest of:	A	COURT USE	ONLY A
	Case	e Number:	
Protected Person/Minor	Divis	sion: Co	urtroom:
ORDER RE: MOTION TO WITHDRAW FUNDS I	FROM RES	TRICTED AC	COUNT
This matter comes before the court on the Motion to Withdram, (date). The court, having reviewed any responses received from interested persons, enters the following. The motion is GRANTED . The conservator is authority.	the motion ar ng orders:	nd supporting dod	cumentation, and
account(s) specified in the motion and as identified below:			
Name and Address of Financial Institution		Account Number (last 4-digits only)	Amount to Withdraw from Account
			\$
	Total		\$
☐ The conservator is required to file a copy of the receipt(s) fo Note: All conservators are required to keep all original receipt(☐ The motion is DENIED for the following reasons:	·	e with the court w	rithin 10 days.
☐The court further orders:			
Date:	l Judge □ Ma	giotroto	
	Juage Lima	gistrate	
CERTIFICATION			
I certify that this is a true and correct copy of the original in my custod	ly.		
Date:			
P	robate Regist	rar/(Deputy)Clerk	of Court

	enver Probate Court County, Colorado		
Court Address:	County, Colorado		
In the Interest of:			
Respondent			▲ COURT USE ONLY ▲
	out Attorney (name and a	address):	Case Number:
Division Novelles	F		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division Courtroom
PETIT		MENT OF CONSER	VATOR FOR ADULT
1. The petitioner is			
	ould be adversely affecte	ed by lack of effective r	nanagement of the respondent's property
and business.	interested in the estate, fi	nancial affairs, or welfa	re of the respondent
the respondent.	interested in the estate, in	mancial analis, or wella	e of the respondent.
This is a petition f	or appointment of a:		
Permanent Cons			
-remanent Cons	or valor.		
Special Conserverserve and apply	vator. While a petition the property of the resp	ondent as may be requ	uired for the support of the respondent or
Special Conserve preserve and apply individuals who are Special Conserve	vator. While a petition the property of the resp in fact dependent upon the	ondent as may be requine respondent. (§ 15-14- for a protective arra	uired for the support of the respondent of 406(6), C.R.S.)
Special Conserve preserve and apply individuals who are Special Conservermanent conservermanen	vator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested.	ondent as may be requine respondent. (§ 15-14- for a protective arra	uired for the support of the respondent of 406(6), C.R.S.)
Special Conserve preserve and apply individuals who are Special Conservermanent conservermanent	vator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested.	oondent as may be require respondent. (§ 15-14-for a protective arrall. (§ 15-14-412(3), C.R.S.)	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A
□ Special Conserve preserve and apply individuals who are □ Special Conserve permanent conserve. Information about Name:	vator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested.	ondent as may be requence respondent. (§ 15-14-for a protective arrall. (§ 15-14-412(3), C.R.S.) List all names	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A
□ Special Conserve preserve and apply individuals who are □ Special Conserve permanent conserve permanent conserve land to the second	vator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested. the petitioner:	ondent as may be requested for a protective arrange (§ 15-14-412(3), C.R.S.) List all names	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A
□ Special Conserve preserve and apply individuals who are □ Special Conserve permanent conserve permanent conserve land to the second	vator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested. the petitioner:	ondent as may be requested respondent. (§ 15-14-for a protective arrante (§ 15-14-412(3), C.R.S.) List all names	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A
□ Special Conserve preserve and apply individuals who are □ Special Conserve permanent conserve permanent conserve. Information about Name:	vator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested. the petitioner:	oondent as may be requested respondent. (§ 15-14-for a protective arrall. (§ 15-14-412(3), C.R.S.) List all names	uired for the support of the respondent of 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
□ Special Conserve preserve and apply individuals who are □ Special Conserve permanent	vator. While a petition v the property of the resp in fact dependent upon the vator. There is a need vatorship is not requested. the petitioner: spondent: State:	ondent as may be requested respondent. (§ 15-14-for a protective arrant. (§ 15-14-412(3), C.R.S.) List all names Zip Code:	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
Special Conserve preserve and apply individuals who are Special Conserve permanent conserve. Information about Name:	vator. While a petition v the property of the resp in fact dependent upon the vator. There is a need vatorship is not requested. the petitioner: spondent: State:	condent as may be require respondent. (§ 15-14-for a protective arrandum (§ 15-14-412(3), C.R.S.) List all names Zip Code:	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
□Special Conserve preserve and apply individuals who are □Special Conserve permanent conserve. Information about Name:	vator. While a petition v the property of the resp in fact dependent upon the vator. There is a need atorship is not requested. the petitioner: spondent: State: different:	condent as may be require respondent. (§ 15-14-for a protective arrander). (§ 15-14-412(3), C.R.S.) List all names Zip Code: Zip Code:	uired for the support of the respondent of 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
Special Conserve preserve and apply individuals who are Special Conserve permanent conserve permanent conserve permanent conserve Primary Phone:	vator. While a petition v the property of the resp in fact dependent upon the vator. There is a need vatorship is not requested. the petitioner: spondent: State: State:	condent as may be require respondent. (§ 15-14- for a protective arrant. (§ 15-14-412(3), C.R.S.) List all names Zip Code: Phone:	uired for the support of the respondent of 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
□Special Conserve preserve and apply individuals who are □Special Conserve permanent conserve permanent conserve. Information about Name:	vator. While a petition v the property of the resp in fact dependent upon the vator. There is a need vatorship is not requested. the petitioner: State: Alternate	condent as may be require respondent. (§ 15-14- for a protective arrant. (§ 15-14-412(3), C.R.S.) List all names Zip Code: Phone:	uired for the support of the respondent of 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
□Special Conserve preserve and apply individuals who are □Special Conserve permanent conserve. 2. Information about Name:	vator. While a petition v the property of the resp in fact dependent upon the vator. There is a need vatorship is not requested. the petitioner: State: Alternate ed an interpreter? No	condent as may be require respondent. (§ 15-14- for a protective arrant. (§ 15-14-412(3), C.R.S.) List all names Zip Code: Phone:	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
□Special Conserve preserve and apply individuals who are □Special Conserve permanent conserve permanent conserve. 2. Information about Name:	wator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested. the petitioner: State: Alternate ed an interpreter? \begin{align*} \text{No} \text{the respondent:} \text{No} \text{The respondent:} \text{No} \text{The respondent:} The respo	ondent as may be require respondent. (§ 15-14- for a protective arrant. (§ 15-14-412(3), C.R.S.) List all names Zip Code: Phone: Yes (Language:	uired for the support of the respondent or 406(6), C.R.S.) Ingement or other single transaction. A used (also known as, formerly known as,
□Special Conserve preserve and apply individuals who are □Special Conserve permanent conserve. Information about Name:	wator. While a petition the property of the respondent upon the vator. There is a need atorship is not requested. the petitioner: State: Alternate ed an interpreter? \begin{align*} \text{No} \text{the respondent:} \text{No} \text{The respondent:} \text{No} \text{The respondent:} The respo	pondent as may be require respondent. (§ 15-14-for a protective arrander). (§ 15-14-412(3), C.R.S.) List all names Zip Code: Phone: Age: Age:	used (also known as, formerly known as,

Mailing Address, if differ	ent:			
City:	State:	_ z	Zip Code:	
Does Respondent need	an interpreter?	No	☐Yes (Language:)	
☐ If this appointment is	made, the Respon	dent	t's dwelling will change to:	
Information about the respondent for more th			e, partner in a civil union, or adult who has resided with tast year:	the
Name:	_		Relationship to Respondent:	
City:	State:		Zip Code:	
Mailing Address, if differ	ent:			
City:	State:	Z	Zip Code:	
Primary phone: Email Address:			rnate phone:	
Does this person need a	n interpreter?	No	☐Yes (Language:)	
A Power of Attorney on name and mailing addre		or m	medical matters. (Attach a copy to the petition.) The ager	nt's
A valid designated be designated beneficiary's			exists. (Attach a copy of the agreement to the petition.) I	Γhe
because he or she is communicate decisions,	unable to effecti even with the use	ively e of a	spondent is unable to manage property and business affar receive and evaluate information or both or to make appropriate and reasonably available technological assistant:	or

	In addition:
	the respondent has property which will be wasted or dissipated unless proper management is provided. and/or
	the respondent, or persons entitled to the respondent's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.
9.	☐A conservator is required because the respondent is missing, detained, or unable to return to the United States. The nature of the respondent's disappearance or detention and any efforts to locate the respondent are as follows:
10.	The petitioner requests the special conservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the special conservator's powers and duties, if any, are as follows:
l 1 .	The petitioner requests the conservator's powers and duties be Qunlimited/unrestricted or Plimited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:
12.	☐Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as conservator or special conservator. or
	Petitioner nominates the following person, who is 21 years of age or older, to be appointed as conservator or special conservator.
	Name: List all names used (also known as, formerly known as,
	etc.):

	Relationship to Respond	ent:		
	Street Address:			
	City:	State:		_ Zip Code:
	Mailing Address, if different	:nt:		
	City:	State: Zip	o Code:	<u></u>
	Primary phone:	Alt	ernate phone:	
	Email Address:			<u></u>
	Does this person need ar	interpreter? \square No	Yes (Langu	age:)
13.	The nominated conservator h	as priority for appo	intment because h	ne or she is: (§ 15-14-413,C.R.S.)
	☐a conservator, guardian, where the protected person		ppointed or recogn	ized by a court in another jurisdiction
	nominated in writing by beneficiary agreement.	respondent, includii	ng nomination in	a durable power of attorney or designated
	an agent appointed by the attorney.	e respondent to ma	nage the responde	ent's property under a durable power of
	the spouse or partner in a	a civil union of the re	espondent.	
	an adult child of the response	ondent.		
	a parent of the responder	nt.		
	petition.			onths immediately before the filing of this
	person's appointment for the		erson as conserva	ator, but the petitioner does not seek that
	Name:			es used (also known as, formerly known as,
	etc.):			
	Relationship to Respondent:			
	Street Address:			
	City:	State:	Zip Cod	e:
	Mailing Address, if different:			
	City:	State: Zip	o Code:	<u> </u>
	Primary phone:	/	Alternate phone: _	
	Email Address:			<u></u>
15.	The conservator may receive	compensation.		
	including the rates and basi	s for charging fees	for any extraord	ed pursuant to a published fee schedule, inary services, and any other bases upon below or in an attachment to this petition. *

☐The basis of compensation has not yet been determined.	
There is a continuing obligation to disclose any material changes to the basis for chackers.)	arging fees. (§ 15-10-602
6. The conservator may compensate his, her, or its counsel.	
☐ The hourly rates to be charged, any amounts to be charged pursuant to including the rates and basis for charging fees for any extraordinary services, which a fee charged to the estate will be calculated, are as stated below or in an a	and any other bases upo
☐The basis of compensation has not yet been determined.	
There is a continuing obligation to disclose any material changes to the basis for chack.R.S.)	arging fees. (§ 15-10-602
7. Sections a and b below identify assets and the source and amount of anticipate benefits, income, real property, proceeds from insurance policy, proceeds from an estimate of the value. 2. The respondent's assets are:	
 a. The respondent's assets are: Description of Assets (e.g. bank accounts, insurance, pensions, property) None. 	Estimated Value
Chone.	\$
Total	\$
b. The respondent's income is:	
Description of Income (e.g. social security, pension and insurance) None.	Estimated Amount of Income
	\$
	\$
	\$

Name:		Relationship to Respondent:	
		Zip Code:	
Mailing Address, if diff	erent:		
City:	State: Zip	ip Code:	
Primary phone:	Alterna	ate phone:	
Email Address:			
Does this person need	an interpreter?	☐Yes (Language:	
	— — — — — — — — — — — — — — — — — — —		
	lult children and parents s, such as a brother, sister,	s. •None (If none, list an adult relative that can be for	ounc
		·	
		Relationship: Adult Child or Parent	
•		Zip Code:	
-	State: Zip		
		ate phone:	
Email Address:			
Does this person need	I an interpreter? ☐No	Yes (Language:)	
Name:		Relationship: □Adult Child or □Pa	ırent
Street Address:			
		Zip Code:	
Mailing Address, if diff			
City:	State:Zip	ip Code:	
		ate phone:	
Primary phone:			
• •			
Email Address:	<u> </u>	_	
Email Address: Does this person need	d an interpreter? ☐No	☐Yes (Language:)	
Email Address: Does this person need Name:	d an interpreter? ☐No	Yes (Language:) Relationship:	
Email Address: Does this person need Name: Street Address:	d an interpreter? ☐No	Yes (Language:) Relationship:	
Email Address: Does this person need Name: Street Address: City:	d an interpreter? ☐No State:	Yes (Language:) Relationship: Zip Code:	
Email Address: Does this person need Name: Street Address: City: Mailing Address, if diff	an interpreter? No State:erent:erent:	Yes (Language:) Relationship: Zip Code:	
Email Address: Does this person need Name: Street Address: City: Mailing Address, if difficity:	State: Zip	Yes (Language:) Relationship: Zip Code:	

O The following r	orcon had the prin	nory core and au	stady of Bospondont durin	og the 60 days prior to
the filing of this P		nary care and cu	stody of Respondent durir	ig the 60 days prior to
Name:			Relationship:	
Street Address:				
City:	State:		Zip Code:	·
Mailing Address, if	different:			
City:	State:	Zip Code:_		
Primary phone:		Alte	rnate phone:	
Email Address:				
Dates of Care:				
Does this person no	eed an interpreter?	□No □Yes (La	anguage:)
21. Information abou	t each person cu	rrently respons	ible for the primary care	and custody of the
Respondent, inclu	iding the Responde	ent's treating phy	sician: None	
Name of Treating F	Physician:			
			none:	
			Zip Code:	
Mailing Address, if	different:			
	different: Zip Co			
City:		de:		
City: Email Address:	_ State: Zip Cod	de:		
City: Email Address: Name of Caregiver	_ State: Zip Cod	de:		
City: Email Address: Name of Caregiver Primary Phone:	_ State: Zip Cod	de: Alternate Ph	none:	
City: Email Address: Name of Caregiver Primary Phone: Street Address:	_ State: Zip Cod	de: Alternate Ph	none:	
City: Email Address: Name of Caregiver Primary Phone: Street Address: City:	_ State: Zip Cod	de:Alternate Pt	none: Zip Code:	
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if	_ State: Zip Code : Significant	de:Alternate Ph	none:	
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City:	State: Zip Cod	de:Alternate Ph	none: Zip Code:	
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City:	_ State: Zip Code : Significant	de:Alternate Ph	none: Zip Code:	
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City: Email Address:	_ State: Zip Cod	de:Alternate Ph	none:Zip Code:	
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City: Email Address: 22.	State: Zip Code : State: Sign Code Derson is a legal re	de:Alternate Phastate:de:	none: Zip Code:	
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City: Email Address: Email Address: (Representative pa	State: Zip Code different: State: Zip Code person is a legal re yee, trustee, custodi	Alternate Phastate: de: Alternate Phastate: de: presentative for an of a trust, etc. s	the respondent not otherw	rise designated above
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City: Email Address: 22.	State: Zip Code : State: Sign Code different: Zip Code person is a legal re yee, trustee, custodi	de:Alternate Phastate:de:	the respondent not otherw 15-14-102(6), C.R.S.) The of Legal Representative:	ise designated above
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City: Email Address: 22.	State: Zip Code : S different: Zip Code person is a legal re yee, trustee, custodi	de:Alternate Phastate: presentative for an of a trust, etc.	the respondent not otherws 15-14-102(6), C.R.S.) The of Legal Representative:	rise designated above
City: Email Address: Name of Caregiver Primary Phone: Street Address: City: Mailing Address, if City: Email Address: (Representative pa Name: Street Address: City: City: City: City:	State: Zip Cod : S different: Zip Cod person is a legal re yee, trustee, custodi State: State:	de:Alternate Phastate: presentative for an of a trust, etc. of the control of the c	the respondent not otherw 15-14-102(6), C.R.S.) The of Legal Representative:	ise designated above

Primary Phone:		Alterr	nate Phone:		
Email Address:					
23. The petitioner requests that appointment of a conservator be made after notice and hearing.					
☐In addition, the petitioner r	equests the fo	ollowing:			
D					
■ By checking this box, I am form.	acknowledging	g I am filling in	the blanks ar	id not changing	anything else on the
By checking this box, I am a	acknowledging	that I have mad	le a change to	the original conte	ent of this form.
		VERIFICATI	ION		
I declare under penalty of perju	ry under the lav	w of Colorado th	nat the foregoir	ng is true and cor	rect.
Executed on the day of (date)	(month)	,, (year)			
at					
at	OR country)				
(printed name)					
(signature)					

□ District Court □ Denver Probate Court	
Court Address:	
Court Address.	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	Division: Courtroom:
	TING SPECIAL CONSERVATOR ADULT □MINOR
Upon consideration of the Petition for Appoi	ntment of Conservator for the above person and hearing on
The court finds that:	
 Venue is proper and required notices h An interested person seeks the appoint The protected person's best interest wi 	
The court finds by clear and convincing	evidence that:
person's property as may be required for the	appoint a special conservator to preserve and apply the protected support of the protected person or individuals who are in fact earing can be held on the Petition for Appointment of Conservator:
☐ It is necessary to appoint a special conservarrangement or other authorized single transact	vator to assist in the accomplishment of the following protective ion. (§ 15-14-412(3), C.R.S.)
The court appoints the following person	as special conservator:
Name:	
Street Address:	
City: State:	
Mailing Address, if different:	
City: State:	_ Zip Code:
Primary Phone:	Alternate Phone:
Email Address:	

The co	ourt directs the issuance of L	etters of Conservatorship as follows:
The letters will expire on		(date), unless otherwise ordered by the court.
The spe	ecial conservator is granted only th	ne following authority:
The co	ourt orders the following:	
1.		otify the court within 30 days if his or her home address, email address, or of any change of address for the protected person.
2.	Special Conservator to the Prote petition and must advise those	the special conservator must provide a copy of this Order Appointing ected Person, if 12 years of age or older, and persons given notice of the persons using Notice of Appointment of Guardian and/or Conservator to request termination or modification of the special conservatorship.
3.		e transactions and protective arrangements. The special conservator (date). The report must include the following
4.	The special conservator will	
	☐serve without bond for the follo	owing reason(s)
		nt of \$ The bond must be posted with the court by ee). If bond is posted by a surety, notice of any proceeding must be
	provided to the surety.	
5.	Copies of all future court filings n	nust be provided to the following:
	Name of Interested Person	Relationship to Adult/Minor
		Adult/Minor
		Spouse or partner in a civil union
		Adult Children
		Parents
		Special Conservator
		Agent under power of attorney

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	Division Countres on
ORDER APPOINTING CONSERVATO	Division Courtroom
ORDER APPOINTING CONSERVATO	R FOR ADULI
Upon consideration of the Petition for Appointment of Conservator for the	e above person and hearing on
(date),	
The court finds that:	
4 Manua is present and required nations have been given as well-	ــا
 Venue is proper and required notices have been given or waive An interested person seeks the appointment of a conservator. 	ga.
 The protected person's best interest will be served by appointment. 	ent of a conservator
The protected person's boot interest will be conved by appointing	ion of a concentation.
The court finds by clear and convincing evidence that a	basis exists for a conservatorship
because:	
DThe contested conserve to constitute account and business as	ffeire because of an inability to effectively
The protected person is unable to manage property and business a	
receive or evaluate information or both or to make or communicate de and reasonably available technological assistance.	ecisions, even with the use of appropriate
•	
or	
The protected person is missing, detained, or unable to return to the U	United States;
The court further finds by a preponderance of evidence that:	
The protected person has property that will be wasted or dissipated u	nless proper management is provided.
and/or	
The protected person, or persons entitled to the protected person's	
education, health, and welfare; and protection is necessary or desirable $% \left(1\right) =\left(1\right) \left(1\right) \left$	to obtain or provide money.

The court has considered any expressed wishes of the protected person concerning the selection of the conservator. The court has considered the powers and duties of the conservator, the scope of the conservatorship, and the priority and qualifications of the nominee.

reet a		
00.	address:	
ty:	State:	Zip Code:
ailing	address, if different:	
y:	State:	Zip Code:
imary	y Phone:	Alternate Phone:
nail a	address:	
ne co	ourt directs the issuance of L	etters of Conservatorship as follows:
§´	15-14-411, C.R.S. The powers and	the powers granted in. § 15-14-425, C.R.S., subject to the exclusions in duties of the conservator are otherwise unrestricted. ervator are limited by the following restrictions, if any:
pro To Cle	insure notice of this prohibition, the	the conservator must record the letters evidencing appointment with the hich such real estate is located. The conservator must provide proof or
	ourt orders the following:	
	_	
1.	The conservator must notify the	court within 30 days if his or her home address, email address, or phone hange of address for the protected person.
	The conservator must notify the number changes and/or of any c Within 30 days of appointment Conservator for Adult to the protections of Appointment of Appo	thange of address for the protected person. Int, the conservator must provide a copy of this Order Appointing tected person and persons given notice of the Petition and must advise
1.	The conservator must notify the number changes and/or of any conservator for Adult to the protection of those persons using Notice of Apright to request termination or more than the conservator must file for appointment.	nt, the conservator must provide a copy of this Order Appointing tected person and persons given notice of the Petition and must advise pointment of Guardian and/or Conservator (JDF 812) that they have the odification of the conservatorship. proval with the court a Conservator's Financial Plan with Inventory (JDF (date within 90 days from appointment). The value of the
1.	The conservator must notify the number changes and/or of any conservator for Adult to the professional to request termination or more those persons using Notice of Apright to request termination or more than the conservator must file for ap 882) on or before assets must be reported as of the	thange of address for the protected person. Int, the conservator must provide a copy of this Order Appointing tected person and persons given notice of the Petition and must advise pointment of Guardian and/or Conservator (JDF 812) that they have the odification of the conservatorship. Interval with the court a Conservator's Financial Plan with Inventory (JDF (date within 90 days from appointment). The value of the edate of this order.
 2. 3. 	The conservator must notify the number changes and/or of any conservator for Adult to the protection of those persons using Notice of Apright to request termination or more than the conservator must file for ap 882) on or before	thange of address for the protected person. Int, the conservator must provide a copy of this Order Appointing tected person and persons given notice of the Petition and must advise pointment of Guardian and/or Conservator (JDF 812) that they have the odification of the conservatorship. In proval with the court a Conservator's Financial Plan with Inventory (JDF 1900) (date within 90 days from appointment). The value of the edate of this order. In servator's Report (JDF 885) with the court each year on or before
 2. 3. 	The conservator must notify the number changes and/or of any conservator for Adult to the professional to request termination or more those persons using Notice of Apright to request termination or more than the conservator must file for ap 882) on or before assets must be reported as of the (date). The time (date).	thange of address for the protected person. Int, the conservator must provide a copy of this Order Appointing tected person and persons given notice of the Petition and must advise pointment of Guardian and/or Conservator (JDF 812) that they have the odification of the conservatorship. In proval with the court a Conservator's Financial Plan with Inventory (JDF (date within 90 days from appointment). The value of the e date of this order. In servator's Report (JDF 885) with the court each year on or before period covered in the report will begin on
 2. 3. 	The conservator must notify the number changes and/or of any conservator for Adult to the professional conservator for Adult to the professional conservator must file for apassets must be reported as of the conservator must file a Conservator mus	thange of address for the protected person. Int, the conservator must provide a copy of this Order Appointing tected person and persons given notice of the Petition and must advise pointment of Guardian and/or Conservator (JDF 812) that they have the odification of the conservatorship. Interpretation of the conservator of the Petition and must advise pointment of Guardian and/or Conservator (JDF 812) that they have the odification of the conservatorship. Interpretation of the Petition and must advise pointment of the provide with the court and provide provide provide and provide actions of the provide provide provide action of the provide prov
 2. 3. 	The conservator must notify the number changes and/or of any conservator for Adult to the professional conservator for Adult to the professional conservator must file for apassets must be reported as of the conservator must file a Conservator mus	thange of address for the protected person. Int, the conservator must provide a copy of this Order Appointing tected person and persons given notice of the Petition and must advise pointment of Guardian and/or Conservator (JDF 812) that they have the odification of the conservatorship. In proval with the court a Conservator's Financial Plan with Inventory (JDF 1900) (date within 90 days from appointment). The value of the edate of this order. In servator's Report (JDF 885) with the court each year on or before

		The bond must be posted with the court s posted by a surety, notice of any proceeding must l
7.	Copies of all future court filings must be provide	ed to the following:
	Name of Interested Person	Relationship to the Protecte Person
		The protected person
		Spouse or partner in a civil union
		Adult Children
		Parents
		Conservator
		or "at rick adult with an intellectual and developmen
	abused or exploited or is at imminent risk of	e cause to believe that the protected person has be abuse or exploitation, conservator is required to make the observation or discovery pursuant to C.R.S. § 18-6
	disability" and if conservator has reasonable abused or exploited or is at imminent risk of report to law enforcement within 24 hours after 108(1)(b)(XII).	e cause to believe that the protected person has be abuse or exploitation, conservator is required to make
	disability" and if conservator has reasonable abused or exploited or is at imminent risk of report to law enforcement within 24 hours after 108(1)(b)(XII).	e cause to believe that the protected person has be abuse or exploitation, conservator is required to make
	disability" and if conservator has reasonable abused or exploited or is at imminent risk of report to law enforcement within 24 hours after 108(1)(b)(XII).	e cause to believe that the protected person has be abuse or exploitation, conservator is required to make
	disability" and if conservator has reasonable abused or exploited or is at imminent risk of report to law enforcement within 24 hours after 108(1)(b)(XII).	e cause to believe that the protected person has babuse or exploitation, conservator is required to male

-	District Court Denv	er Probate Court County, Colorado		
C	Court Address:	Sourity, Colorado		
Ir	n the Interest of:			
P	Protected Person		▲ cou	RT USE ONLY
Α	attorney or Party Withou	t Attorney (name and address):	Case Number	
	hone Number:	E-mail:		
F	AX Number:	, ,		Courtroom
	Пс	PETITION FOR APPO O-CONSERVATOR □SUCCE	_	OΡ
		D-CONSERVATOR LISUCCE	SOUR CONSERVAL	UK
	-	ted pursuant to § 15-14-112, C.F	R.S. and the petitioner	makes the following
Sta	atements:			
	D 444	,		0
1.		(nam		on. State relationship to
	protected person:			
2	Letters of Conservator	ship were issued on	(date)	
۷.				
3.		ted conservator,		(name):
	joins in this petition.			(1.4.)
		ion approved by the court on (date of death		_ (date).
		rder of the court issued on		
	_	hereby tenders his or her resignatio		
	·	•		
	— other:			<u> </u>
4.	Petitioner is, 21 year	ars of age or older, nominates himsel	f or herself and requests t	o be appointed as $lacktriangle$ Co-
	Conservator or Suc	cessor Conservator.		
	or			
	Conservator or Suc	es the following person, who is 21	years of age or older, to	be appointed as \square Co-
	Conservator or -Suc	cessor Conservator.		
	Name:	Rela	tionship to Protected Pers	on:
	Street Address:			
	City:	State:	Zip Code:	. <u></u> -
	Mailing Address, if diff	erent:		
		State: Zip Code:		
		Alternate Phor		
	Email Address:			

5.	The nominated Co-Conservator or Successor Conservator has priority for appointment because he or she is: (§ 15-14-413, C.R.S.) a conservator, guardian, or other like fiduciary appointed or recognized by a court in another jurisdiction
	where the protected person resides.
	☐ nominated in writing by protected person, including nomination in a durable power of attorney or designated beneficiary.
	an agent appointed by the protected person to manage the protected person's property under a durable power of attorney.
	the spouse or partner in a civil union of the protected person.
	an adult child of the protected person.
	☐a parent of the protected person.
	an adult with whom protected person has resided for more than 6 months immediately before the filing of this petition.
6.	The co-conservator or successor conservator 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 petition. *
	☐The basis of compensation has not yet been determined.
7.	The co-conservator or successor conservator 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 petition. *
	☐The basis of compensation has not yet been determined.
	here is a continuing obligation to disclose any material changes to the basis for charging fees. (§15-10-602, R.S.)
8.	The petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current conservator.
9.	Petitioner requests that the nominee be appointed as co-conservator or successor conservator and that letters of conservatorship be issued \square forthwith \square after the following event:

☐ By checking this box, I am acknowledgin form.	g I am filling in the blanks and not cha	anging anything else on the
☐ By checking this box, I am acknowledging	that I have made a change to the original	al content of this form.
	VERIFICATION	
I declare under penalty of perjury under the la	w of Colorado that the foregoing is true	and correct.
Executed on the day of (month)	,, (year)	
at(city or other location, and state OR country)		
(printed name)		
(signature)		
CE	RTIFICATE OF SERVICE	
I certify that on (date) as follows on each of the following:	, a copy of this (name	ne of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, firs	st-class mail, certified mail, e-service, or	fax.
most one of the following. Hard delivery, file	s. s.ass mail, soranou mail, o sorvito, or	
	Signature	

Note:

• The petitioner must contact the court to set a date and time for a hearing.

□ District Court □ Denver Probate Court	
Court Address:	
Court Address.	
In the Interest of	-
In the Interest of:	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	Division Courtroom
LETTERS OF CONSERVATORSH	IIP - ADUL I
(conservator) was a (date) as:	appointed by court order on
☐ Conservator pursuant to § 15-14-409, C.R.S.	
Special Conservator pursuant to § 15-14-406(6), C	
☐ Special Conservator pursuant to § 15-14-412(3), C.R.S completion of the single transaction described in the attac conservator.	•
These Letters of Conservatorship are proof of:	
the conservator's authority to exercise all the powers in § 15- § 15-14-411, C.R.S. The powers and duties of the conservator are or	
☐ the conservator's authority to exercise the powers in § following restrictions:	15-14-425, C.R.S., are limited by the
☐the conservator must not, without prior court order, owned by the protected person.	, convey or encumber any real estate
□other	
<u> </u>	
Date:	
Date: Proba	ate Registrar/(Deputy)Clerk of Court
CERTIFICATION	
Certified to be a true copy of the original in my custody and (date).	I to be in full force and effect as of
Proba	te Registrar/(Deputy)Clerk of Court

District Court Denver Probate Court Court Address:	
•	
Court Address:	
In the Interest of:	
▲ COURT USE ONLY ▲	
Protected Person — GOOKT GOE ONET —	
Attorney or Party Without Attorney (Name and Address): Case Number:	
Phone Number: E-mail:	
FAX Number: Atty. Reg. #: Division Courtroom	
CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY	
AND MOTION FOR APPROVAL	
□INITIAL REPORT □AMENDED REPORT	
DATE OF APPOINTMENT (MM/DD/YYYY)	
INVENTORY VALUES AS OF DATE OF APPOINTMENT	
FILING DUE DATE (MM/DD/YYYY)	
(conservator), move this court to approve this \square Initial \square Ame	nded
onservator's Financial Plan with Inventory.	

As grounds therefore, the conservator states the following:

I, C

- 1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the Protected Person.
- 2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

Notice to interested persons. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART A: CONTACT INFORMATION

Protected Person's Information:		n: 🖵 Che	ck if updated information from petition	
Name:			Age :	
(Include Name of Livi	ing Center or Nursin	g Home, if applicable)		
Street Address:				
City:		State:	Zip Code:	
Mailing Address, if di	ffernty:			
City:	State:	Zip Code:		
Primary Phone:	Alterna	te Phone:		
Conservator	r's Information:	□Che	eck if updated information from petition	
Name:			Age:	
Have you had any cri	minal charges filed	against you or convictior	ns entered since the last report? □Yes □ No	
If Yes, explain:				
Occupation:	Y	our Relationship to prote	ected person:	
Street Address:				
City:	State:	Zip Code:	<u> </u>	
_				
City:	State:	Zip Code:		
Primaryphone	A	Iternate Telephone:		
Email address:				
Co-Conserv	ator's Information:	(if applicable)	ck if Updated Information from Petition	
Name:			Age:	
Have you had any cri	iminal charges filed	against you or convictior	ns entered since the last Petition? □Yes □ No	
If Yes, explain:				
Occupation:		Your Relationship to Pr	otected Person:	
Street Address:				
City:	State:	Zip Code:	_	
Mailing Address, if di	fferent:			
	State:			
City:		Zip Code: Iternate Telephone:		

PART B: CONSERVATORSHIP ISSUES

1. Are the assets in the estate identified to date sufficient to provide for the present and future care of the Protected Person?

Yes No If No, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

Should there be a change in scope of the Conservate steps should be taken. If you would like the Court to the	orship? Yes No If Yes, describe why and what ake action, you <i>must</i> file a motion with the Court.
☐Bond has been set in the amount of \$. Surety has been posted.
☐The setting of bond was deferred pending filing of Motion for Approval. The Conservator now requests☐Bond has been waived by the Court.	this Conservator's Financial Plan with Inventory and that bond be set in the amount of \$

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

Steps 1 and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

Step 3 is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

Step 4 summarizes all costs and expenses incurred by the estate related to this proceeding.

Step 5 summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

Step 6 and 7 are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

PART C: FINANCIAL PLAN

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/ Worker's Compensation		
Distribution – Annuity		
Distribution – Pensions/Retirement Plan		
Distribution - Trust		

Farm/Ranch Income	
Gifts from Others	
Inheritance	
Insurance Settlement/Benefit	
Interest/Dividends	
Loan Repayment	
Oil/Gas/Mineral Royalties	
Other Public Assistance	
Other Receipts/Income	
Proceeds from Sale of Assets	
Rental Income	
Reverse Mortgage Payment	
Social Security	
Tax Refunds	
VA Benefits	
Wages	
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.	

Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Caregiver/In-Home Provider		
Charitable Contributions		
Clothing		
Collectibles		
Debt Repayment (excluding CC)		
Debt Repayment (Credit Card)		
Distributions-Protected Person		
Education/Tuition/Student Loan		

Entertainment/Movies	
Equipment	
Farm/Ranch Expense	
Fees-Accountant/CPA	
Fees-Conservator–Non Prof	
Fees-Conservator-Professional	
Fees–Court Visitor	
Fees-Guardian–Non Prof	
Fees-Guardian–Professional	
Fees-Guardian Ad Litem (GAL)	
Fees-Investment Acct Management	
Fees-Legal for Conservator	
Fees-Legal for Guardian	
Fees–Legal for GAL	
Fees–Legal for Protected Person	
Fees-Other Professional	
Funeral	
Gifts	
Groceries/Hygiene/Household Supplies	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelry	
Livestock	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical- Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	
Medical-Medications	
Medical-Other	
Mortgage	
Motor Vehicle - Insurance	
Motor Vehicle – Loan Payments	
·	

Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
Services - Personal Care	
Subscriptions/Dues	
Taxes – FICA and Medicare	
Taxes – Income	
Taxes – Property and Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.Travel/Vacations	\$ \$

INVENTORY

Step 3: Current Assets

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the

note: If additional space is needed, separate sneets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4-digits only)	Balance
□None				
				\$
Total				\$

Stocks, Bonds, Mutual Fu Securities, Annuities and Investment Accounts (Na Joint Owner or Transfer of Death Beneficiary)	ime of	Number of Shares or Identify Account Number (last 4-digits only)		Value	
□None					
				\$	
Total				\$	
Life Insurance (Name of Company/Beneficiary) None	Type of	f Policy	Face Amount of	Policy	Cash Value
					\$
Total	•		•		\$
Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)		Plan (401(k), 7, PERA, , etc.)	Account # (last 4-digits only applicable)	, if	Current Account Value (Note: Distributions should be listed in Step 1 above)
None					•
					\$
Total					\$
					*
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year		Make and Model		Estimated Value (Value = what you could sell it for in its current condition)
					\$
Total					\$
			ı		•
Real Estate (Indicate addr (Name any Joint Owners) None	ress)	Type of Propert Land, etc.)	y (Home, Rental,		what you could sell it for rent condition)

Total	\$

General Household and Other Personal Property	Estimated Value
□None	(Value = what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example:	
Jewelry, Antiques,	
Collectibles, Artwork, etc.	
Total	\$

Miscellaneous Assets (List each one separately and be specific.)	Estimated Value
□None	(Value = what you could sell it for in its current condition)
	\$
Total	\$
Total Assets	\$
Enter this amount in Step 7.	

Step 4: Accrued Liabilities to Professionals

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	

Other Professional Fees	
Total Accrued Expenses	\$
Enter totals below in Step 5 - Inventory of Liabilities/Debts.	

Step 5: Other Current Liabilities/Debts

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

Description of Liability/Debt ☐None	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with			\$
this proceeding (Total Step 4 above)			
Mortgage (principal due only)			
Motor Vehicle Loan			
2 nd Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
Total Liabilities/Debt	\$		
Enter this amount in Step 7.			

Summary

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

		Projected Monthly Amount	Projected Annual Amount
(A)	Receipts/Income (Total from Step 1)	\$	_ \$
(B)	Disbursements/Expenses (Total from Step 2)	\$	_ \$
Net li	ncome: (A) minus (B)	\$	\$

Stan	7.	Sum	marv	of	Invon	torv
่อเยม	1 -	oum	IIIai v	OI I	mven	LOI V

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

(A) Total Assets (Total from Step 3)

\$					
Φ					

(B) Total Liabilities/Debt (Total from Step 5)	\$
Net Worth: (A) minus (B)	\$
	Surety has been posted. is Conservator's Financial Plan with Inventory and Motion be set in the amount of \$ (§15-14-
☐ By checking this box, I am acknowledging I am filling☐ By checking this box, I am acknowledging that I have	in the blanks and not changing anything else on the form. e made a change to the original content of this form.
IMPO	RTANT
This document must be signed and dated by all con interested parties, as indicated by the attached certification.	servators and served on the protected person and all ficate of service.
that requires a substantial deviation from the exist property not included in the original "Inventory", or	tial Plan" whenever there is a change in circumstances ting plan. In addition, if the conservator finds other or if the value of the listed property is inaccurate or amended "Inventory" with the court. Copies of these ies. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.
	LETED CORRECTLY AND SIGNED T MAY BE REJECTED.
Colorado Law REQUIRES that the Conservator's Financian on the PROTECTED PERSON AND INTERESTED PER including minors 12 years of age or older (§ 15-14-404(4 addresses, and method of delivery for each party listed of party with a copy of this document.	l), C.R.S.). In the space below, list the names,
VERIFI	CATION
I declare under penalty of perjury under the law of Colora	ado that the foregoing is true and correct.
Executed on the day of,,(year)	
at (city or other location, and state OR country)	
(printed name)	
(signature)	

	Relationship to Decedent, Ward	
Name and Address	or Protected Person	' Manner of Service'
t and of the following: hand deli	very, first-class mail, certified mail, e-service,	or fax

□ District Court □ Denver Probate Court □ County, Colorado	
Court Address:	
In the Interest of:	
	Case Number:
Dretested Dersen	
Protected Person ORDER REGARDING CONST	Division: Courtroom: ERVATOR'S FINANCIAL PLAN
CREEK REGARDING CONC.	INVATOR OF INAROIAL FEAR
	Conservator's Financial Plan. The court having reviewed responses or objections received from interested persons
	ator is directed to file an amended Conservator's Financianthe circumstances that requires a substantial deviatione a conservator from fiduciary standards.
☐The Financial Plan is APPROVED with the follow	ing conditions:
-	
☐The Financial Plan is NOT APPROVED for the fo	llowing reasons:
☐The conservator must file an amended Conservator (date).	tor's Financial Plan with Inventory by
☐ The Conservator is directed to contact the court	by (date) to set this matter for hearing.
The setting of bond was deferred when the consbond is now set in the amount of \$ (date). If bond is posted be provided to the surety.	ervator was appointed. Pursuant to § 15-14-415, C.R.S The bond must be posted with the cour d by a surety, notice of any subsequent proceedings mus
Date:	
	□Judge □Magistrate

Dis	strict Court Denver Probate Court	
Court	County, Colorado Address:	
In the	Interests of:	
		▲ COURT USE ONLY ▲
		Case Number:
Prote	cted Person	Division Courtroom
	ORDER APPOINTING CO-CONSERVATOR OR S	Division Courtroom UCCESSOR CONSERVATOR
Upon	consideration of the Petition for Appointment of Co-Conserv	ator or Successor Conservator filed by
	(petitioner) on	
The c	ourt finds:	
1.	The previously appointed conservator has joined in the petition,	resigned, died or has been removed.
2.	The best interests of the protected person/minor will be served up	upon this appointment.
2	·	
3.	Any required notices have been given or waived.	
The c	ourt orders the following:	
1.	The court appoints	(name) as 🖵co-conservator
	□successor conservator and directs the issuance of Letters of	•
	is as follows:	
	Street Address:	
	City: State: Zip Code:	
	Mailing Address:	
	City: State: Zip Code:	
	Primary Phone: Alternate Phone:	
	Email Address:	
2.	☐This appointment is effective immediately.	
	This appointment is effective upon evidence of the following i	nformation being filed with the court:

3.	☐ The provisions of the original order apply	<i>y</i> .					
	The conservator must file the Con (date 60 da	nservator's Financial Plan with Inventory (JDF 882) bays from appointment).					
	The conservator must file the Annual Conservator's Report (JDF 885) by (date and then annually one year from said date unless otherwise ordered by the court.						
	Other:						
4.	The Conservator must serve:						
	☐with bond in the amount of \$, pursuant to § 15-14-415, C.R.S.					
	without bond because of the following re-						
	•	· · · · · · · · · · · · · · · · · · ·					
		_					
5.	The court further orders:						
): _		☐Judge ☐Magistrate					
		- odago - Magistrato					

	Denver Probate Co County, Colora				
Court Address:					
In the Interest of:					
Dretected Dersen				▲ COUR	T USE ONLY
Protected Person Attorney or Party Wit	hout Attorney (Nam	ne and Address):		Case Number:	
Phone Number:	E-mail				
FAX Number:	Atty. R				
			_	T MINOR	
CHDDEN	AN NT REPORTING PI		AMENDED F		
CORREN	II KEPOKIING PI	ERIOD FROIVI	(MM/DD/YYYY	(MM/D	D/YYYY)
	ERIM REPORT DU	E ON		Drinal	REPORT
If Final Report, indic					
Protected Pe	erson's Informatio		-		n from last Report
Street Address:					
(Include Name of Living	Center or Nursing Ho	ome)			
City:		State:		Zip Code:	
Mailing Address, if dif	ferent:				
Primary Phone:	Alterna	ate Phone:			
Conservator	's Information:		□Check if Upo	dated Informatio	n from last Report
Name:				Age:	
Occupation:		Your Relationshi	p to Protected Pe	erson:	
Street Address:					_
City:	State:	Zip Code: _			
Mailing Address, if dif	ferent:				
City:	State:	Zip Code:			
Primary Phone:	Alterna	ate Phone:			
Email Address:					
Have you had any cri	minal charges filed	against you or c	onvictions entere	ed since the last	report? Tyes No
If Yes, explain:					
-					

Co-Conservator's Information: (if applicable)

Check if Updated Information from last Report

Name:			Age:
Occupa	ation:	Y	Your Relationship to Protected Person:
Street	Address:		
City: _		State:	Zip Code:
Mailing	Address, if different: _		
City: _		State:	Zip Code:
Primar	y Phone:	Alternate	e Phone:
Email A	Address:		
Have y	ou had any criminal cha	arges filed ag	gainst you or convictions entered since the last report? $lacktriangle$ Yes $lacktriangle$ No
If Yes,	explain:		
	B: CONSERVAT Is there a continued n	ORSHIP ISS	SSUES conservatorship?
2.	•	o If No , de	state sufficient to provide for the present and future care of the protected escribe why and what steps should be taken. If you would like the courtion with the court.
3.			be of the conservatorship?
4.	What is the amount of unrestricted assets?	the bond? §	is report, unless the bond was waived or not required by the court \$ Is the amount of the bond sufficient to cover a lo If No, describe why and what steps should be taken. If you are you must file a motion with the court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the protected person's estate responsibly.

Step 1 is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

Steps 2 and 3 summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

Step 4 reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

Steps 5 and 6 summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

Step 7 is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

Part C: FINANCIAL INFORMATION

Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. ** Note: This report should resemble a check register for each bank account.

Name of Bank: Account Number (last 4-digits only):

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page	0	l f	\$	\$
May contir		n Check Register Form JDF 871	*	*

☐ Check here if additional detailed spreadsh	neets are attached to the	nis report.
Individual Bank Account Summary		
Beginning Cash Balance	\$	(Balance from prior year Report or Inventory
Add: Total Amount of Income	+\$	(Total Income received from detail above)
Add: Total Amount Received as Transfer	+\$	(Total transferred from other bank accounts)
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)
Less: Total Amount Transferred out	- \$	(Total transfers moved to other accounts)
Ending Cash Balance		(Transfer this account balance to Step 5.) eginning balance on next year's report)
Step 2: Receipts and Income		
Column A: Is this the first annual Conservator	or's Report filed? ☐Ye	es 🗖 No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A *Total Amount of Receipts / Income from □ Prior Reporting Period or □ Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/or Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			

Have Tot	tal Receipts/Income in	Column B changed fr	om the Prior Repor	rting Period or F	Financial Plar	า totals
in Colum	ın A ? ☐Yes ☐No					

If Yes , explain the changes below. Please include a description of any changes or unanticipated transaction income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inversity With Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.	

Step 3: Disbursements/Expenses

Column A: Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense Category List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	*Total Amount of Disbursement / Expense from Period or Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
Caregiver/In-Home Provider			
Charitable Contributions			
Clothing			
Collectibles			
Debt Repayment (excluding CC)			
Debt Repayment (Credit Card)			
Distributions - Protected Person			
Education/Tuition/Student Loan			
Entertainment/Movies			
Equipment			
Farm/Ranch Expense			
Fees – Accountant/CPA			

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Fees – Conservator – Non-Prof	
Fees – Conservator-Prof	
Fees – Court Visitor	
Fees – Guardian – Non-Prof	
Fees – Guardian - Prof	
Fees – Guardian Ad Litem (GAL)	
Fees-Investment Acct Management	
Fees – Legal for Conservator	
Fees – Legal for Guardian	
Fees – Legal for GAL	
Fees – Legal for Protected Person	
Fees–Other Professional	
Funeral	
Gifts	
Groceries/Hygiene/Household Supplies	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelry	
Livestock	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	
Medical-Medications	
Medical-Other	
Mortgage	
Motor Vehicle – Insurance	
Motor Vehicle – Loan Payments	
Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services – Cleaning	

Services – Personal Care						
Subscriptions/Dues						
Taxes – FICA and Medicare						
Taxes – Income						
Taxes – Property and Assessm	ents					
Travel/Vacations						
Utilities (Including Phone/Cell)						
TOTALS (Move these totals to	Step 7)					
Step 4: Conservator, Guardia List all conservators, guardia fees and costs, as well a descrip	ns, and pr	ofessional	s paid. In	clude the h	to the estate.	
Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged		tion of Services I Benefit to the
Account Management -						
Professional						
Professional Accountant/CPA						
Accountant/CPA						
Accountant/CPA Conservator–Non-Professional						
Accountant/CPA Conservator-Non-Professional Conservator - Professional						
Accountant/CPA Conservator-Non-Professional Conservator - Professional Court Visitor						
Accountant/CPA Conservator-Non-Professional Conservator - Professional Court Visitor Guardian - Non-Professional						
Accountant/CPA Conservator-Non-Professional Conservator - Professional Court Visitor Guardian - Non-Professional Guardian - Professional Guardian Ad Litem (GAL)						
Accountant/CPA Conservator-Non-Professional Conservator - Professional Court Visitor Guardian - Non-Professional Guardian - Professional						
Accountant/CPA Conservator-Non-Professional Conservator - Professional Court Visitor Guardian - Non-Professional Guardian - Professional Guardian Ad Litem (GAL) Legal Fees-Conservator						
Accountant/CPA Conservator-Non-Professional Conservator - Professional Court Visitor Guardian - Non-Professional Guardian - Professional Guardian Ad Litem (GAL) Legal Fees-Conservator Legal Fees-Guardian						
Accountant/CPA Conservator-Non-Professional Conservator - Professional Court Visitor Guardian - Non-Professional Guardian - Professional Guardian Ad Litem (GAL) Legal Fees-Conservator Legal Fees-GAL						

Have Total Disbursements/Expenses in Step 3, Column B ☐ Increased or ☐ Decreased from the Prior Reporting Period or Financial Plan in Step 3, Column A?
Explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

Step 5: Assets

Column A: List the last 4 digits of all bank, investment or other financial accounts.

Column B: List name of the bank or financial institution in which accounts are being held, or describe specific asset.

Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.

Column D: List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.

Column E: Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	Column B Name of Financial Institution or Description of Asset	Column C * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1					
Certificate of Deposit					
Money Market					
Pre-Paid Debit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Life Insurance					
(Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					

lave Total Assets in S	-	ged from the	e last day of the	e Prior Repor	ting Period
TOTALS (Move these totals to Step 7)					
List Other Assets					
Other Personal Property					
Other Personal					
Oil/Gas/Mineral					
Equipment					
Livestock					
Jewelry					
Collectibles (e.g., stamps or coins)					
Home Furnishings					
Real Estate					
Motor Vehicle					
Loans from Estate					
Annuities					

Have Total	Assets	in Step	5,	Column	D cha	nged	from	the	last	day	of	the	Prior	Reporting	Period	or
Inventory in	Step 5.	Column	C?	≥ □Yes [\Box No											

period. Include a description of the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g. cash, loan, sale of another other asset, etc.).

Description of Asset	Purchase Price	Purchase Date	Purchase method

Provide detail for any assets on the preceding schedule that were sold during the reporting period. Include a description of the asset sold, the sale price, sale date, and use of funds proceeds from the sale (e.g. living expenses, extinguish debt, purchase of another asset, etc.).

Description of Asset	Sale Price	Sale Date	Use of Proceeds

Please include a description of any other changes to the value of estate assets.								

Step 6: Liabilities/Debts

Column A: List the last 4 digits of all account or loan numbers.

Column B: List the name of the bank or financial institution to which loans or debts are being paid.

Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.

Column D: List all current balances due on loans and debts.

Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	Column B Name of Financial Institution	*Balance Due on Last day of □ Prior Reporting Period or □ Inventory	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability Indicate +/-
Mortgage					
(principal due only)					
Motor Vehicle Loan					
2 nd Mortgage/Home Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State / Local Taxes					
Other Loan/Liability/Debt					

TOTALS (Move these							
totals to Step 7)				I			
Have Total Liabilities/De Yes No If Yes, ex transactions. A separate the amounts allowed in the	plain the char petition for ap	nges below. Please incluproval may need to be	ude a description	n of any changes	or unanticipated		
Step 7: Summary	<u>Y</u>						
		Summary of Financia	I Activity				
			* <i>Prior</i> Reporti (or Financial I	ing Period <i>Curre</i> Plan) Repo	ent rting Period		
(A) Total Receipts/Ind	come from St	ep 2	\$	\$			
(B) Total Disburseme	nts/Expenses	s from Step 3	\$	\$			
(A) minus (B) = Net Inco	me		\$	\$			
	Summary of Net Worth Fair Market Value of Assets Minus Liabilities/Debts						
		*Last Day of <i>Prior</i> Reportir (or Inventory)		Last Day of Current Report	ng Period		
(A) Total Assets from St	ep 5	\$		\$			
(B) Total Liabilities/Debt	s from Step 6	\$		\$			
(A) minus (B) = Net Work	th	\$		\$	_		

 $f \square$ 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	e made a change to the	original content of this form

IMPORTANT

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Conservator's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Conservator, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this Report.

declare under penalty of perjury under	r the law of Colorado that the foregoing is	true and correct.
xecuted on the day of(mo	nth) (year)	
ity or other location, and state OR cou	untry)	
rinted name)		
ignature)		
certify that on	CERTIFICATE OF SERVICE (date), a copy of this	(name of document) was se
s follows on each of the following:	(date), a copy of the	(name of accament) was so
Name and Address	Relationship to Decedent, Wa or Protected Person	Manner of Service

Signature

Принис	Dtt Ot		
□District Court □Denv			
Court Address:	Journey, Colorado		
In the Interest of:			-
in the interest of.			
Protected Person			▲ COURT USE ONLY ▲
Attorney or Party Without	Attorney (Name and	Address):	Case Number:
Phone Number:	E-mail:		Division Countroom
FAX Number:	Atty. Reg. #:	MINATION OF CON	Division Courtroom SFRVATORSHIP
		DULT MINOR	SERVATOROIIII
1. The petitioner is:			
the conservator for	the protected person.		
the protected person			
		on's welfare as follows:	
2. Information about the	notitioner:		
	-		
		Zin Codo:	
_		_ Zip Code:	
			_
·			
Email Address:			_
3. Petitioner requests th	nat this conservators	ship be terminated for	the following reasons:
		, , , , , , , , , , , , , , , , , , ,	
			e protected person. The protected person
was born on		_ (date), and has attaine	ed the age of 21.
The protected person	on died on		(date).
			name of county) in
(case number) an	d	(nai	me of personal representative) has been
		f the conservatorship m	ust pass to the personal representative of
_	ordered by the court.	for the following reasons	s:
■An estate action	r is not being opened	ior the following reasons	

	person's inability to manage property and business af	
Note: If this hearing or file	option is selected, the petitioner must contact the a request to waive the hearing.	he court to set a date and time
	the conservatorship are insufficient to warrant cor, Liabilities: \$	
Other:		
The following per Conservator.	rsons were designated to receive notice of subsect	quent actions in the Order Appoi
		to Protected Person
inancial Plan werformed all othe	has collected and managed the assets of this esith Inventory and Conservator Reports, paid all later acts required of a conservator by law. ribution. conservatorship are as follows:	
inancial Plan werformed all othe	ith Inventory and Conservator Reports, paid all later acts required of a conservator by law. ribution. conservatorship are as follows:	awful claims against this estate,
inancial Plan werformed all othe chedule of Distemans of the che assets of the	ith Inventory and Conservator Reports, paid all later acts required of a conservator by law. ribution. conservatorship are as follows:	awful claims against this estate,
inancial Plan werformed all othe chedule of Distemans of the che assets of the	ith Inventory and Conservator Reports, paid all later acts required of a conservator by law. ribution. conservatorship are as follows:	awful claims against this estate,
inancial Plan werformed all othe chedule of Distemans of the che assets of the	ith Inventory and Conservator Reports, paid all later acts required of a conservator by law. ribution. conservatorship are as follows:	awful claims against this estate,

Unless an evidentiary hearing is required by law or by the court, the petitioner requests, after notice of hearing without appearance pursuant to C.R.P.P. 24, that the **1.** Court terminate the conservatorship. 2. Conservator's Final Report (including the payment of all fees, costs and expenses of administration as set forth therein) be: Dispensed with (all required waivers (JDF 889) must accompany this petition); or Allowed (accepted as filed without audit); or Approved after audit; **or** Other: 3. Court enter an order directing the conservator to distribute all assets of the conservatorship as set forth in the Schedule of Distribution, section 6, above. Petitioner further requests that, upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution pursuant to the Schedule of Distribution in section 6, the court issue a Decree of Final Discharge, whereupon the conservator and any surety on the Conservator's bond must be released and discharged from all liability arising in connection with the performance of the conservator's duties, and that the administration of this conservatorship be terminated. U 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 (date) (city or other location, and state OR country) (printed name) (signature)

CERTIFICATE OF SERVICE _ (date), a copy of this _____ (name of document) was served

Name and Address

Relationship to Decedent, Ward, or Protected Person

Manner of Service*

I certify that on

In	nsert one of the following: hand delivery, first	-class mail, certified mail, e-service, or fax.	
		Signature	

District Court Denver Probate Court	
County, Colorado Court Address:	
In the Interest of:	
	A COURT HEE ONLY
Protected Person Attorney or Party Without Attorney (Name and Address):	Case Number:
Attorney of Party Without Attorney (Name and Address).	Case Number.
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
WAIVER OF HEARING, WAIVER OF FINAL CONSERVAL AUDIT, AND APPROVAL OF SCHEDULE OF	
I, (name), am	
☐ the protected person.	
personal representative of the estate of the protected person. successor of the protected person. (§ 15-12-1201, C.R.S.)	
Other:	<u> </u>
I am 21 years of age or older. I waive receipt, filing and/or audit of the	e Final Conservator's Report and court
hearing on the Petition for Termination of this conservatorship.	
I approve all acts of the conservator, including all claims paid, fees paid to any, and the distribution of all assets of the conservatorship in the amount of Distribution.	
WARNING: Pursuant to § 15-14-431(2), C.R.S. a conservator is rec Report, unless otherwise directed by the court. By signing this for that the conservator file a Final Conservator	m, you give up your right to require
If you do not understand this form, you should seel	k legal or tax advice.
☐ By checking this box, I am acknowledging I am filling in the blanks and not cha☐ By checking this box, I am acknowledging that I have made a change to the or	
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the forego	oing is true and correct.
Executed on the day of	
Executed on the day of,,,,,	
at (city or other location, and state OR country)	
(city or other location, and state OR country)	
(printed name)	
(signature)	

□ District Court □ Denver Probate Court	
Court Address:	
304.17.1da1335.	
In the Interests of:	_
in the interests or:	A
	COURT USE ONLY
	Case Number:
Protected Person	
ORDER TERMINATING CONSE	Division Courtroom
ORDER TERMINATING CONSE	KVATOKSHIF
Upon consideration of the Petition for Termination of Conservators without appearance;	hip and \square evidentiary hearing or \square hearing
The court finds that the statements in the petition are true and convaived; that this conservatorship has been administered according to The protected person has attained the age of 21.	
☐The protected person died on	_ (date).
☐The protected person's inability to manage property and busir	ness affairs has been resolved.
☐The assets of the conservatorship are insufficient to warrant of	continued administration.
Other:	
It is ordered that the Conservator's Final Report (including the padministration as set forth therein) is:	payment of all fees, costs and expenses of
Dispensed with (all required waivers (JDF 889) were filed); or	
Allowed (accepted as filed without audit); or	
Approved after audit; or	
Other:	
It is ordered that the conservator distribute all assets of the con Termination of Conservatorship.	servatorship as set forth in the Petition for
The court further orders that the conservatorship is terminated.	
Date:	
	ludge Magistrate

Note:

Upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence
confirming the ordered distribution, the court must issue a Decree of Final Discharge, whereupon
the conservator and any surety on the conservator's bond must be released and discharged from
all liability arising in connection with the performance of the conservator's duties, and the
administration of this conservatorship will be terminated.

□ District Court □ Denver F		
Court Address:	nty, Colorado	
Court / taaroos.		
In the Interests of:		
Protected Person		▲ COURT USE ONLY ▲
Attorney or Party Without Att	orney (Name and Address):	Case Number:
Phone Number:	E-mail:	Division Courtroom
FAX Number:	Atty. Reg. #::	LOE PROTECTIVE ORDERS
REGISTRA	FROM OTHER S	N OF PROTECTIVE ORDERS
AND CIA		-
	ORN STATEMENT - CON	
_	•	ORM ADULT GUARDIANSHIP AND
PRO	DTECTIVE PROCEEDINGS	5 JURISDICTION ACT
l,	(name), was a	appointed as the conservator for an adult in the (date).
State of	on ((date).
As the conservator I hereby fil	le with this court the following do	cuments:
	•	eign court's order appointing me as conservator;
	·	ign court's letters or other documents evidencing
or affecting my authority to		g
☐Certified, exemplified, o	r authenticated copies of any bor	nds filed with the appointing foreign court;
Other:		
I state that we notified for a new		Octobride for the master to discuss of The
	otective proceeding is pending in ne foreign appointing court of an i (date).	n Colorado for the protected person. The intent to register was given on
	VERIFICATION	ON
I declare under penalty of	perjury under the law of Colorad	do that the foregoing is true and correct.
Executed on the (date)	day of,(year)	_,
at (city or other location, and	d state OR country)	
(city of other location, and	r state Orc country)	
(printed name)		
(signature)		
JDF 891SC R9/18 Registra for Adult	ation and Recognition of Protective Order	Page 1 of 1 rs from Other States and Sworn Statement – Conservator

□District Court □Denver Probate Court		
County, Colorado		
Court Address:		
In the Interest of:		
in the interest of	•	A
		COURT USE ONLY
	Case Nu	mber:
Protected Person	D: ::::	0
OFFICIAL OF PEOLOTPATON AND PEOCONITIO	Division	Courtroom
CERTIFICATE OF REGISTRATON AND RECOGNITIO		
FROM OTHER STATES - CONSERVATOR	SHIP F	OR ADULI
This certificate provides the foreign conservator all powers authorized in the	ne foreign	order of appointment,
except as prohibited under the laws of this state, including maintaining	actions ar	nd proceedings in this
state, and, if the conservator is not a resident of this state, subject to	any con	ditions imposed upon
nonresident parties.	·	
The foreign conservator filed a Registration and Recognition of Protective	e Orders f	from Other States and
Sworn Statement – Conservator for Adult with this court pursuant to § 15-		
petition for administration is pending in Colorado and any statutorily require		-
court of an intent to register was given.		o and reneight expressioning
gram or an inner regional read gram		
The following documents have been filed with this court:		
☐Certified, exemplified, or authenticated copy of the foreign court	's order a	appointing the foreign
conservator.		
☐Certified, exemplified, or authenticated copy of the foreign coul	t's letters	or other documents
evidencing or affecting the foreign conservator's authority to act.		
☐Certified, exemplified, or authenticated copy of any bond	of the	foreign conservator.
☐Other:		.
— • • • • • • • • • • • • • • • • • • •		
The attached document(s) is/are certified to be a true copy of	the De	artified Devemblified
authenticated copy of the document(s) referenced above that is/are in t	ne court's	cusiody.
Date:		
Date: Probate Registrar/(Deput	v) Clerk o	of Court
	,, =:0	

JDF 892SC R9/18 Certificate of Registration and Recognition of Protective Orders from Other States – Conservatorship for Adults

D	istrict Court Denver Proba					
Cour	rt Address:	County, Colorado				
□In	the Interest of					
Resp	oondent/Minor			▲ cou	JRT USE ONLY	
Attor	ney or Party Without Attorne	y (Name and Address):		Case Numbe	r:	
	ne Number: Number:	E-mail: Atty. Reg. #:		Division	Courtroom	
	ONLINE CONSE	RVATOR'S REPORT	ATTACHN	MENT SHEE	T (OCRA)	
	ITTED VIA THE COLORADO On For	: : □ANNUAL REPORT □	ISERVATOR 	' S REPORT (((Date) REPORT	·	ATION
Cl	JRRENT REPORTING PERI	OD FROM(MM/DI	D/YYYY)	TO(MI	M/DD/YYYY)	
	•	ail confirmation, as proof	of submitting	the Conservat	or's Report.)	
	ed hereto for filing are:					
	Bank/Financial Statement –					
		(Name of Financial Insti	itution)	(Acco	unt # - last 4 digits	only)
	(Date of Statement)	(Number of Pages)	(Other/C	comments)		
	Bank/Financial Statement –			,		
		(Name of Financial Insti	,	`	ount # - last 4 digits	only)
	(Date of Statement)	(Number of Pages)				
	Copy of Bond Other:					
Date:						
			Conserva	tor		

CERTIFICATE OF SERVICE

certify that on	(date), a copy of this	$_$ (name of document) wa	
erved as follows on each of the	following:		
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*	
sert one of the following: hand	d delivery, first-class mail, certified mail, e-s	service , or fax.	

Note:

- If you are an attorney or represented by an attorney, you/your attorney will file this form and all attachments with the court via Colorado Courts Efiling (CCE).
- If you are not an attorney or represented by one, you will submit this form and all attachments by emailing them to the court. Follow the instructions provided in the CCOCR User's Manual for the correct email address and procedure.

☐District Co	ourt Denver Probate Court	
Court Address	County, Colorado	
In the Matte	r of the Estate of:	
		A
Deceased		COURT USE ONLY
Attorney or F	Party Without Attorney (Name and Address):	Case Number:
Phone Numb		
FAX Number	, ,	Division Courtroom
	PUBLIC ADMINISTRATOR'S STATEM	
	PURSUANT TO SMALL ESTAT	E PROCEDURE
administrator's administrator sl estate.	of the estate including the public administrator's fees a staff and investigators. Upon filing of the public admall be discharged and released from all further resort the Judicial District hereby states as follows:	ministrator's statement of account, the public sponsibility and all liability with regards to the
	te of	
lefined in C.R.S	S. 15-12-1201, as amended.	, account, is a circum count as
. That the dec	redent died on	
s. The claims p	period for the claims against the estate ended on	·
	fee of accompanies this statements	
	ITEMS OF RECEIPT	
	(Detail Listing and/or Attache Description	Receipt Value
1	Description	Necespi value
2		
3		
TOTAL REC	EIPTS	
ASSET	DESCRIPTION OF ASSETS DO	ONATED OR DISPOSED OF
Collectibles		
Clothing		
Household Items		

Miscellaneo Items	us					
Other						
		TOR STAFF/INVI	ESTIGATOR FEE	ISTRATOR FEES & CO S), AND ESTATE EXPE ISTS STATEMENTS)		
		•	Description	•		Amount Paid
1						
2						
TOTAL FEE	S, COSTS	& EXPENSES/C	CLAIMS PAID			
	FUNI			RS/DEVISEES AND	DEACURY	
				PARTMENT OF THE T pt. of the Treasury	REASURY	Funds
						Distributed
1						
2						
3						
TOTAL FU	NDS DISTR	RIBUTED				
			-	OR LOSS SUMMARY d/or Attach Ledger)		
		Loss of PA	Loss of PA	Loss of PA		Total
		Fees	Costs	Staff/Investigator Fees	Effective Rate	Fees/Costs Lost
TOTALS & TOTAL OF FEES/COST						
By checking	this box, I a	ım acknowledging I	am filling in the bla	nks and not changing anyth	ning else on the	form.
By checking	this box, I a	m acknowledging t	hat I have made a c	hange to the original conte	nt of this form.	
Accounts of	this estat		f my knowledge	d complete Public Ad , information and beli		
Date:			Sig	nature of Public/Deputy	Public Admini	strator
			Ado	dress		
Note:			Cit	y, State and Zip Code		

Public Administrators must attach their detailed fees/costs account statement to this form. Public Administrators must file this form with the court at the closing of the small estate.

District Court Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #: DEMAND FOR NOTICE OF FII	Division Courtroom
PURSUANT TO § 15-12-2 C.R.P.P. 21	04, C.R.S. AND
INSTRUCTIONS TO THE D	EMANDANT
File the original of this document with the court	
If a personal representative has already been appointed, the personal representative or you can mail a copy of the Deman Certificate of Service	
The court will require any future filings or orders to which this D of Service stating that a copy has been mailed or delivered to	
Notice under this Demand may be waived in writing and cea in the estate	ses upon the termination of demandant's interes
_	state as a:
I have the following financial or property interest in this es Creditor Devisee	state as a:
☐ Creditor ☐ Devisee ☐ Heir (identify relationship)	
☐ Creditor ☐ Devisee	hip to the decedent, as defined in §15-10-201(24),
☐ Creditor ☐ Devisee ☐ Heir (identify relationsh C.R.S.) ☐ Other: (state interest)	hip to the decedent, as defined in §15-10-201(24).
☐ Creditor ☐ Devisee ☐ Heir (identify relationsh C.R.S.) ☐ Other: (state interest)	hip to the decedent, as defined in §15-10-201(24),
☐ Creditor ☐ Devisee ☐ Heir	hip to the decedent, as defined in §15-10-201(24).
☐ Creditor ☐ Devisee ☐ Heir	hip to the decedent, as defined in §15-10-201(24).
☐ Creditor ☐ Devisee ☐ Heir	hip to the decedent, as defined in §15-10-201(24),
☐ Creditor ☐ Devisee ☐ Heir	hip to the decedent, as defined in §15-10-201(24),
☐ Creditor ☐ Devisee ☐ Heir	hip to the decedent, as defined in §15-10-201(24),

3. I demand notice if an estate is opened concerning the above-named decedent.

☐I demand notice with respect to all to ☐I demand notice with respect to the ☐Application or Petition for Appo	following:		
□ Application or Petition for Proba □ Application or Petition for Intest □ Inventory (§ 15-12-706(2), C.R □ Any filing for the purpose of clo □ Other:	tacy ProceedingS.); osing this estate;	s and Appointment of Personand	
□ By checking this box, I am acknowledg□ By checking this box, I am acknowledg		=	
Signature of Attorney for Demandant D	Date S	Signature of Demandant	Date
	VERIFIC	ATION	
I declare under penalty of perjury under the Executed on the day of (month at (city or other location, and state OR count (printed name) (signature)	n) (year)		
I certify that on (d as follows on each of the following:	CERTIFICATE date), a copy of t		ne of document) was served
Name and Address		ship to Decedent, Ward, Protected Person	Manner of Service*

^{*}Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature		

INSTRUCTIONS TO THE PERSONAL REPRESENTATIVE

• A copy of any filing or order to which this Demand relates must be mailed or delivered to the person indicated on this Demand and other interested persons. A Certificate of Service must accompany the filing or order when it is filed with the court.

District Court Denver Probate Court Court Address:			
In the Matter of the Estate of:			
Deceased Attorney or Party Without Attorney (Name a	nd Address):	▲ COURT USE ONLY ▲ Case Number:	
Dhana Nissahan			
Phone Number: E-mail FAX Number: Atty. R		Division Courtroom	
WITHDRAWAL OF DEMA		ILINGS OR ORDERS	
I,or Orders filed on		ndraw my Demand for Notice of F	ilings
Signature of Attorney for Demandant Date	Signature of Dema	andant Dat	e
	VERIFICATION		
I declare under penalty of perjury under the la	w of Colorado that the foregoi	ing is true and correct.	
Executed on the day of (month)	_		
at (city or other location, and state OR country)			
(printed name)			
(signature)			
I certify that on (date	RTIFICATE OF SERVICE), a copy of this	(name of document) was ser	rved
as follows on each of the following:	Dolotionahin to Docoder	t Word	
Name and Address	Relationship to Deceden or Protected Perso		

L	and an a of the fallentings, beard delivery first		<i>t</i>
ın	nsert one of the following: hand delivery, first	i-class mail, certified mail, e-service, or	Tax.
		Signature	

Devision		
District Cou	rt UDenver Probate Court County, Colorad	0
Court Address		
In the Matter	of the Estate of:	
Deceased		▲ COURT USE ONLY
Attorney or Pa	rty Without Attorney (Name and Address):	Case Number:
Phone Numbe	r: E-mail:	
FAX Number:	Atty. Reg. #:	
	APPLICATION FOR INFORMAL	
	INFORMAL APPOINTMENT OF PER	RSONAL REPRESENTATIVE
	****** Use this form if the dece	dent left a will ******
Γhe applicant. a	n interested person pursuant to § 15-10-20	11(27), C.R.S., makes the following statements:
		3
I. Information	about the applicant:	
Name:	Relat	tionship to Decedent:
Street Addres	SS:	
City:	State: Zip C	ode:
Mailing Addre	ess, if different:	
City:	State: Zip Code:	
Primary Phor	e:Alternate	Phone:
Email Addres	s:	
The Decedes	4 (manus) diadan	(data) at the area of a consequent
		(date) at the age of years. The
decedent was	domiciled or resided in the City of	County of, the State of
·		
3. Venue for this	s proceeding is proper in this county because	the decedent:
_	her domicile or residence in this county on the	
did not hav	ve his or her domicile or residence in Colorado	o, but had property located in this county on the date
of death.		
I. This applicati	on is filed within the time period permitted b	by law. Three years or less have passed since the
decedent's de	eath, or circumstances described in § 15-12-1	08, C.R.S. authorize tardy probate or appointment.
5. The applicant	:	
☐has not re	ceived a Demand for Notice of Filings or Or	rders and is unaware of any Demand for Notice of
	ers concerning the decedent.	
	ed or is aware of a Demand for Notice of Filing Notice of Filings or Orders or explanation.	s or Orders concerning the Decedent. See attached

ο.	state or elsewhere.					
		d a personal representative or an appointment procedum. (Attach a statement explaining the circumstar				
		representative. Attach a certified copy of the appoir				
7.	The dates of all codicils	are collectively referred to as "the Will." The applicar	nt believes	s tha	t it is the decedent's	
	applicant is unaware of	losed in an attached explanation and after the exer any instrument revoking the will and is unaware of ar expressly revoked by a later instrument.				
	☐The original will					
	<u> </u>	h this court before the decedent's death. (§ 15-11-51	,			
	_	d to this court since the decedent's death. (§ 15-11-5	16, C.R.S	5.); o	r	
	☐ Is filed with this ap	the will is filed with this application.				
		e delivered to the court forthwith.				
	_	bbated in the State of	Authen	nticat	ed conies of the will	
		obating it are filed with this application. (§ 15-12-402,		illoat	ed ooples of the will	
8.	Decedent's marital and	family status:				
	a) Did a spouse or partr	ner in a civil union survive the decedent?	☐Yes [□N)	
	b) Did the decedent have	re a surviving parent?	☐Yes 〔	□No)	
	c) Did the decedent hav	e surviving children or other descendants?	☐Yes 〔	\square_{N_0}	D	
	,	surviving spouse or partner in a civil union have surv	-			
	are not descendant		☐Yes [⊸ No)	
	surviving spouse or part	nt's surviving descendants also descendants of the	□Yes [Пм	`	
	f) Are any of the decede		☐Yes [
	, •					
9.	The names and addreg devisees are as follow	sses of the decedent's spouse, partner in a civil us.	union, ch	ildre	en, other heirs and	
	If a guardian or cons	servator has been appointed for one of the persons lis	sted below	v, als	o provide the name	
		guardian or conservator.	_			
		ted, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede		e the	e date of death.	
		ction is included in the Instructions - JDF 906.	,	0		
	Name	Address or Date of Death	Age	e.	Relationship (e.g.	

	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.)
_'				

		f age or older and	nominates himself/herself to	be app	pointed as personal
	representative. or				
	☐Applicant nominates the fo	ollowing person be ap	ppointed as personal representa	tive.	
	Name:		The Nominee is 21 years o	f age or	older.
	Street Address:				
	City:	State:	Zip Code:		
	Mailing Address, if different:				
	City:	State: Zip (Code:		
	Primary Phone:		Alternate Phone:		
	Email Address:				
- - ,	renouncements accompany	ual right to appointme	ent have renounced their right the lent's estate. (§ 15-12-604, C.R.		ntment. All required
				,	
	Estimated value of real est			\$	
	Estimated value of person			\$	
	Annual income expected for	rom all sources		\$	
			TOTAL	. \$	
	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	n has not yet been de	etermined.*		

	* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)
14.	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 of compensation has not yet been determined.* * There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)
15.	Bond is not required by the will nor has any interested person demanded that bond be filed. is not required by the will nor has any interested person demanded that bond be filed.
	Bond in the amount of \$ has been demanded.
	The applicant requests that the registrar informally admit the decedent's will to probate and that the minee be informally appointed as personal representative in unsupervised administration to serve:
	without bond
and	d that Letters Testamentary be issued.
	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
l de	eclare under penalty of perjury under the law of Colorado that the foregoing is true and correct.
Exe	ecuted on the day of,,,, (year)
at_	y or other location, and state OR country)
(cit	y or other location, and state OR country)
(pri	inted name)
(sig	gnature)
*No	 Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court				
Court Address:				
In the Matter of the Estate of:				
Deceased		▲ COU	JRT USE ONLY	•
Attorney or Party Without Attorney (Name and Addres	s):	Case Numbe		
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Division	Courtroom	
ACCEPTANCE (OF APPOINTM	ENT		
☐ Personal Representative; ☐ Successor Personal Representative; ☐ Special Administrator; or ☐ Other: ☐ submit personally to the jurisdiction of this court in any	 proceeding relatir	ng to this matte	er.	
Date:	Signature			
	Print Name			
	Address			
	City, State, Zip Co	ode		
	(Area Code) Home	e Telephone Nu	mber	

VERIFICATION

I declare under	penalty of perju	iry under the la	w of Colorac	to that the foregoing is true and correct.
Executed on the	e day o (date)	f(month)	year)	.,
at (city or other loo	cation, and state			
(printed name)				
(signature)				

Note:

- This form is for decedent estate matters only.
- For guardianships and conservatorships matters use the Acceptance of Office (JDF 805).

□ District Court □ Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Attorney or Farty Without Attorney (Name and Address).	Case Number.
Phone Number: E-mail:	Division Courtroom
FAX Number: Atty. Reg. #: RENUNCIATION AND/OR NOMINATION OF PE	Division Courtroom
RENORMATION AND/OR HOMINATION OF TE	NOONAL KEI KEGENTATIVE
 I, (name), m. 1.	ake the following statements to this court. this estate because I am nominated by the
decedent's will or under a power conferred by the will. I renounce	•
2. I have priority for appointment as personal representative of the § 15-12-203(1), C.R.S.*	nis estate pursuant to paragraphs (b) to (e) of
☐ Having the right to nominate a qualified person to act as p	ersonal representative, I nominate
☐I renounce my right to appointment.	
3. I am over the age of 18, but under21, and would be entitled to for my age.	appointment as personal representative, but
☐ Having the right to nominate a qualified person to act as p	ersonal representative, I nominate
☐I renounce my right to nominate a personal representative).
4. Other:	
 □ By checking this box, I am acknowledging I am filling in the blaform. □ By checking this box, I am acknowledging that I have made a characteristic. 	
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the f	foregoing is true and correct.
Executed on the day of,,,,,	
at (city or other location, and state OR country)	

(printed name)		
(signature)		

Note:

• Persons with priority for appointment as personal representative who also have the right to nominate a personal representative are set forth § 15-12-203(1), C.R.S. and have priority in the following order: (b) the surviving spouse or partner in a civil union of the decedent who is a devisee of the decedent; (b.5) a person given priority to be a personal representative in a designated beneficiary agreement made pursuant to § 15-22-101, et. seq.; (c) other devisees of the decedent; (d) the surviving spouse or partner in a civil union of the decedent; (e) other heirs of the decedent.

	□ District Court □ Denver Probate Court				
C	Court Address:				
Ir	n the Matter of the Estate of:	▲ COURT USE	ONLY A		
		Case Number:			
D	Deceased				
	ORDER FOR INFORMAL PROBAT		ırtroom:		
	INFORMAL APPOINTMENT OF PERSON	AL REPRESENTATIVE			
	oon consideration of the Application for Informal Probate of Vepresentative filed by (ap				
	HE REGISTRAR FINDS, DETERMINES, AND ORDERS: The applicant is an interested person and has filed a complete ar	nd verified application.			
2.	The decedent died on (date) and 120 hou If the decedent was not a resident of Colorado, 30 days have personal representative appointed at the decedent's domicile of C.R.S.)	elapsed since the decedent	i's death, or the		
3.	The decedent was domiciled or resided in the City of of	County of	, State		
4.	Venue is proper in this county.				
5.	The application was filed within the time period permitted by law.				
6.	The decedent left a will dated The dates of all codicils are any codicils are referred to as the will. The original or e-filed cothe registrar's possession. There are no known prior wills which instrument. The will is admitted to informal probate.	ppy of the duly executed, unr			
7.	The following person is qualified to serve and is appointed as per	sonal representative:			
	Name: The Nominee is 21 years of age or older.				
	Street Address:				
	City: State: Zip Code:				
	Mailing Address, if different:				
	City: State: Zip Code:				
	Primary Phone Alternate Phone: Email Address:				
8.		dministration.			
9.					
	·				
υa	ate:	 ludge □Magistrate □Regist	rar		

District Court Denver Probate Court		
County, Colorado Court Address:		
In the Matter of the Estate of:		A
	COURT USE	ONLY
	Case Number:	
Deceased	Division Co	ourtroom
	TARY OF ADMINISTRATION	Juitiooni
(nome) was appointed as qualified	but his count or its registror or	
(name) was appointed or qualified (date) as:	by this court of its registral on	
☐ Personal Representative; or ☐ Successor Personal Representative.		
·		
The decedent died on(date).		
These Letters are proof of the Personal Represe et.seq., C.R.S.	entative's authority to act pursuant to	o § 15-12-701,
☐The Personal Representative's authority is up		
☐The Personal Representatives authority is re	stricted as follows:	
Date:		
Date.	Probate Registrar/(Deputy)Clerk	of Court
CERTIF	CICATION	
Certified to be a true copy of the original in my custody a (date).	and to be in full force and effect as of	
(uale).		
	Probate Registrar/(Deputy)Clerk	of Court

	Denver Probate Court				
Court Address:	County, Colorado				
Count / Idanoss.					
In the Matter of the I	Estate of*				
Deceased			▲ C	OURT USE O	NLY 🛕
	hout Attorney (Name and Ad	dress):	Case Num	ber:	
Phone Number: FAX Number:	E-mail: Atty Reg. #:		Division	Courtro	nm.
	FOR INFORMAL APP				
***	**** Use this form if the o	decedent die	d not leave a will *	*****	
he applicant, an inter	ested person pursuant to	§ 15-10-201(2	7), C.R.S., makes th	ne following st	atements:
			•	•	
	• •	Dalation	ahin ta Dagadantı		
	Chata				
•	State:	•			
	different:Zip				
	StateZI				
			Hone		
Liliali Addiess.					
. The decedent,	, died on		(date) at the age of _	years. T	he decedent
was domiciled or res	sided in the City of	County o	of, t	the State of	·
	eeding is proper in this count micile or residence in this co	-			
_	or her domicile or residence i	•		ed in this count	v on the date
of death.	The definions of residence i		at riad property local		y on the date
. This application is f	iled within the time period p	permitted by I	aw. Three vears or I	ess have pass	ed since the
	r circumstances described in				
. The applicant:					
_ ''	a Demand for Notice of Fil	ings or Order	s and is unaware of	any Demand	for Notice of
_ `	ncerning the Decedent.				_
	s aware of a Demand for Noti of Filings or Orders or explar	_	r Orders concerning t	he Decedent.	See attached
Demand for Notice (A Fillings of Orders of explai	iatiOi1.			
	pointed a personal represen	tative and no	such appointment p	roceeding is pe	ending in this
state or elsewhere.					

	(/	Attach a stateme	esentative or an appointment explaining the circumstar certified copy of the appoint	nces and indi	cating the	e name and address
7.			ched explanation and after rill relating to property in Co		of reaso	nable diligence, the
8. [Decedent's marital and fa	amilv status:				
		•	on survive the decedent?	□Yes □	No	
	b) Did the decedent ha			□Yes □	No	
	•	• .	en or other descendants?	□Yes □	No	
	d) Does the decedent's	surviving spouse	or partner in a civil union h			dants who
	are not descendants of			□Yes □	No	
	-	=	cendants also descendants			
	surviving spouse or par			UYes U∣		
	f) Are any of the deced	lent's children mir	nors?	□Yes □	NO	
	name and address If a minor child is lis If a spouse, partner	of the guardian of sted, list the child' in a civil union, c	n appointed for one of the p r conservator. s parent(s), guardian or cor or child has predeceased the n the Instructions - JDF 907	nservator. e decedent, i		
	Name	T				
	Name	Address or Da	te of Death		Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	Name	Address or Da	te of Death		only if	spouse, partner in a civil union, child, brother, guardian for
	Name	Address or Da	te of Death		only if	spouse, partner in a civil union, child, brother, guardian for
	Name	Address or Da	te of Death		only if	spouse, partner in a civil union, child, brother, guardian for
	Name	Address or Da	te of Death		only if	spouse, partner in a civil union, child, brother, guardian for
	Name	Address or Da	te of Death		only if	spouse, partner in a civil union, child, brother, guardian for
	Name	Address or Da	te of Death		only if	spouse, partner in a civil union, child, brother, guardian for
	Name	Address or Da	te of Death		only if	spouse, partner in a civil union, child, brother, guardian for
			er and nominates himself	or herself t	only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	□Applicant is 21 yearesentative.	ars of age or old			only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	□ Applicant is 21 yearesentative. or □ Applicant nominates	rs of age or old	er and nominates himself	nal representa	only if Minor o be apparent of the property o	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	Applicant is 21 yearesentative. or Applicant nominates Name:	rs of age or old	er and nominates himself son be appointed as persor The Nominee	nal representa	only if Minor o be apparent of the property o	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	Applicant is 21 yearesentative. or Applicant nominates Name: Street Address:	rs of age or old	er and nominates himself son be appointed as persor The Nominee	nal representa s is 21 years o	only if Minor o be apparentive.	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	Applicant is 21 yearesentative. or Applicant nominates Name: Street Address: City:	the following pers	er and nominates himself son be appointed as persor The Nominee Zip Code:	nal representa	only if Minor o be apparentive.	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	Applicant is 21 yearesentative. or Applicant nominates Name: Street Address: City: Mailing Address, if diffe	the following pers	er and nominates himself son be appointed as persor The Nominee Zip Code:	nal representa is 21 years o	only if Minor o be apparentive.	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

	Primary Phone:	Alternate Phone:	
	Email Address:		
	statutory priority. (§1	ity for appointment because of: 15-12-203, C.R.S.) e attached explanation. qual rights to appointment are as follows:	
		nced their rights to appointment or have been given notice nts accompany this application.	of these proceedings. Any
12.	Applicant states the foll	lowing regarding the decedent's estate. (§ 15-12-604, C.R.S	.)
	Estimated value of re	eal estate	\$
	Estimated value of p	personal property	\$
	Annual income expe	ected from all sources	\$
		TOTAL	\$
		r charging fees for any extraordinary services, and any oth will be calculated, are as stated below or in an attachment to	
	☐The basis of compe	nsation has not yet been determined.	
14.	The personal represent	tative may compensate his, her, or its counsel.	
	the rates and basis for	be charged, any amounts to be charged pursuant to a publis r charging fees for any extraordinary services, and any oth will be calculated, are as stated below or in an attachment to	er bases upon which a fee
	☐The basis of compe	nsation has not yet been determined.	

 * There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

5. No interested person demanded that bond be filed.						
☐Bond in the amount of \$	_ has been demanded.					
16. The applicant requests that the registrar unsupervised administration to serve:	r informally appoint the nominee as personal representative in					
☐without bond	☐with bond in the amount of \$					
and that Letters of Administration be issued	l.					
	am filling in the blanks and not changing anything else on the form. hat 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) (month)	(year)					
at(city or other location, and state OR country)						
(printed name)						
(signature)						

*Note:

District Co	ourt Denver Pro						
Court Addres	ss:		County, Colorado				
In the Matter	r of the Estate of	:			▲ cou	RT USE ONLY	
					Case Numbe		
					Caso Hambo	•	
Deceased					Division:	Courtroom:	
ORD	ER FOR INFO	RMAL AF	PPOINTMENT O	F PERSC	NAL REPR	ESENTATIVE	
Inon considera	tion of the Applica	ation for Info	ormal Appointment of	of Personal	Panrasantativa	a filed by	
•			(date)		Nepresentative	e filled by	
			, ,				
THE REGISTE	RAR FINDS, DE	TERMINE	S AND ORDERS	:			
I. The applica	nt is an interested	l person an	d has filed a comple	ete and verif	ied application		
the deceder	nt was not a reside	ent of Colora	(date) and 120 ado, 30 days have e t's domicile or resid	lapsed since	e the decedent	's death, or the per	rsonal
3. The decede of		or resided i	n the City of		County of	of,	State
1. Venue is pro	oper in this county	/.					
5. The applicat	tion was filed with	in the time	period permitted by	law.			
6. The decede	ent did not leave a	will.					
7. The following	g person is qualifie	ed to serve	and is appointed as	personal re	epresentative:		
Name:			The N	lominee is 2	21 years of age	or older.	
Street Addre	ess:						
City:		State:	z Z	ip Code:			
			Zip Code:				hone:
			ternate Phone:				
Liliali Addie				<u> </u>			
3. Appointment	is made without b	oond in uns	upervised administr	ation.			
D. Letters of Ad	ministration will be	e issued.					
Date:							
			Jude	ge Magis	trate 🗖 Registi	rar	

	Denver Probate Court				
Court Address:	County, Colorado				
In the Matter of the	Estate of*:		=		
Deceased			▲ co	URT USE	ONLY
Attorney or Party Wi	thout Attorney (Name and A	ddress):	Case Number	er:	
Dhana Numbari	E-mail:				
Phone Number: FAX Number:		#:	Division	Cour	troom
	PETITION FOR FOR	RMAL PROBATE (OF WILL AN	D	
FO	RMAL APPOINTMEN	r of Personal I	REPRESENT	<u> </u>	
	****** Use this form	if the decedent left	a will ******		
The notitioner on inte	areated nerson nursuant to	- \$ 45 40 204/27\ C 5) C. makaa tha	fallowin	a statements.
rne petitioner, an inte	erested person pursuant to) 9 15-10-201(27), C.R	a.s., makes the	HOHOWIN	g statements:
I. Information about	the petitioner:				
Name:		Relationship to	Decedent		
City:	State:	Zip Code:			
Mailing Address, if	different:				
City:	State: Z	ip Code:	-		
Primary Phone:		_ Alternate Phone:			
Email Address:			-		
2. The decedent	, died on	(date) a	at the age of	vears	The decedent
	esided in the City of				
					,
<u>-</u>					
	eeding is proper in this cour	•			
_	omicile or residence in this o	•			
☐did not have his of death.	or her domicile or residence	in Colorado, but had p	property located	l in this co	unty on the date
	d within the time period per or circumstances described				
5. The Petitioner:					
	d a Demand for Notice of Foncerning Decedent.	Filings or Orders and i	s unaware of a	iny Dema	nd for Notice of
	is aware of a Demand for N of Filings or Orders or expla		ers concerning	Deceden	t. See attached

6.	No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.						
		d a personal representative or an appointmentude. (Attach a statement explaining the cir					
	address of the personal has been finalized.)	representative. Attach a certified copy of the	e appointing	g documer	t if the appointment		
7.	petitioner is unaware of Colorado that have not Or The date of the deceder The dates of all codicils	closed in an attached explanation and after any instrument revoking the will and is unawabeen expressly revoked by a later instrument ont's last will is are	are of any p :. 	rior wills re	elating to property in		
8.	The original will						
	`	th this court before the decedent's death (§ 15		•			
	_	d to this court since the decedent's death (§	15-11-516, C	.R.S.)			
	☐ is filed with this pe						
	■An e-filed copy o immediately.	f the will is filed with this petition and the or	riginal will n	nust be de	elivered to the court		
		obated in the State ofobating it are filed with this petition. (§ 15-12-4		Authentica	ted copies of the will		
9 . [Decedent's marital and fa	amily status:					
	a) Did a spouse or partr	ner in a civil union survive the decedent?	□Yes □	No			
	b) Did the decedent have	ve a surviving parent?	□Yes □	No			
	c) Did the decedent have	ve surviving children or other descendants?	□Yes □	No			
	•	surviving spouse or partner in a civil union ha		-	ants who		
	are not descendant	is of the decedent'? nt's surviving descendants also descendants	Yes	INo			
		tner in a civil union?		lNo			
	f) Are any of the decede		□Yes □				
	,						
	The names and addres	sses of the decedent's spouse, partner in	a civil unio	n, childre	n, other heirs, and		
	♦ If a guardian or cons	servator has been appointed for one of the pe	ersons listed	l below, als	so provide the name		
		guardian or conservator.	oom (otor				
	◆ If a spouse, partner	sted, list the child's parent(s), guardian, or cor in a civil union, or child has predeceased the ction is included in the Instructions - JDF 906	Decedent,	include th	e date of death.		
ſ	Name	Address or Date of Death		Age,	Relationship (e.g.		
				only if	snouse partner		

Minor

in a civil union, child, brother, guardian for spouse, etc.)

herself to		pointed as persona
· 1 years of		older.
ired reno	unceme	(name). ent that accompanie
	\$	
	\$	
	\$	
TOTAL	. \$	
	her base	e schedule, includin es upon which a fe etition. *

14. The personal representative may compens	sate his, her, or its counsel.
the rates and basis for charging fees for	nounts to be charged pursuant to a published fee schedule, including any extraordinary services, and any other bases upon which a fee re as stated below or in an attachment to this petition. *
☐The basis of compensation has not yet	been determined.
* There is a continuing obligation to disclose a C.R.S.)	any material changes to the basis for charging fees. (§ 15-10-602
15. □Bond is not required by the will nor has □Bond in the amount of \$	any interested person demanded that bond be filed. has been demanded.
16. ☐Unsupervised administration is requested a supervised administration is requested are as follows:	red. d (additional filing fee required). Terms of the requested supervision
	nests that the court formally admit the decedent's will to probate, rmally appoint the nominee as personal representative to serve:
☐without bond	with bond in the amount of
☐ in unsupervised administration	☐ in supervised administration (additional filing fee required)
and that Letters Testamentary be issued to confirmed. The petitioner also requests:	the personal representative or that previously issued Letters be
☐a setting aside of prior informal findings as	to testacy
☐ a setting aside of prior informal appointmen ☐ other:	t of personal representative.
_ ,	I am filling in the blanks and not changing anything else on the form. that I have made a change to the original content of this form.

VERIFICATION

I declare under	penalty of perjur	y under the la	w of Colora	do that the fo	regoing is tru	ie and correct.
Executed on the	e day of (date)	(month)	, (year)	_,		
at						
(city or other loc	cation, and state	OR country)				
(printed name)						
(signature)						

*Note:

	District Court Denver Probate Court County, Colorado Court Address:		
,	In the Matter of the Estate of:	▲ court	USE ONLY
		Case Number:	
	Deceased	Division:	Courtroom:
	ORDER ADMITTING WILL TO FORMAL P FORMAL APPOINTMENT OF PERSONAL RE		
ile	tion consideration of the Petition for Formal Probate of Will and Formal Appel by (petitioner) on HE COURT FINDS, DETERMINES, AND ORDERS:		sonal Representative
1.	The petitioner is an interested person and has filed a complete and verification. The decedent died on (date) and 120 hours have	·	e decedent's death.
	The decedent was domiciled or resided in the City of of		
1.	Venue is proper in this county.		
5.	The petition was filed within the time period permitted by law.		
6.	Any required notices have been given or waived.		
7.	The decedent left a will dated The dates of all codicils are The will and any codicils are referred to as the will. There are no expressly revoked by a later instrument. The will is the decedent's probate. The prior informal finding as to testacy is set aside.		

	Na	ame	Relationship (e.g. spouse partner in a civil union, child, brother, guardian for spouse, etc.)
		e and is appointed or confirm The Nominee	ned as personal representative: is 21 years of age or older.
Street Address:			
City:	State:	Zip Code:	
Mailing Address, i	f different:		
City:	State:	Zip Code:	_
		Zip Code: Alternate Phone	- :
Primary Phone:		Alternate Phone	
Primary Phone: Email Address:	nal appointment of	Alternate Phone	
Primary Phone: Email Address: The prior inform letters are revoked The personal repr without bond.	nal appointment ofd. d. esentative will serve	Alternate Phone	:
Primary Phone: Email Address: The prior inform letters are revoked The personal reproduct bond. with bond in the	nal appointment ofd. d. esentative will serve	Alternate Phone	:
Primary Phone: Email Address: The prior inform letters are revoked The personal repromition without bond. with bond in the lin unsupervised	nal appointment ofd. esentative will serve e amount of \$d d administration.	Alternate Phone	: (name) is set aside and the
Primary Phone: Email Address: The prior inform letters are revoked The personal repromition without bond. with bond in the lin unsupervised	nal appointment ofd. esentative will serve e amount of \$d d administration.	Alternate Phone	: (name) is set aside and the
Primary Phone: Email Address: The prior inform letters are revoked The personal repriment without bond. with bond in the lin unsupervised are supervised as a supervise	nal appointment ofd. esentative will serve e amount of \$d d administration. dministration as descr	Alternate Phone	: (name) is set aside and the order.

Date: _____

□Judge □Magistrate

□ District Court □ Der			
Court Address:	County, Colorado		
In the Matter of the Est	ate of*:		
December		▲ CC	OURT USE ONLY
Deceased Attorney or Party Withou	ut Attorney (Name and Address	_	 _
, ,		,	
	E-mail: Atty. Reg. #:	Division	Courtroom
	ADJUDICATION OF INTE		
	PERSONAL RE	PRESENTATIVE	
****	* Use this form if the deced	dent did not leave a will **	****
o notitionar an interes	ted person pursuant to § 15-	10.201/27) C.B.S. makas th	o following statements:
		10-201(21), C.N.S., Illakes til	e lollowing statements.
Information about the	•		
	Otata		
•	State:		
=	erent:		
	State: Alternate Pho		
·			
Email Address:			
The decedent,	, died on	(date) at the age of	years. The decedent
was domiciled or reside	ed in the City of	County of	, State of
.			
Vanue for this proceed	ing is proper in this county beca	auga the decadent:	
_	cile or residence in this county deca		
	er domicile or residence in Colo		d in this county on the date
of death.			·
This petition is filed w	vithin the time period permitted	d by law. Three years or les	ss have passed since the
	rcumstances described in § 15		
The Petitioner:			
	Demand for Notice of Filings	or Orders and is unaware of	any Demand for Notice of
Filings or Orders conce	erning Decedent. ware of a Demand for Notice o	of Filings or Orders conserving	Decedent Coe etteched

6.	state or elsewhere. A court has appointe (Attach a	d a personal representati	ative and no such appoint ve or an appointment proce e circumstances and indic by of the appointing docu	ceeding is pendating the name	ling in the State of _e and address of the
7.			planation and after the ex		onable diligence, the
8.	 b) Did the decedent c) Did the decedent d) Does the decedent are not descendant e) Are all of the decedent surviving spous 	coartner in a civil union suit have a surviving parent? Thave surviving children or party surviving spouse or party of the decedent?	or other descendants? partner in a civil union hav dants also descendants of on?	□Yes □N	lo lo cendants who lo
9.	 as defined by the Colo ◆ If a guardian or con and address of the ◆ If a minor child is lis ◆ If a spouse, partner 	rado law of intestate suservator has been appoin guardian or conservator. Ited, list the child's parent in a civil union, or child hetion is included in the Instantial	spouse, partner in a civiccession. (§§ 15-11-101, ted for one of the persons (s), guardian or conservations predeceased the decentructions - JDF 907.	C.R.S. through listed below, a or.	n 15-11-114, C.R.S.) Iso provide the name the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for
10.	representative. or Petitioner nominates Name:	the following person be a	nominates himself or he appointed as personal repo	resentative.	
			Zip Code: _		

	Mailing Address, if diff	erent:			
	City:	State:	Zip Code:		
	Primary Phone:		Alternate Phone:		
	Email Address:				
	The Nominee has price	ority for appointmer	nt because of:		
	☐statutory priority. (§	15-12-203, C.R.S	.)		
	☐reasons stated in the	ne attached explan	ation.		
	Daragna with prior or o	aval riabta ta anna	intment are so follows:		
	Persons with prior or e	quai rights to appo	intment are as follows:		
	They have each renou required renouncement		o appointment or have been give	en notice of these proc	eedings. Any
	required remodificering	into accompany t	ms petition.		
11.	Petitioner states the fo	ollowing regarding	the decedent's estate. (§ 15-12-	304, C.R.S.)	
	Estimated value of	real estate		\$	
	Estimated value of			\$	
	Annual income exp	ected from all sour		\$	
				TOTAL \$	
12	The personal represer	ntative may receive	a compensation		
	The personal represen	native may receive	o compensation.		
	☐The hourly rates to	be charged, any a	mounts to be charged pursuant t	o a published fee sche	dule, includina
			r any extraordinary services, an		
	charged to the estate	will be calculated,	are as stated below or in an atta	chment to this petition.	*
	☐The basis of compe	anaction has not ve	t been determined		
	The basis of compe	ensation has not ye	et been determined.		
13.	The personal represen	ntative may compe	nsate his, her or its counsel.		
			mounts to be charged pursuant t		
			r any extraordinary services, an are as stated below or in an atta		
	charged to the estate	will be calculated,	are as stated below or in an atta	onneni io ins penion.	
					_
	☐The basis of compe	ensation has not ye	et been determined.		
	·				_
	_	ligation to disclose	any material changes to the bas	is for charging fees. (§ 15-10-602
	R.S.)				
14.	☐No interested perso	on demanded that	bona be filed.		

☐Bond in the amount of \$	has been demanded.
15. □Unsupervised administration is requested as follows:	quested. ested (additional filing fee required). Terms of the requested supervision
	r requests that the court determine that the decedent died without a ent and formally appoint the nominee as personal representative to
☐without bond ☐in unsupervised administration	☐ with bond in the amount of \$ ☐ in supervised administration (additional filing fee required)
and that Letters of Administration be is requests:	ssued or that previously issued Letters be confirmed. Petitioner also
☐ a setting aside of prior informal finding☐ a setting aside of prior informal appoin☐ other:	tment of personal Representative.
	ging I am filling in the blanks and not changing anything else on the form. ging that I have made a change to the original content of this form.
	VERIFICATION
	he law of Colorado that the foregoing is true and correct.
Executed on the day of (date) (mont	h) (year)
at (city or other location, and state OR coun	try)
(printed name)	
(signature)	
*Note:	

JDF 922SC R9/18 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

	District Court Denver Probate Court County, Colorado	
C	ourt Address:	
Îr	the Matter of the Estate of:	▲ COURT USE ONLY ▲
		Case Number:
D	eceased	Division: Courtroom:
	ORDER OF INTESTACY, DETERMINATION FORMAL APPOINTMENT OF PERSONAL RE	
Re	on consideration of the Petition for Adjudication of Intestacy a presentative filed by (petitioner) on	
1.	The petitioner is an interested person and has filed a complete and ver	rified petition.
2.	The decedent died on (date) and 120 hours have	ve elapsed since the decedent's death.
3.	The decedent was domiciled or resided in the City of of	County of, State
4.	Venue is proper in this county.	
5.	The petition was filed within the time period permitted by law.	
6.	Any required notices have been given or waived.	
7.	The decedent did not leave a will. ☐ The prior informal finding as to testacy is set aside.	

8. The heirs of the decedent are	8.	The heirs	of the	decedent	are:
---	----	-----------	--------	----------	------

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	Share/Percentage of Estate
ne following person is qualified to serve and is appointed o	or confirmed as persona	al representative:

	reet Address:					e or old	
	ty:						
Ma	ailing Address, if different:						
Cit	ty: State	:Z	ip Code:	Primary			Phone
		_ Alternate	Phone:				
En	mail Address:						
	The prior informal appointment of ters are revoked.	of		(name)	is set	aside	and th
10. Th	ne personal representative will se	rve					
	without bond.						
_	with bond in the amount of \$		<u>.</u>				
	in unsupervised administration.						
Ц	in supervised administration as	described in	an attachmen	t to this order.			
11. Let	tters of Administration will be iss	ued or previ	ously issued le	etters are confirmed.			

	Denver Probate Court	
Court Address:	County, Colorado	
In the Matter of the	Estate of:	
		A COURT HEE ONLY
Deceased		▲ COURT USE ONLY ▲
Attorney or Party Wit	hout Attorney (Name and Ad	ddress): Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
FAX Number.	·	R INFORMAL APPOINTMENT
OF SP	=	OR PURSUANT TO § 15-12-614, C.R.S.
		,
Tl		C 45 40 004/07) O D O made a de fallacción a tatance de
i ne applicant, an inte	erested person pursuant to	5 § 15-10-201(27), C.R.S., makes the following statements:
I. Information abou	• •	
		Relationship to Decedent
-		Zip Code:
City:	State: 2	<u>'ip Code:</u>
Primary Phone:		Alternate Phone:
Email Address:	_	
		(data) at the area of a consequent The decoder
2. The decedent.	. died on	(date) at the age of vears. The deceden
		(date) at the age of years. The deceden
		(date) at the age of years. The deceden County of, the State of
was domiciled or r		, County of, the State of
was domiciled or r	resided in the City of	County of, the State of, the State of
was domiciled or r	resided in the City ofceeding is proper in this couldomicile or residence in this	County of, the State of, the State of
was domiciled or r	resided in the City ofceeding is proper in this couldomicile or residence in this	
was domiciled or r	ceeding is proper in this coulomicile or residence in this sor her domicile or residence in this significant filed within the time period	
was domiciled or r	ceeding is proper in this couldomicile or residence in this is or her domicile or residence in filed within the time period or circumstances described	County of, the State of
was domiciled or r 3. Venue for this product of had his or her death. 4. This application is decedent's death, 5. The applicant: has not receive Filings or Orders of the service	ceeding is proper in this coulomicile or residence in this is or her domicile or residence filed within the time period or circumstances described da Demand for Notice of Itooncerning Decedent.	
was domiciled or r	ceeding is proper in this coulomicile or residence in this is or her domicile or residence filed within the time period or circumstances described da Demand for Notice of Itooncerning Decedent.	

state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has
been finalized.)
7. \square Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.
or ☐ The date of the decedent's last will is The dates of all codicils are The will and any codicils are collectively referred to as "the will." The applicant believes that it is the decedent's last will and that it was validly executed.
8. The original will: was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.) has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.) is filed with this application An e-filed copy of the will is filed with this application and the original will must be delivered to the court immediately
The will has been probated in the State of Authenticated copies of the will and of the statement probating it are filed with this application. (§ 15-12-402, C.R.S.)
9. Decedent's marital and family status:
a) Did a spouse or partner in a civil union survive the decedent?
b) Did the decedent have a surviving parent?
c) Did the decedent have surviving children or other descendants?
d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who
are not descendants of the decedent?
e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union?
f) Are any of the decedent's children minors?
10. List names and addresses of decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

- ♦ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
- ♦ If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

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.)

1. Applicant requests appointment of a special administrator:		
☐ to protect the decedent's estate prior to the appointment reasons:	of a personal repre	esentative for the following
□ because a prior appointment has been terminated as provide □ to address claims as a public administrator. (§ 15-12-621(9)	- ,	(a), C.R.S.
2. Applicant is 21 years of age or older and nominates hadministrator.		be appointed as special
Applicant nominates the following person be appointed as s	pecial administrator.	
Name: The Non	ninee is 21 years of a	age or older.
Street Address:		
City: State: Zip Code:		
Mailing Address, if different:		
City: State: Zip Code:		
Primary Phone: Alternate Phone:		
Email Address:		
The nominee has priority for appointment because of: statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(§) reasons stated in the attached explanation. The persons with prior or equal right to appointment are		(name).
All persons with prior or equal right to appointment has accompanies this application.		, ,
3. Applicant states the following regarding the decedent's estate.	(§ 15-12-604, C.R.S.	.)
Estimated value of real estate		\$
Estimated value of personal property		\$
Annual income expected from all sources		\$
	TOTAL	\$
		1

14. The special administrator 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.							
15.	The special administrator 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 of compensation has not yet been determined.							
	nere is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602S.)							
16.	Bond in the amount of \$ is requested. (§ 15-12-603(1)(a), C.R.S.)							
	e applicant requests that the registrar informally appoint the nominee as special administrator to serve a bond and that Letters of Special Administration be issued.							
☐ forn	By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the n.							
	By checking this box, I am acknowledging that I have made a change to the original content of this form.							
	VERIFICATION							
l de	clare under penalty of perjury under the law of Colorado that the foregoing is true and correct.							
Exe	cuted on the day of,, (date) (month) (year)							
at _ (city	v or other location, and state OR country)							
(prii	nted name)							
(sig	nature)							

*Note:

	District Court Denver Probate Court	
c	County, Colorado Court Address:	
Ir	n the Matter of the Estate of:	
		▲ COURT USE ONLY ▲
		Case Number:
D	eceased	5
	ORDER FOR INFORMAL APPOINTMENT OF SP	Division Courtroom PECIAL ADMINISTRATOR
	oon consideration of the Application for Informal Appointme (applicant) on	
	(applicant) on	_ (uale),
TH	IE COURT FINDS, DETERMINES, AND ORDERS:	
1.	The applicant is an interested person and has filed a complete and	verified application.
2.	The decedent died on (date).	
3.	The decedent was domiciled or resided in the City of of	County of, State
4.	Venue is proper in this county.	
5.	The application was filed within the time period permitted by law.	
6.	The following person is qualified to serve and is appointed as specia	al administrator:
	Name: The N	Nominee is 21 years of age or older.
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip Code:	
	Primary Phone: Alternate Phone:	
	Email Address:	
7.	Bond is set in the amount of \$	
8.	Upon the filing of bond, Letters of Special Administration (date), unless otherwise ordered by the control of t	n will be issued and will expire on the court. The powers and duties of the
	Special Administrator are limited. The Special Administration has of the estate, to preserve them, to account for them, and to deliver Additional restrictions:	the duty to collect and manage the assets
_		
Da	ite:	
_		ge Magistrate Registrar

	Denver Probate Court	
Court Address:	County, Colorado	
In the Matter of the	Estate of:	
Deceased		▲ COURT USE ONLY ▲
	thout Attorney (Name and Address):	Case Number:
Phone Number:	E-mail: Atty. Reg. #:	Division Courtroom
		NT OF SPECIAL ADMINISTRATOR
	PURSUANT TO § 15	5-12-614, C.R.S.
The petitioner, an int	erested person pursuant to § 15-10	-201(27), C.R.S., makes the following statements
1. Information abou	ut the netitioner:	
	•	elationship to Decedent
		Zip Code:
-		
	State: Zip Code: _	
		nate Phone:
Filliary Frione	Alteri	late Filone.
Email Address:		
• -		
		(date) at the age of years. The decede
was domiciled or r	esided in the City of	County of, State of
<u> </u>		
3. Venue for this pro	ceeding is proper in this county because	se the decedent:
	domicile or residence in this county on	
did not have hi	is or her domicile or residence in Colo	orado, but had property located in this county on t
date of death.		
4. This petition is fil	ed within the time period permitted	by law. Three years or less have passed since t
decedent's death,	or circumstances described in § 15-12	2-108, C.R.S. authorize tardy probate or appointment
5. The petitioner:		
has not receive		Orders and is unaware of any Demand for Notice
_ `	concerning Decedent.	
	r is aware of a Demand for Notice of F e of Filings or Orders or explanation.	Filings or Orders concerning Decedent. See attach
Demand for Notice	Joi i milgo di Oldelo di Explanationi.	

		court has appoin r elsewhere.	ted a persona	al representati	ve and no such ap	pointmen	t proceedi	ng is pending in this
			-	. (Attach a st	atement explaining	the circ	umstances	nding in the State of and indicating the ting document if the
		tment has been f						9
petit	tioner is		y instrument	revoking the v	vill and is unaware			onable diligence, the elating to property in
	or The	date of the dece	edent's last w	ill is				
	The wi	tes of all codicils Il and any codio ent's last will and	cils collective			The pe	titioner be	lieves that it is the
8. 🗆	⊒ The o	riginal will:						
		was deposited w	ith this court I	before the dec	edent's death (§ 15	-11-515,	C.R.S.)	
		has been deliver	ed to this cou	ırt since the de	ecedent's death (§ 1	5-11-516	, C.R.S.)	
		is filed with this p	etition.					
		An e-filed copy o nediately.	f the will is file	ed with this pe	tition and the origin	al will mu	st be deliv	ered to the court
		will has been pro I of the statemen			his petition. (§ 15-1			cated copies of the
9. D	eceder	it's marital and fa	amily status:				_	_
	a) l	Did a spouse or բ	oartner in a ci	vil union survi	ve the decedent?		□Y	′es □No
	b)	Did the deceder	nt have a sur	viving parent?			□Y	es □No
					r other descendants artner in a civil unio		urviving de	
	-1	are not descend				4641		es □No
	e)			ŭ	lants also descenda	ints of the		′es □No
	t \	surviving spous	•					es ⊒No ′es ⊒No
	f)	Are any of the o	iecedeni s ch	ilaren minors?			— 1	es uno
10.	♦ If a nar♦ If a	a guardian or co me and address minor child is lis	nservator has of the guardia sted, list the cl	s been appoir an or conserva hild's parent(s	nted for one of the	persons ervator.	listed belo	eirs and devisees. bw, also provide the e date of death.
		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.)
								, ,

	Petitioner requests appoir ninistration for the following			preserve the es	tate or t	to secure its prope
	Petitioner is 21 years ninistrator. Or Petitioner nominates the	-				ppointed as specia
		•				
	Name:			•	f age or	older.
	Street Address:					
	City: Sta		•			
	Mailing Address, if differen	t:				
	City:	State:	_ Zip Code:			
	Primary Phone:		Alternate Phone	e:		
	Email Address:					
	The nominee has priority for	or appointment be	ecause of:			
	☐statutory priority (§§ 15-	12-203, 15-12-61	15, and 15-12-621(9),	C.R.S.)		
	☐reasons stated in the att	ached explanation	on			
	☐The persons with prior of	or equal right to a	ppointment are			(name).
	All persons with prior of accompanies this application		appointment have	executed a re	equired	renouncement that
	☐No notice has been give	en because an en	nergency exists and a	ppointment shou	ıld be m	ade immediately.
13.	Petitioner states the follow	ing regarding the	decedent's estate. (§	15-12-604, C.R	.S.)	
	Estimated value of real es	state			\$	
	Estimated value of persor				\$	
	Annual income expected	from all sources		TOTAL	\$ \$	
				TOTAL	<u>-</u> Φ	
14.	The special administrator n	nay receive comp	pensation.			
	☐The hourly rates to be including the rates and ba which a fee charged to the	asis for charging	fees for any extraor	dinary services,	and an	y other bases upor

☐The basis of compensation has not yet been determined.	
15. The special administrator may compensate his, her or its counsel.	
☐ The hourly rates to be charged, any amounts to be charged pursuant to a published including the rates and basis for charging fees for any extraordinary services, and any other which a fee charged to the estate will be calculated, are as stated below or in an attachment to the estate will be calculated.	er bases upon
☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ C.R.S.)	15-10-602
16. □Bond is not required by the will (if any) nor has any interested person demanded that bond be □Bond in the amount of \$ has been demanded.	e filed.
After notice and hearing, the petitioner requests that the court formally appoint the nominadministrator to serve:	ee as special
without bond. with bond in the amount of \$	
and that Letters of Special Administration be issued.	
\Box By checking this box, I am acknowledging I am filling in the blanks and not changing anythin form.	ng else on the
By checking this box, I am acknowledging that I have made a change to the original content of the	is 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,,, (year)	
at(city or other location, and state OR country)	
(printed name)	
(signature)	

*Note:

	District Court Denver P						
C	Cou ourt Address:	nty, Colorado					
In	the Matter of the Estate	of:					
					▲ cou	RT USE ONLY	
					Case Number:		
D	eceased						
		FORMAL AD	DOINTME	NT OF CDE	Division	Courtroom	
	ORDER FOR	FORMAL AP	POINTIME	INT OF SPE	CIAL ADMIN	STRATOR	
Up	on consideration of th					Administrator f	iled by
тн	IE COURT FINDS, DETE	RMINES, ANI	O ORDERS	3 :			
1.	The petitioner is an interes	sted person and	has filed a	complete and	verified petition.		
2.	The decedent died on			(date).			
3.	The decedent was domicil of	ed or resided in	the City of		County	/ of	_, State
4.	Venue is proper in this con	unty.					
5.	The petition was filed with	in the time perio	d permitted	by law.			
6.	Any required notices has Notice is not required b	-		ency exists:			
7.	Appointment of a special administration.	al administrator	is necess	ary to preser	rve the estate	or to secure its	proper
8.	The following person is qu		• • • • • • • • • • • • • • • • • • • •	•			
	Name:						∍r.
	Street Address:						
	City:			_			
	Mailing Address, if differer						
	City:						
	Primary Phone:						
	Email Address:						
9.	☐Bond is set in the amou	unt of \$	[☐Bond is waiv	ved.		

10.	Upon the filing of any required bond, Letters of Special Administration must be issued and will expire on (date), unless otherwise ordered by the court. The special administrator has the power of a personal representative, except as identified below.					
	Restrictions:					
	☐Judge ☐Magistrate					

purt
rado
▲ COURT USE ONLY ▲
Case Number:
Division Courtroom DO OF COFCIAL ADMINISTRATION
RS OF SPECIAL ADMINISTRATION
(name) was appointed or qualified by this court or it
(harrie) was appointed or qualified by this court of it
(date) de opecial daministrator.
(date).
tration are proof of the Special Administrator's authority to acr 15-12-617, C.R.S., as follows
account for them and to deliver them to the personal representative e special administrator has the power of a personal representative secial administrator has the duty to preserve the estate or to secure pecial administrator has the power of a personal representative
Droboto Dogistron//Doputs/Clork of Count
Probate Registrar/(Deputy)Clerk of Court
CERTIFICATION
original in my custody and to be in full force and effect as of
Probate Registrar/(Deputy)Clerk of Court

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):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
DOMICILIARY FOREIGN PERSONAL REPRES	ENTATIVE'S SWORN STATEMENT
I,, as the domi	ciliary foreign personal representative (§ 15-10-
201(16.5) C.R.S.), state that no administration, or application or liberally with this court the following documents:	petition for administration, is pending in Colorado.
Certified, exemplified, or authenticated copies of the representative;	e foreign court's order appointing me as personal
☐ Certified, exemplified, or authenticated copies of evidencing or affecting my authority to act as personal re	_
Other:	
VERIFICATION	N
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,, (year)	
at	
(city or other location, and state OR country)	
(printed name)	
	
(signature)	

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Matter of the Estate of:		
in the matter of the Estate of.	A (COURT USE ONLY
	Case Nu	mher:
	Odde I val	mbor.
Deceased	Division	Courtroom
CERTIFICATE OF ANCILLARY FILIN		
The domiciliary foreign personal representative's sworn application, or petition for administration, is pending in Co The following documents regarding foreign personal representative, have been filed with this approach to personal representative.	lorado, has been file	ed with this court, as the domiciliary
foreign personal representative. Certified, exemplified, or authenticated copy of the evidencing or affecting the domiciliary foreign personal	•	
☐Other:		
The attached document(s) is/are certified to be a authenticated copy of the document(s) referenced above		
Date:	() 01 1 5 11	
(Depu	ty) Clerk or Registrar	of Court

	□ District Court □ Denver Probate Court			
	County, Colorado Court Address:			
	In the Matter of the Estate of:			
	Deceased	▲ cc	OURT USE ONLY	
	Attorney or Party Without Attorney (Name and Address):	Case Numb	er:	
	Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division	Courtroom	
ŀ	INFORMATION OF APPOINTS		Courtiooni	
	Important Notice			
Th	e court will not routinely review or adjudicate matters unless it is specific	cally requested	d to do so by a ben	eficiary,
	editor, or other interested person. All interested persons, including			
	sponsibility to protect their own rights and interests in the estate in the m			
	blorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an appropri state is being administered and serving it on all interested persons pursua			
	ersons have the right to obtain information about the estate by filing a Den			
De			- par-caarit to 3 . c	,
	R.S.			
	K.S.			
Ċ.	R.S. o the heirs and devisees who have or may have an interest in this es	state:		
C.		state:		
Tc. 1.	the heirs and devisees who have or may have an interest in this es The decedent died on (date).	state:		
C.	the heirs and devisees who have or may have an interest in this est. The decedent died on (date). The decedent left no will.		all codicils are	
Tc. 1.	the heirs and devisees who have or may have an interest in this es The decedent died on (date).		all codicils are	
Tc. 1.	The decedent left no will. The decedent left a will dated	. The dates of		
Tc. 1.	the heirs and devisees who have or may have an interest in this est. The decedent died on (date). The decedent left no will.	. The dates of		
Tc. 1.	The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on	. The dates of		
To 1. 2.	The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on	. The dates of		
To 1. 2.	The decedent died on (date). The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal.	. The dates of	(date).	(date)
To 1. 2.	The decedent died on (date). The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on	. The dates of	(date).	(date).
To 1. 2.	The decedent died on	. The dates of	(date).	(date).
To 1. 2.	The decedent died on	. The dates of	(date).	(date).
To 1. 2.	The decedent died on	. The dates of	(date).	(date).
To 1. 2.	The decedent died on	. The dates of esentative on	(date).	
To 1. 2. 3.	The decedent died on	. The dates of esentative on	(date).	
To 1. 2. 3.	The decedent died on	. The dates of esentative on	(date).	

- **8.** Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§15-12-705, C.R.S. and 15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting. (§§15-12-1001 to 15-12-1003, C.R.S.)
- **10.** The surviving spouse, partner in a civil union, children under twenty-one years of age, and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§15-11-401, et. seq., C.R.S.)
- 11. The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§15-11-201, et seq., C.R.S.)
- **12.** Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- **13.** Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

Signature of Attorney for/o	r Personal Representative	Date
VERIFICATION		
declare under penalty of perjury under the law of Colorado that the foreg	going is true and correct.	
Executed on the day of,, (year)		
at (city or other location, and state OR country)		
(printed name)		
(signature)		
CERTIFICATE OF SERVICE		

as follows on each of the following	:	,
Name and Address	Relationship to Decedent, War	Manner of Service*

(date), a copy of this _____ (name of document) was served

I certify that on ___

*Insert one of the following: hand delivery, first-cla	ss mail, certified mail, e-service , or	fax.
	Signature	

Note:

• This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.).

☐ District Court ☐ Denver			
Cou	unty, Colorado		
Court Address:			
		_	
In the Matter of the Estate	of:		
December		A co	AUDT HEE ONLY
Deceased			URT USE ONLY
Attorney or Party Without At	torney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:		
	Attu Dog #	Division	Courtroom
FAX Number:	Atty. Reg. #:	DIVISION	Courtiooni

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	ss Value	
8	Liens and Encumbrances on Inventoried Assets	
Total Net \	Value (Total Gross Value minus Liens and Encumbrances)	

Schedule 1 – Real Estate (State name in which title is held and list complete addresses.) None	Type of Property (Home, Rental, Land, etc.)	Value (what you could sell it for in its current condition)
		\$

						Т
Total (also enter this total on the Invento	ry Sur	nmary	on page 1)		\$
Schedule 2 – Stocks, Bonds, Mutual Foliate Investment Accounts (State name in which title is held.) None	unds,	Secur	rities and	9	umber of Shares or Account Number : 4-digits only)	Value
						\$
Total (also enter this total on the Inventor	y Sun	nmary	on page 1)			\$
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.) None			Type o		Account Number (last 4- digits only)	Balance
						\$
Total (also enter this total on the Inventor	y Sun	nmary	on page 1))		\$
•		•				
Schedule 4 – Life Insurance (Include only those items payable to the estate.) None	1 11111		Net Procee Payable t			
		(<u>g</u>		. ayaasis s	
Total (also enter this total on the Inventor	y Sun	nmary	on page 1)	\$		
Schedule 5 – Pensions, Profit Sharing P Annuities and Retirement Funds (Include only those items payable to the estate.) None	lans,	(401(oe of Plan (k), IRA, 457, RA, Military, etc.)		Account # (last 4-digits only, if applicable)	Value
-				\top		\$
		1				

Total (also enter this total on	(II. a. I					
(tne inventory Summar	y on page	e 1)		,	\$
Schedule 6 – Motor and Recr	rastion Vahialas	Vaar	N/1-	ake and Mode		Catimatas
		Year	IVI	ike and wood	91	Estimated
(Including motorcycles, ATV's, book which title is held.)	ats, etc.) (State name in					Value (what you cou
,						sell it for in its
□None						current
						condition)
					-	\$
Total (also enter this total on	the Inventory Summar	y on page	e 1)		,	\$
•	•					
Schedule 7 – Other Assets	CO - !- !- ! N					Estimated
(If titled, stated name in which	title is held)					Value
□None						(what you cou sell it for in it
						current
						condition)
						\$
Total (also enter this total on	the Inventory Summar	v on page	e 1)			\$
				nage 1)		\$
				page 1)		\$
Total Assets (also enter this ens and Encumbrances or any asset listed in this Inventory ha	n Inventoried Assets s a secured associated deb	Summary	y on	tgage or a car l		\$ indicate belo
Total Assets (also enter this ens and Encumbrances or any asset listed in this Inventory ha	s total on the Inventory	Summary	y on	tgage or a car l		\$
Total Assets (also enter this ens and Encumbrances or any asset listed in this Inventory ha	n Inventoried Assets s a secured associated deb	Summary	y on	tgage or a car l Account Number		\$ indicate belo
Total Assets (also enter this ens and Encumbrances or any asset listed in this Inventory ha Schedule 8 –	n Inventoried Assets s a secured associated deb	Summary	y on	Account Number (last 4-		\$ indicate belo
ens and Encumbrances or any asset listed in this Inventory has Schedule 8 – Description of Liability/Debt	n Inventoried Assets s a secured associated deb	Summary	y on	tgage or a car l Account Number	oan,	\$ indicate belo
ens and Encumbrances or any asset listed in this Inventory has Schedule 8 – Description of Liability/Debt	n Inventoried Assets s a secured associated deb	Summary	y on	Account Number (last 4-		\$ indicate belo
ens and Encumbrances or any asset listed in this Inventory has Schedule 8 – Description of Liability/Debt Mortgages Mortgages	n Inventoried Assets s a secured associated deb	Summary	y on	Account Number (last 4-	oan,	\$ indicate belo
ens and Encumbrances or any asset listed in this Inventory has Schedule 8 – Description of Liability/Debt Mortgages Mortgages Motor Vehicle Loans	n Inventoried Assets s a secured associated deb	Summary	y on	Account Number (last 4-	oan,	\$ indicate belo
ens and Encumbrances or any asset listed in this Inventory has schedule 8 – Description of Liability/Debt Mortgages Mortgages Motor Vehicle Loans Other Secured Debt	n Inventoried Assets s a secured associated deb	Summary	y on	Account Number (last 4-	oan,	\$ indicate belo
ens and Encumbrances or any asset listed in this Inventory has Schedule 8 – Description of Liability/Debt Mortgages Mortgages Motor Vehicle Loans Other Secured Debt Other Secured Debt	Inventoried Assets s a secured associated deb Name of Financial	ot, such as a	a mor	Account Number (last 4- digits only)	oan,	\$ indicate belo
ens and Encumbrances or my asset listed in this Inventory has Schedule 8 – Description of Liability/Debt Mortgages Mortgages Motor Vehicle Loans Other Secured Debt Other Secured Debt Total Encumbrances on Inventory has a secured bet in this Inventory has a secured between this Inventory has a secur	Name of Financial ventoried Assets (also	ot, such as a	a mor	Account Number (last 4- digits only)	oan,	\$ indicate belo
ens and Encumbrances or any asset listed in this Inventory has Schedule 8 – Description of Liability/Debt Mortgages Mortgages Motor Vehicle Loans Other Secured Debt Other Secured Debt Total Encumbrances on Inventory has a secured bet and the secured Debt	Name of Financial ventoried Assets (also	ot, such as a	a mor	Account Number (last 4- digits only)	oan,	\$ indicate belo
Other Secured Debt Total Encumbrances on Inventory Summary on page	Name of Financial ventoried Assets (also	ot, such as a Institution enter the	a mor	Account Number (last 4- digits only) otal on the	oan,	sindicate belo
ens and Encumbrances or any asset listed in this Inventory has Schedule 8 – Description of Liability/Debt Mortgages Mortgages Motor Vehicle Loans Other Secured Debt Other Secured Debt Total Encumbrances on Inventory has been sent and the secured Debt	Name of Financial ventoried Assets (also 1)	Summary ot, such as a Institutio of enter the	y on a more n his t	Account Number (last 4- digits only) otal on the	s \$	indicate belo Balance se on the for

VERIFICATION

I declare under penalty of perjury under the la	aw of Colorado that the foregoing is true	and correct.
Executed on the day of (month)	_,, (year)	
at (city or other location, and state OR country)		
(printed name)		
(signature)		
	ERTIFICATE OF SERVICE a), a copy of this (name	ne of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, fir	st-class mail, certified mail, e-service, or	Tax.
	Signature	

□District Court □Denver					
Court Address:	ınty, Colorado				
In the Matter of the Estate	of:				
			00110		
Deceased			COUR	T USE ONLY	
Attorney or Party Without At	torney (Name and Address):	Case	Number:		
Phone Number: FAX Number:	E-mail: Atty. Reg.#:	Divisio	on	Courtroom	
	□INTERIM □FINAL A	CCOUNTING			
FOR PERIO		ТО			
	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	\$

	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	

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
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
Page of		\$
Page of		Ψ
Total		\$

VERIFICATION

I declare under p	penalty of perjury	under the law	of Colorad	lo that the	foregoing	is true and	correct.
Executed on the	day of _ (date)	(month)	(year)	.,			
at (city or other loc	ation, and state (OR country)					
(printed name)							
(signature)							

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 ar	nd Address): Case Number:
Phone Number: E-mail: FAX Number: Atty. Re	eg. #: Division Courtroom UBLICATION PURSUANT TO § 15-12-801, C.R.S.
NO	TICE TO CREDITORS
Estate of, Dec	ceased Case Number
All persons having claims against the aborepresentative or to	ve named estate are required to present them to the personal
☐ District Court of ☐ Denver Probate Court of the City and C	
on or before(date	e)*, or the claims may be forever barred.
	Type or Print name of Person Giving Notice
	Address
Publish only this portion of form.	City, State, Zip Code
Instructions to Newspaper:	
Name of Newspaper	Signature of Person Giving Notice or Attorney for Person Giving Notice
Publish the above Notice once a week for 3 consecutive calendar weeks.	Type or Print name of Attorney for Person Giving Notice

^{*}Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.

VERIFICATION

I declare under	penalty of perju	ary under the la	w of Colorac	do that the for	egoing is true	and correct.
Executed on the	e day o (date)	of (month)	year)	_1		
at (city or other loo	cation, and stat	e OR country)				
(printed name)						
(signature)						

Note:

- Unless one year or more has elapsed since the death of the decedent, a personal representative must cause a notice to creditors to be published in some daily or weekly newspaper published in the county in which the estate is being administered.
- If there is no such newspaper, then in some newspaper of general circulation in an adjoining county.
- A copy of this form and the Proof of Publication should be filed with the clerk of the court.

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Matter of the Estate of	
Passage	▲ COURT USE ONLY ▲
Deceased Attorney or Party Without Attorney (Name and Addre	ss): Case Number:
Attorney or Farty Without Attorney (Name and Addre	SS). Case Number.
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
	RS BY MAIL OR DELIVERY
PURSUANI IO	§ 15-12-801, C.R.S.
NOTICE T	O CREDITORS
NOTICE	O CREDITORS
	ed estate are required to present them to the personal fore(date)**, or the claims
Date:	
	Signature of Personal Representative or Attorney
	Print Name of Personal Penrocentative
	Print Name of Personal Representative
	Address
	City, State and Zip Code
VERI	FICATION
I declare under penalty of perjury under the law of Colo	orado that the foregoing is true and correct.
Executed on the day of	
Executed on the day of,, (date) (month) (yea	r) '
, , , , , , , , , , , , , , , , , , , ,	
at(city or other location, and state OR country)	
(city or other location, and state OR country)	
(printed name)	
•	
(oignoturo)	
(signature)	

CERTIFICATE OF SERVICE

	Relationship to Decedent, Ward	1
Name and Addres	or Protected Person	" Manner of Service*
port and of the following: band	lelivery, first-class mail, certified mail, e-service	or fov
sert one of the following. Hand	lelivery, first-class mail, certified mail, e-service	, or lax.

**Insert the later of the following two dates:

- The date set in the published Notice to Creditors by Publication (Form JDF 943).
- The date 60 days from the mailing or other delivery of this notice, but not later than the date one year following the decedent's death (§ 15-12-801, C.R.S.).

□District Court □Denver Pr				
Court Address:	, Colorado			
In the Matter of the Estate of	Ţ			
Deceased			▲ co	URT USE ONLY
Attorney or Party Without Attor	rney (Name and A	ddress):	Case Number	er:
Phone Number:	E-mail:			
FAX Number:	# Atty. Reg. NOTICE OF DIS	: SALLOWANCE	Division E OF CLAIMS	Courtroom
•		TO § 15-12-80		
Го:		(claimant)):	
The personal representative of tas follows:	this estate disallow	s the claim prese	nted on	(date)
□all of your claim.				
□\$ of your	r claim in the amou	ınt of \$	<u>.</u>	
Failure to protest any disal proceeding within 63 days a portion being forever barred. Date:	after the mailing			
		Signature	of Personal Represe	entative
		Print Name	e of Personal Repre	sentative
		Address		······································
		City, State	and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Phone Nui	mber	
	\	/ERIFICATION		
declare under penalty of perjur	ry under the law of	Colorado that the	e foregoing is true ar	nd correct.
Executed on the day of (date)				
(date)	(month)	(year)		
at city or other location, and state	OP country)	-		
city of other location, and state	Or country)			
printed name)				

follows on each of the following		
Name and Addres	s Relationship to Decedent, Ward or Protected Person	' Manner of Service*
and a second design to the second		
sert one of the following: nand	delivery, first-class mail, certified mail, e-service,	or tax.

□ District Court □ Denver Probate Court	
Court Address:	
In the Matter of the Estate of	-
Deceased	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Dhara Numbar	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
PETITION FOR ALLOWANCE OF CLAIM(S) PURSU	ANT TO § 15-12-806, C.R.S.
The petitioner makes the following statements to allow the clair petition:	n(s) in the amount(s) set forth in this
1. Information about the petitioner:	sonal Representative
Name:	
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	_
Primary Phone: Alternate Phone:	
Email Address:	
2. Each claim listed below is valid, was presented within the time for phas not been paid.	presenting claims as provided by law, and
Claim	Amount
- Craim	7.1110-0.111
3. A copy of each written claim is attached to this petition.	
☐ By checking this box, I am acknowledging I am filling in the blank	s and not changing anything else on the
form.	
By checking this box, I am acknowledging that I have made a change	e to the original content of this form.
Date:	
Signature of Pe	etitioner
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the fore	going is true and correct
	going is true and correct.
Executed on the, day of,, (date) (month) (year)	

at		
at	puntry)	
(printed name)	-	
(signature)	_	
I certify that on	CERTIFICATE OF SERVICE _ (date), a copy of this (name	ne of document) was serve
as follows on each of the following: Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand deliv	very, first-class mail, certified mail, e-service, or	r fax.
	Signature	

	District Court Denver Proba		
C	County, C ourt Address:	olorado	
	the Matter of the Determination of Interests in Property of:	on of Heirs or Devisees or Both	
D	eceased		▲ COURT USE ONLY ▲
A [·]	ttorney or Party Without Attorney	(Name and Address):	Case Number:
P	hone Number: E-mai	il·	
	AX Number: Atty. F	Reg. #:	Division Courtroom
			S OR DEVISEES OR BOTH,
		AND OF INTERESTS IN PRO	OPERTY
The	e petitioner, an interested pers	on pursuant to § 15-12-1301(1),	C.R.S., makes the following statements:
1.	Information about the petition	ner:	
	Name:	Relationship	to Decedent
	City: State	e: Zip Code:	
	Mailing Address, if different:	· · · · · · · · · · · · · · · · · · ·	
	City: St	ate: Zip Code:	<u></u>
	Primary Phone:	Alternate Phone:	
	Email Address:		
_	·		
2.	_ `	the property that is the subject of eritance as defined by § 15-12-130	this petition. The interest is as follows:
		•	
3.			(place of death) domiciled or
	resided in the City of	County of	, State of
(No	te: Use additional pages if this petiti	on concerns more than one decedent	related by successive interests in the property.)
4.		the decedent died leaving an in n interest in personal property, wh	nterest in real property in Colorado or died erever located.
5.		proper in this county because the eft property situated in this county.	decedent was domiciled or resided in this
6.	One year or more has passed s	ince the date of the decedent's de	eath.
7.	Administration of the decede	nt's estate has not been granted ir	n Colorado.

The dates of all coo	dicils are odicils are (co	e referred to as the Will. The will was admounty and court) in Case No	on .	 te in(dat
		ent or succession of the decedent's interes		
Description of Prope	erty	Location of Property		Decedent's Interes
 If a guardian or coname and address If a minor child is list If a spouse, partner 	n, childre onservate of the gu sted, list r in a civi	relationship of all interested person en, owners by inheritance, heirs, and do or has been appointed for one of the perpardian or conservator. the child's parent(s), guardian or conserval union, or child has predeceased the december of th	evisees. rsons listed b ator. edent, include Age, only i	elow, also provide the date of death. Relationship f (e.g. spou
oartner in a civil union If a guardian or con name and address If a minor child is lis If a spouse, partnet See additional instr	n, childre onservate of the gu sted, list r in a civi	en, owners by inheritance, heirs, and do or has been appointed for one of the per uardian or conservator. the child's parent(s), guardian or conserva I union, or child has predeceased the dece pelow.	evisees. rsons listed b ator. edent, include	the date of death. Relationship f (e.g. spour partner in a ci union, chi brother, guardian
oartner in a civil union If a guardian or con name and address If a minor child is lis If a spouse, partner See additional instr	n, childre onservate of the gu sted, list r in a civi	en, owners by inheritance, heirs, and do or has been appointed for one of the per uardian or conservator. the child's parent(s), guardian or conserva I union, or child has predeceased the dece pelow.	evisees. rsons listed b ator. edent, include Age, only i	elow, also provide the date of death. Relationship f (e.g. spous partner in a ci union, chi brother,
oartner in a civil union If a guardian or con name and address If a minor child is lis If a spouse, partner See additional instr	n, childre onservate of the gu sted, list r in a civi	en, owners by inheritance, heirs, and do or has been appointed for one of the per uardian or conservator. the child's parent(s), guardian or conserva I union, or child has predeceased the dece pelow.	evisees. rsons listed b ator. edent, include Age, only i	elow, also provide the date of death. Relationship f (e.g. spous partner in a ci union, chi brother, guardian
oartner in a civil union If a guardian or con name and address If a minor child is lis If a spouse, partner See additional instr	n, childre onservate of the gu sted, list r in a civi	en, owners by inheritance, heirs, and do or has been appointed for one of the per uardian or conservator. the child's parent(s), guardian or conserva I union, or child has predeceased the dece pelow.	evisees. rsons listed b ator. edent, include Age, only i	elow, also provide the date of death. Relationship f (e.g. spous partner in a ci union, chi brother, guardian
oartner in a civil union If a guardian or con name and address If a minor child is lis If a spouse, partner See additional instr	n, childre onservate of the gu sted, list r in a civi	en, owners by inheritance, heirs, and do or has been appointed for one of the per uardian or conservator. the child's parent(s), guardian or conserva I union, or child has predeceased the dece pelow.	evisees. rsons listed b ator. edent, include Age, only i	elow, also provide the date of death. Relationship f (e.g. spous partner in a ci union, chi brother, guardian
oartner in a civil union If a guardian or con name and address If a minor child is lis If a spouse, partner See additional instr	n, childre onservate of the gu sted, list r in a civi	en, owners by inheritance, heirs, and do or has been appointed for one of the per uardian or conservator. the child's parent(s), guardian or conserva I union, or child has predeceased the dece pelow.	evisees. rsons listed b ator. edent, include Age, only i	elow, also provide the date of death. Relationship f (e.g. spous r partner in a ci union, chi brother, guardian

VERIFICATION

I declare under p	enalty of perju	ry under the la	w of Colorac	do that the fo	oregoing is	true and correct.
Executed on the	day of (date)	(month)	year)	_,		
at (city or other local	ation, and state	OR country)				
(printed name)						
(signature)						

Instructions for paragraph 10:

• Include any statements regarding legal disability or other incapacity required by C.R.P.P. 12, and § 15-12-1302(2)(c) C.R.S. List the names and dates of death of any deceased heirs or devisees. (See applicable antilapse statute, §§15-11-601 and 603, C.R.S.) Where a listed person is an heir, detail the relationship with the decedent that creates heirship. Examples: son, daughter of pre-deceased son. (§§15-11-101 to 114, C.R.S.) Attach additional pages if necessary.

□ District Court □ Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE OF HEARING TO INTERESTED PERSON PURSUANT TO § 15-12-1	
1 0K00AK1 10 3 10 12 1	000, 0.11.0.
A petition, a copy of which accompanies this notice, has been file the following property:	ed alleging that the above decedent died leaving
The hearing on the petition will be held at the following time and may be continued:	location or at a later date to which the hearing
Date: Time: Courtro	oom or Division:
Address:	
The hearing will take approximately	
Date:	
Signature	e of Person Giving Notice or Attorney
VERIFICATION	
declare under penalty of perjury under the law of Colorado that the	ne foregoing is true and correct.
Executed on the day of	
Executed on the day of,,, (year)	
	720

at		
(city or other location, and state OR co	ountry)	
(printed name)	_	
(signature)	_	
I certify that onas follows on each of the following:	CERTIFICATE OF SERVICE (date), a copy of this	_ (name of document) was serve
Name and Address	Relationship to Decedent, Wor Protected Person	Vard, Manner of Service*
*Insert one of the following: hand deli	very, first-class mail, certified mail, e-serv	vice or fax
g. Halla doll	·	
	Signature of Pe	erson Giving Notice

- You must answer the petition within 21 days after receipt of the notice if service occurs within Colorado or within 35 days after receipt of the notice if service occurs outside Colorado or if service occurs by mail.
- Within the time required for answering the petition, all objections to the petition must be in writing and filed with the court.
- The hearing must be limited to the petition, the objections timely filed, and the parties answering the petition in a timely manner.

☐ District Court ☐ Denver Probate Court	
Court Address:	
Court Address.	
In the Matter of the Estate of:	
Deceased	COURT USE ONLY
Attorney or Party Without Attorney (Name and Ad	dress): Case Number:
Discontinuo Esperit	
Phone Number	Division Courtroom
, ,	ARING BY PUBLICATION
	AND OWNERS BY INHERITANCE
PURSUANT 1	ΓΟ § 15-12-1303, C.R.S.
•	heritance (List all names of interested persons and owners by
inheritance):	
A petition has been filed alleging that the above de	cedent died leaving the following property:
The hearing on the petition will be held at the follo	owing time and location or at a later date to which the hearing
may be continued:	g
Date: Time:	Courtroom or Division:
Address:	
The hearing will take approximatelyda	ays Dhours Dminutes.
Notes	
 You must answer the petition within 35 days af 	ter the last publication of this notice.
•	tition, all objections to the petition must be in writing and filed
with the court.	
 The hearing must be limited to the petition, the a timely manner. 	objections timely filed and the parties answering the petition in
a unlery manner.	
Date:	
-	Signature of Person Giving Notice
Publish only this portion of form.	Type or Print name of Person Civing Notice
	Type or Print name of Person Giving Notice
	Address
	Address City, State, Zip Code

Instructions to Newspaper:	
Name of Newspaper	Signature of Person Giving Notice or Attorney for Person Giving Notice
Publish the above notice once a week for 3 consecutive calendar weeks.	Type or Print name of Attorney for Person Giving Notice
I declare under penalty of perjury under the lav	VERIFICATION v of Colorado that the foregoing is true and correct.
Executed on the day of, (month)	(year)
at	
(city or other location, and state OR country)	
(printed name)	
(signature)	

- This notice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of 3consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- The contents of the petition or other pleading which is the subject of the hearing need not be published as a part of this notice, but this notice must briefly state the nature of the relief requested pursuant to C.R.P.P. 20.

_		<u></u>	
	District Court Denver Probate Court		
C	County, Colorado ourt Address:		
Ir	the Matter of the Estate of:		
D	eceased	▲ COURT USE	ONLY A
Α	ttorney or Party Without Attorney (name and address):	Case Number:	
	hone Number: E-mail: AX Number: Atty. Reg. #:	Division Cour	troom
Ė	APPLICATION FOR INFORMAL APPOINTMENT OF		
	REPRESENTATIVE		
	(THIS FORM MAY NOT BE USED WITH SUPERVISED	ADMINISTRATION)	
Ар	plicant makes the following statements:		
1.	Information about the applicant:		
	Name: Relationship to Decede	nt	
	Street Address:		
	City: State: Zip Code:		
	Mailing Address, if different:		
	City: State: Zip Code:	_	
	Primary Phone: Alternate Phor	ne:	
	Email Address:		
_	Laws Draws and Data Institute for a section of the		(1-(-)
2.	Letters Testamentary of Administration were issued on		_ (date).
3.	Administration is unsupervised.		
4.	The previously appointed personal representative,		_ (name) has:
	☐tendered a resignation.		_
	died (date of death).		
	been removed by order of the court issued on	(date).	
	Oother:		
5.	Applicant:		
	has not received a demand for notice and is unaware of any dema	and for notice of any pro	bate or
	appointment proceeding concerning the decedent that may have bee		sewhere.
	has received, or is aware of, a demand for notice. See attached de	emand or explanation.	
^	Name address and talantana most of the control to		
6.	Name, address, and telephone number of the nominee for successor	personal representative	e is:

	The nominee is 21 years of age or older and has priority for appointment because of: ☐ nomination by will.
	nomination by person(s) with priority.
	□statutory priority.
	Other:
	Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to § 15-12-310, C.R.S. Any required renouncements accompany this application.
7.	The successor 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.
8.	* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)The successor 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 of compensation has not yet been determined.
	There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, R.S.)
9.	The applicant hereby adopts the statements in the application or petition for appointment that led to the appointment of the person being succeeded, except for the following changes or corrections:
10	Applicant requests that the nominee be informally appointed as successor personal representative to serve

representative.

without bond in unsupervised administration and that Letters be issued to the successor personal

 □ 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,,,,,					
at					
(city or other location, and state OR country)					
(printed name)					
(signature)					

	District Court Denve					
Co	C ourt Address:	County, C	Colorado			
In	the Matter of the Estat	te of:				
	eceased				▲ COURT USE	ONLY A
At	torney or Party Without	Attorney	/ (Name and Address):	'	Case Number:	
	none Number: AX Number:		E-mail: Atty. Reg. #:		Division; Cour	troom:
	PETITION F	OR FII	NAL SETTLEMENT PURSUAN	T TC) § 15-12-1001, C.R.	S.
3.			ermination of heirship is not reques		nip below.	
			additional pages if needed)	<u> </u>	Shows of Intentate	Dolotionohin
	Schedule of Heirship. Name of Heir	Age if minor	additional pages if needed) Address of Heir		Share of Intestate Estate(*Complete this column only if there is intestate property.)	Relationship to Decedent
		Age			Estate(*Complete this column only if there is intestate	•
		Age			Estate(*Complete this column only if there is intestate	•
		Age			Estate(*Complete this column only if there is intestate	•
		Age			Estate(*Complete this column only if there is intestate	•
		Age			Estate(*Complete this column only if there is intestate	•
		Age			Estate(*Complete this column only if there is intestate	•
4.	Name of Heir	Age if minor			Estate(*Complete this column only if there is intestate	•
4.	Name of Heir	Age if minor	Address of Heir		Estate(*Complete this column only if there is intestate	to Decedent
4.	Name of Heir Schedule of Distributi Name of Person	Age if minor	Address of Heir ach additional pages if needed) dress of Person Receiving		Estate(*Complete this column only if there is intestate property.)	to Decedent
4.	Name of Heir Schedule of Distributi Name of Person	Age if minor	Address of Heir ach additional pages if needed) dress of Person Receiving		Estate(*Complete this column only if there is intestate property.)	to Decedent
4.	Name of Heir Schedule of Distributi Name of Person	Age if minor	Address of Heir ach additional pages if needed) dress of Person Receiving		Estate(*Complete this column only if there is intestate property.)	to Decedent

- 5. Unless an evidentiary hearing is required by law or by the court, the personal representative requests, after notice of a hearing without appearance pursuant to C.R.P.P. 24 that the court determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the personal representative to distribute all remaining assets of the estate as set forth in the Schedule of Distribution, Section 4, above; and accept the accounting as presented.
- 6. Petitioner further requests that upon filing final receipts or evidence of distribution, that the court discharge the personal representative and any surety on the personal representative's bond.

			VERIFICATION	ON		
ا declare under ا	penalty of perjury	of Colorado th	at the foregoir	ng is true and	correct.	
Executed on the	e day of _ (date)	(month)	, (year)			
at (city or other loc	ation, and state C	OR country)	_			
(printed name)						
(signature)						

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):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
FAX Number: Atty. Reg. #: NOTICE OF HEARING WITHOUT APPEARAN	
SETTLEMENT	
****** Attendance at this hearing is not rec	uired or expected. ******
To all interested persons: A hearing without appearance on the Petition for Final Settlement a time, and location or at a later date to which the hearing may be con Date: (Select a future date no least or select a future date or least or select or select a future date or least or select or selec	ntinued.
Time: 8:00 a.m.	,
Address:	
Date:	
-	of Person Giving Notice or Attorney
***** IMPORTANT NOTI	_
Interested persons have the responsibility to protect their own ri manner provided by the Colorado Probate Code, including the app of personal representatives, attorneys, and others, and the distribu or adjudicate these or other matters unless specifically requested to	propriateness of claims paid, the compensation tion of estate assets. The court will not review
Any interested person wishing to object to the petition must file a before the hearing and must furnish a copy of the objection to the personal representative. JDF 722 (Objection form) is available (www.courts.state.co.us). If no objection is filed, the court may take or hearing. If any objection is filed, the objecting party must, within court to set the objection for an appearance hearing. Failure to time as required will result in further action as the court deems appropriate Actual distribution of estate assets normally does not occur at the h	he person requesting the court order and the le on the Colorado Judicial Branch website ake action on the petition without further notice in 14 days after filing the objection, contact the ely set the objection for an appearance hearing ate.
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the	e foregoing is true and correct.
Executed on the day of, ,	
Executed on the, day of,, (year)	
at(city or other location, and state OR country)	
(printed name)	

	CERTIFICATE OF SERVICE	
certify that on	(date), a copy of this	notice along with the
motion/petition was served as follow		
Name and Address	Relationship to Decedent, War or Protected Person	Manner of Service
Insert one of the following: hand d	elivery, first-class mail, certified mail, e-servic	e or fax

□ District Court □ Denver Probate Court					
Court Address:					
Court Address.	A				
	COURT USE ONLY				
In the Matter of the Estate of:	Case Number:				
	B: initial				
	Division: Courtroom:				
Deceased					
ORDER FOR FINAL SETTLEN	<u>IEN I</u>				
Upon consideration of the Petition for Final Settlement for the above esta	te,				
The court finds that:					
1. The statements in the petition are true and correct;					
2. Notice has been properly given or waived;					
All timely filed claims have been resolved or notice has been giver claims.	to the claimants with unresolved				
4. The decedent died:					
□intestate					
□testate					
5. The decedent's will was:					
previously informally admitted to probate by the registrar of this	s court as valid and unrevoked.				
previously formally admitted to probate.					
6. Heirship has been previously determined or is incorporated as set					
7. Written objections to the proposed final settlement, if any, have be	en resolved.				
The court further finds:					
The court and no the following:					
The court orders the following: 1. Final settlement is					
□approved					
☐accepted without audit;					
 Heirship has been previously determined or is incorporated as set 	forth in the petition; and				
3. The personal representative is directed to distribute the assets of t					
forth in the schedule of distribution contained in the petition; and					
Upon filing receipts or evidence of distribution, the personal repres representative's bond will be released and discharged from all liab					
performance of the personal representative's duties and the admir					
and a decree of final discharge must be issued.					
The court further orders:					
The Source of dolo.					
	-				
Date:					
□Judge □Magistrate □Registrar					

	District Court Denve			
c	Court Address:	county, Colorado		
li	n the Matter of the Esta	te of:		
C	Deceased		A	COURT USE ONLY
Α	ttorney or Party Without	Attorney (Name and Address):	Case f	Number:
	Phone Number:	E-mail:		2
-	AX Number:	Atty. Reg. #: STATEMENT OF PERSON	Divisio AI REPRESENTA	
	_	ADMINISTRATION PURS	_	
				,
Ι, _		(personal represe	ntative), state the follo	owing:
1.		ed since the original appointment assed since the decedent's deat		al representative for this estate o
2.	The date of the original	appointment was		-
3.	has fully administered expenses of administra decedent's estate's fed persons entitled to rece claims are listed on an distributions were mad	this estate by making payment ation; federal and state estate ta deral and state income taxes. The such assets in the amount attached explanation as remain	, settlement, or other xes; inheritance taxes The assets of the est and in the manner to hing undischarged, the the agreement of	or a prior personal representative disposition of: all lawful claims and other death taxes; and the ate have been distributed to the which they were entitled. If any e explanation states whether the the distributees or must state in
4.	claimants whose claim		and has furnished	estate and to all creditors or othe a full account in writing of the
5.	No court order prohibits	the informal closing of this esta	te. Administration of t	this estate is not supervised.
re		nate one year after this stat		appointment of the persona the court if no proceedings
		VERIFICA	TION	
Ιd	eclare under penalty of p	erjury under the law of Colorado	that the foregoing is	true and correct.
Ex	ecuted on the _ da	ıy of,		
	(date)	y of,, (year)		

at		
(city or other location, and state OR countr	y)	
(printed name)		
(signature)		
	CERTIFICATE OF SERVICE ate), a copy of this (nan	ne of document) was serve
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery,	first-class mail, certified mail, e-service, or	r fax.
	Signature	

Cour	istrict Court Denver Probate County, Cort Address:		
Dece	eased		▲ COURT USE ONLY ▲
Phor	ney or Party Without Attorney (N	E-mail:	Case Number:
FAX		Atty. Reg. #:	Division Courtroom
	_	ENT OF PERSONAL REPRE	
	CLOSING SMAL	L ESTATE PURSUANT TO	§15-12-1204, C.R.S
2. Th 3. Th cla fu 4. No This repres	ersonal property held by or in the lowance, costs and expenses excessary medical and hospital extension of the undersigned has fully administance undersigned has sent a copy aimants to whom the undersigned laccount in writing of the undersion court order prohibits the information statement is filed for the p	e possession of the decedent as fider of administration, reasonable of expenses of the last illness of the destered this estate by disbursing and of this statement to all distributees and is aware whose claims are neisigned's administration to the distribute all closing of this estate. Administrations of closing this estate of the statement is fill the possession of the distribute of the statement is fill the possession of the decedent and the possession of the decedent as fill the possession of the possession of the decedent as fill the possession of the possession	sumbrances, did not exceed the value of duciary or trustee, exempt property, family funeral expenses, and reasonable and
		VEDIEICATION	
		VERIFICATION	
I decla	are under penalty of perjury unde	er the law of Colorado that the fore	going is true and correct.
Execu	ted on the day of(mo	onth) (year)	
at (city o	r other location, and state OR co	puntry)	
(printe	ed name)	-	
(signa	ture)	_	

ollows on each of the following:		
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.

□ District Court □ Denver					
Court Address:	unty, Colorado				
In the Matter of the Estate	of:				
Deceased				▲ co	OURT USE ONLY
Attorney or Party Without A	ttorney (Name a	nd Address):		Case Numb	per:
Phone Number:	E-mail:			D	
FAX Number:	Atty. Ro	•	DTIFICATE	Division EDOM DE	COURTROOM
VERIFIED			5-12-1007, (_	GISTRAR
l,		,	as the Uperso	onal represen	tative usurety state:
				(name) as	s personal representative of
this estate has termir	ialeu.				
2. The personal represe	entative has fully	administere	d this estate ac	cording to law	<i>I</i> .
3. No action concerning	this estate is pe	ending in any	court.		
I request that the registrar is evidencing discharge of any					
lieu of bond or any surety.	nen on any prop	erty giveri to	secure the ob	ilgation of the	e personal representative in
		VERIFIC	ATION		
I declare under penalty of per	rjury under the la	w of Colorac	do that the foreg	joing is true a	and correct.
Executed on the day (date)	of	-ı	_,		
(date)	(month)	(year)			
at (city or other location, and sta					
(city or other location, and sta	ate OR country)				
(printed name)					
(Printed name)					
(signature)					

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Matter of the Estate of:		
		•
	Case Number:	USE ONLY
Deceased	Cass Hamber.	
Deceased	Division:	Courtroom:
CERTIFICATE OF REGISTRA	\R	
I certify that (name), possible appears to have fully administered this estate, and therefore, any lient obligation of the personal representative in lieu of bond or any surety condition that the issuance of this certificate does not preclude action against surety.	on any property	arged, subject to the
WITNESS my signature and the seal of this court		
Date: Probate I	Registrar/(Deputy)	Clerk of Court
(SEAL OF COURT)		

District Court Denver Probate Co County, Colorac		
Court Address:		
In the Matter of the Estate of:		
in the matter of the Estate of.		A
Deceased		COURT USE ONLY
Attorney or Party Without Attorney (Nam	e and Address): Ca	se Number:
Phone Number: E-mail: FAX Number: Atty. Reg.	#.: Di	vision Courtroom
RESPONSE TO NOTICE AN	·	
personal representative requests that the	estate remain open for the following	g reasons:
The personal representative requests that	the estate remain open until	(date).
Date:		
	Signature of Person	al Representative or Attorney
	VERIFICATION	
I declare under penalty of perjury under th	e law of Colorado that the foregoing	g is true and correct.
Executed on the day of (date) (month)	,	
at		
(city or other location, and state OR count	ry)	
(printed name)		
(signature)		
	CERTIFICATE OF SERVICE	
I certify that on (cas follows on each of the following:	late), a copy of this	(name of document) was served
Name and Address	Relationship to Decedent, or Protected Person	Ward, Manner of Service*

*In	sert one of the following: hand delivery, first	t-class mail, certified mail, e-service, or	fax.
		Signature	

• Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

□ District Court □ Denver Probate Court		
Court Address:		
In the Matter of the Estate of:		A
in the matter of the Lotate of	Case Nur	COURT USE ONLY
	Case Nui	niber.
Deceased	Division	Courtroom
NOTICE AND ORDER CLOSING ESTATE AFTER	THREE \	YEARS OR MORE
To: (attorney or pe	ersonal repr	resentative)
This matter is before the court on the court's own motion.		
It appears to the court that no action has been taken in the above-of		
Unless you show good cause why the court should not do so within 30 will close this estate and terminate the personal representative's appoint		
report, hearing, or order. (§ 15-12-1009, C.R.S.)		.
If the administration of the estate is complete, no response is required		
complete, the personal representative or attorney may file a Response (JDF 970) W	in the court.
Neither the personal representative nor any other person is discharged	rom onvilio	shility to this potate, the court or
any other person, except that sureties upon any bond posted in these		
claim arising after closure of this estate pursuant to this order.		
Date:		
	ge $lacksquare$ Magis	strate Registrar
	5 5	J

	Denver Probate Court		
Court Address:	County, Colorado		
Court Address.			
In the Matter of the	Estate of:		
in the matter of the	Estate or.		
Deceased			COURT USE ONLY
	thout Attorney (Name and Add	dress):	Case Number:
	·	,	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg.#:		Division Courtroom
PETITIO	ON TO RE-OPEN ESTAT	TE PURSUANT T	O § 15-12-1008, C.R.S.
·	not be used to re-open an est sthe following statements:	ate closed pursuant t	o § 15-12-1009, C.R.S.
1. Information abou	ut the petitioner:		
Name:		Relationship to	Decedent
Mailing Address, i	f different:		
City:	State: Zi	p Code:	_
Email Address:			
	een settled and the personal statement has been filed with		een discharged or one year has passe
3. Petitioner desires	to re-open the estate:		
	operty briefly described as:		
	.,, ,		
other:			
□otner:			
	tes the following person to be		al representative:
Street Address:			

	City:	State:	Zip Code:			
	Mailing Address, if differ	ent:				
	City:	State:	Zip Code:	Primary		Phone
		Alternate Phor	ne:			
	Email Address:					
	☐ The nominee is the property of age or older, and ☐ Nomination by the ☐ Statutory priority. ☐ reasons stated be	nted personal and the nominee will.	representative is unable has priority for appointment	e or unwilling to	serve ar	nd the nominee is 21
	Persons with prior or eq	ceedings. Any	required renounceme	nts accompany		
5.	☐The persons to receiv		3 ,			
	Name	A	ddress or Date of Deat	th	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
ļ						
!	☐The persons to receifollows:	ive distribution	have not changed from	m the original pro	oceeding	s. Distribution is as
I	Name of Person		Person Receiving Dist	ribution		ription of
	Receiving Distribution				Distri	bution
6.	The personal representa The hourly rates to including the rates and which a fee charged to application.	be charged, a	any amounts to be charging fees for any extra	ordinary services	, and a	ny other bases upor
	-					
	☐The basis of compens	sation has not	vet 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 upo which a fee charged to the estate will be calculated, are as stated below or in an attachment to thi application.
☐The basis for compensation has not yet been determined.
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: \[\subsection{a}\] issue Letters of Administration. \[\subsection{a}\] issue Letters Testamentary. \[\subsection{a}\] upon reporting to the court that the above purposes have been accomplished, discharge the personal representative and replace the personal representative and repre
representative and re-close the estate. Other:
 □ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on th 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,, (year)
at
(city or other location, and state OR country)
(printed name)
(signature)

☐District Court ☐Der	nver Probate Court County, Colorado		
Court Address:	_ County, Colorado		
In the Matter of the Es	state of:		—
			▲ COURT USE ONLY ▲
			Case Number:
Deceased ORDER	RE-OPENING	ESTATE PURSUAN	T TO § 15-12-1008, C.R.S.
ONDEN	IXL-OI LIVING	LOTATE I ONGOAIN	1 10 3 13-12-1000, C.N.S.
Upon consideration of th	ne Petition to Re-Op	en Estate, the court finds	5:
•	·		
 Petitioner is an i Any required no 		s defined by § 15-10-201(en or waived.	(27), C.R.S.
3. It is necessary a	and proper to re-ope	en the estate for the follow	ving purposes:
to distribute p	, ,		
dother:			
representative and L Name:			
Street Address:			
		Zip Code:	
Mailing Address, if d	lifferent:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone	::
Email Address:			
The powers and duties of	of the personal repre	esentative are limited by t	the following restrictions:
		•	
The court orders the	following		
1. The personal re	presentative will ser	rve	
without bond.	•	VO	
	the amount of \$		
		·	
in unsupervis	ed administration.		

Name		Dolotionohin	to Decedent
Name		Relationship	to Decedent
	court that the personal represent that the personal represent that the discharged and t	sentative has accomplished t is estate be closed.	he above purpos
personal representativ	e must be discharged and t		
personal representativ	e must be discharged and t	is estate be closed.	
personal representativ	e must be discharged and t	is estate be closed.	
personal representativ	e must be discharged and t	is estate be closed.	
personal representativ	e must be discharged and t	is estate be closed.	

COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.

N	\sim	т	10	
V	U		IC	ᆮ

If a person or entity holding property of a decedent refuses to honor this affidavit without reasonable cause, such person or entity will be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled so such property (§ 15-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he, she, or it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.).

- 1. I, _____, the affiant, am either a successor of the decedent or a person acting on behalf of one or more of the successors of the decedent, and I am 18 years of age or older.
- 2. At least 10days have elapsed since the death of ______(decedent).
- 3. The total fair market value of all property owned by the decedent and subject to disposition by will or intestate succession at the time of the decedent's death, wherever that property is located, less liens and encumbrances, does not exceed, for year of death (Y.O.D.): Y.O.D. 2017, \$66,000; Y.O.D. 2016, 2015, and 2014, \$64,000; Y.O.D. 2013, \$63,000.
- **4.** This affidavit is not valid for the transfer of real estate. To transfer personal property that affects real estate see § 15-12-1201(3.5), C.R.S.
- **5.** No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- **6.** The successor(s), listed below, is/are entitled to any personal property belonging to the decedent, including but not limited to funds on deposit at, or any contents of a safe deposit box at, any financial institution; tangible personal property; or instrument evidencing a debt, obligation, stock, chose in action (right to bring a legal action), or stock brand. The amount, proportion or percentage that each Successor is entitled to is as follows (see Instructions):

Name of Successor	Description of Property	Amount

7.	The property must be paid or delivered as described in the following table and then the property will	ll be
	distributed to successors in accordance with paragraph 6 above (see Instructions):	

Name of Successor or Person collecting on behalf of one or more Successors	Description of Property	Amount

- **8.** Any person collecting property on behalf of one or more successors will be deemed an agent of such successor with all the duties of an agent under Colorado law.
- **9.** I understand that any person who receives property pursuant to this affidavit is answerable and accountable to any subsequently appointed personal representative of the estate or any other person having a superior right to the estate.

VERIFIC	CATION	Į
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			VERTION
I declare unde	er penalty of per	jury under the lav	w of Colorado that the foregoing is true and correct
Executed on t	the day (date)	of, (month)	(year)
at (city or other I	ocation, and sta	ate OR country)	
(printed name	2)		
(signature)			

Amended and Adopted by the Court, En Banc, June 28, 2018, effective September 1, 2018.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court