RULE CHANGE 2019(11) COLORADO PROBATE CODE FORMS

Forms 703, 705, 711, 712, 716, 718, 721, 722, 726, 727, 731, 732, 735, 740, 783, 787, 788, 800, 805, 806, 807, 810, 812, 821, 822, 824, 827, 834, 835, 841, 844, 850, 852, 853, 855, 857, 861, 865, 866, 867, 868, 872, 873, 876, 879, 882, 885, 888, 898, 902, 903, 910, 911, 916, 918, 920, 922, 924, 925, 926, 929, 940, 941, 942, 943, 944, 945, 946, 948, 949, 950, 951, 960, 963, 965, 966, 967, 970, 990, 999

Court Address: In the Matter of the Estate of: Deceased Attorney or Party Without Attorney (Name and Address): Case Number: E-mail: FAX Number: Atty. Reg. #: Division PETITION FOR TRANSFER OF LODGED WILL PURSUANT TO § 15-11-516(2), C.R.S. The petitioner makes the following statements: 1. I,	County, Colorado	
Attorney or Party Without Attorney (Name and Address): Case Number: FAX Number: Atty. Reg. #: Division Countroom PETITION FOR TRANSFER OF LODGED WILL PURSUANT TO § 15-11-516(2), C.R.S. The petitioner makes the following statements: 1. I,		- 11
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2. The original of an instrument purporting to be the decedent's last will has been lodged with this court	he petitioner makes the following statements	:
2. The original of an instrument purporting to be the decedent's last will has been lodged with this court	4 1 (224)	ition on a consistent of the constant
3. Venue is not proper in this court. 4. The decedent died on		_
4. The decedent died on	on	-((date).
The petitioner requests that the will be transferred to the following court for the following reason(s): lame of Court:	3. Venue is not proper in this court.	
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(signature)	
Attorney Signature, (if any)	Date

- 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."

County, Colorado		
Court Address:		
The the Interest of		Formatted: Font: Bold
In the Interest of		Formatted: Font: Bold
Respondent/Minor	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Dhana Niverbar		
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom	
PROBATE CASE INFORMAT	ION SHEET	
ull name of respondent/minor (ward/protected person):		
ate of birth: Social Security Number	r (last 4 digits only):	
ull name of guardian/conservator (including co-guardian/co-conser	vator or successor guardian/conservator):	
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(city or other location, and state OR country)	(city or other location, and state OR country)	•	Formatted: Space After: 6 pt
(printed name)	(printed name)	_	

(Signature of Co-Guardian/Co-Conservator/Successor,

Note:

This form is for court use only and is to be **sealed** by the court.

(sSignature of Guardian/Conservator/Successor)
if any)

- 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. For parties that do not have a Social Security Number. please note "none".-

Court Address: In the Interest of: In the Matter of the Estate of: Attorney or Party Without Attorney (Name and Address): Case Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: Division Courtroom NOTICE OF HEARING To all interested persons: A hearing on	□ District Court □ Denve		
Attorney or Party Without Attorney (Name and Address): Case Number: Phone Number: E-mail: FAX Number: Atty, Reg. #: NOTICE OF HEARING To all interested persons: A hearing on	Court Address:		
Attorney or Party Without Attorney (Name and Address): Case Number: Phone Number: E-mail: FAX Number: Atty, Reg. #: Division Courtroom NOTICE OF HEARING Fo all interested persons: A hearing on			
Phone Number:	In the Matter of the Es	state of:	▲ COURT USE ONLY ▲
FAX Number: Atty. Reg. #: Division Courtroom NOTICE OF HEARING To all interested persons: A hearing on	Attorney or Party Without	Attorney (Name and Address):	Case Number:
NOTICE OF HEARING To all interested persons: A hearing on			Division Courtroom
A hearing on	Troctrombot.		
The hearing will take approximatelydays hours minutes. Date:Signature of Person Giving Notice or Attorney for Person Giving I am filling in the blanks and not changing anything else form. By checking this box, I am acknowledging that I have made a change to the original content of this form VERIFICATION 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)	-		courtroom or Division:
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printed name)	at city or other location, and s	state OR country)	
	printed name)		

JDF 711SC R9346/189 NOTICE OF HEARING

lows on each of the following:	date), a copy of this (nam	
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service

□ 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:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #: NOTICE OF HEARING WITHOUT APPEARAN	Division Courtroom ICE PURSUANT TO C.R.P.P. 24
***** Attendance at this hearing is not re	equired or expected. ******
To all interested persons:	
A hearing without appearance on	(name of
notion/petition and proposed order) is set at the following date, tir	
Date: (Select a future date no less the	nan 14 days from service)
Time: 8:00 a.m.	
Address:	
Date:	
Signature of Perso	n Giving Notice or Attorney for Person Giving Notice
***** IMPORTANT NO	ΓΙCE****
Any interested person wishing to object to the requested action or oposed order must file a written objection with the court on or by objection to the person requesting the court order. JDF 722 (Objection to the person requesting the court order. JDF 722 (Objection to the person requesting the court order. JDF 722 (Objection website (www.courts.state.co.us). If no objection is filed, the objection, contact the court to set the objection for an appearance an appearance hearing as required will result in further action as the objection is filed.	efore the hearing and must furnish a copy of the ection form) is available on the Colorado Judicia the court may take action on the motion/petition ecting party must, within 14 days after filing the hearing. Failure to timely set the objection fo
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VERIFICATION	
declare under penalty of perjury under the law of Colorado that the	ne foregoing is true and correct.
Executed on the day of,,, (year)	
city or other location, and state OR country)	
printed name)	
DF 712SC R936/189 NOTICE OF HEARING WITHOUT APPEARANCE PU	PSHANT TO C P P P 24 Page 1 of 2

(signature Signature of Person Giving Notice or Attorney for Person Giving Notice)

on/petition was served	as follows on e	ate), a copy of this notice ach of the following:	
Name and A	Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
		first-class mail, certified mail, e-service, or	

□ District Court □ Denver Probate Court County, Co Court Address:	lorado				
☐In the Interests 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. #: NOTICE OF HEARING BY PUBLICATION	ATION PURSUANT	Division Courtroom TO § 15-10-401, C.R.S.			
o:ast Known Address, if any:					
hearing on			equested)		
ill be held at the following time and location or at a la	ater date to which th	ne hearing may be continued:			
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Date:Time:Address:	Type or Print na Address City, State, Zip 0	name of Person Giving Notice Code			old

3 consecutive calendar weeks.	Type or Print name of Attorney for Person Giving Notice
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- 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 3_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 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. 207)

County, Colorado Court Address: In the Interests 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
PERSONAL SERVICE AFFIDA	VIT
	(title of documents)
(person) in	
(date) at (time) at the following loca	ation:
☐ By identifying the documents, offering to deliver them to a person ☐ minor, or ☐ interested person in this case who refused service conspicuous place.	
have charged the following fees for my services in this matter: Private process server Sheriff,County Fee \$ Mileage \$	
have charged the following fees for my services in this matter: Private process server Sheriff, County	
have charged the following fees for my services in this matter: Private process server Sheriff,County Fee \$ Mileage \$ By checking this box, I am acknowledging I am filling in the blantorm.	

city or other location, and state OF	-country)			
printed name)				
(signature)	=			
(orginature)			Formatted: Normal	
7	VERIFICATION AND ACKNOWLEDGMENT		Formatted: Normal	
I <u>.</u> PERSONAL SERVICE AFFIDAVIT	(name) swear/affirm under oath, and that the statements set forth therein are		ny	
knowledge <u>.</u>	and that the statements set forth therein are t	rue and correct to the best of n	n <u>v</u>	
knowledge <u>.</u>			n <u>v</u>	
knowledge. Printed name	and that the statements set forth therein are to state the statements set for the statement set for the statem	rue and correct to the best of n	n <u>v</u>	
knowledge. Printed name	and that the statements set forth therein are to state the statements set for the statement set for the statem	rue and correct to the best of n	n <u>v</u>	
knowledge. Printed name Subscribed and affirmed, or sworn	and that the statements set forth therein are statements. Signature to before me in the County of	rue and correct to the best of n	n <u>v</u>	

County, Colorado		
Court Address:		
☐ In the Interest of:	_	
☐In the Matter of the Estate of:		
	▲ co	URT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Numb	per:
Phone Number: E-mail: FAX Number: Atty. Reg.#:	Division	Courtroom
IRREVOCABLE POWER OF A	1 - 11101011	Courticom
DESIGNATING CLERK OF COURT AS AGENT		PROCESS
capacity and that affect or pertain to the above captioned ma	atter. This power of	
capacity and that affect or pertain to the above captioned ma	atter. This power of	
capacity and that affect or pertain to the above captioned ma affected by my disability and it will terminate upon my final disch VERIFICATION	atter. This power of narge.	of attorney must not be
capacity and that affect or pertain to the above captioned manafected by my disability and it will terminate upon my final disched the vertical ver	atter. This power of narge.	of attorney must not be
capacity and that affect or pertain to the above captioned ma affected by my disability and it will terminate upon my final disch	atter. This power of narge.	of attorney must not be
capacity and that affect or pertain to the above captioned manafected by my disability and it will terminate upon my final discharge very serious verification. VERIFICATION declare under penalty of perjury under the law of Colorado that	atter. This power of narge.	of attorney must not be
Capacity and that affect or pertain to the above captioned manafected by my disability and it will terminate upon my final discription. VERIFICATION I declare under penalty of perjury under the law of Colorado that Executed on the	atter. This power of narge.	of attorney must not be
VERIFICATION declare under penalty of perjury under the law of Colorado that Executed on the day of,, (city or other location, and state OR country)	atter. This power of narge.	of attorney must not be
Capacity and that affect or pertain to the above captioned manafected by my disability and it will terminate upon my final discrete discrete to the discrete	atter. This power of harge.	of attorney must not be
Capacity and that affect or pertain to the above captioned material affected by my disability and it will terminate upon my final discription. VERIFICATION I declare under penalty of perjury under the law of Colorado that executed on the day of,	t the foregoing is tr	ue and correct.
Capacity and that affect or pertain to the above captioned manafected by my disability and it will terminate upon my final discrete discrete discrete with the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of perjury under the law of Colorado that declare under penalty of pen	t the foregoing is tr	ue and correct.

VERIFICATION AND ACKNOWLEDGMENT

<u>I,</u>	(nar	ne) swear/affirm under oath	that I have read the
foregoing IRREVOCABLE POWI	ER OF ATTORNEY	DESIGNATING CLERK OF	COURT AS AGENT
FOR SERVICE OF PROCESS a	nd that the statemer	nts set forth therein are true	and correct to the best of
my knowledge.			
Printed name		Signature	Date
<u>Filited Harrie</u>		Signature	Date
Subscribed and affirmed, or swor	rn to before me in th	e County of	, State of
, this	day of	, 20	
My Commission Expires:			
		Notary Public/Clerk	<u><</u>

Note:

• 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 in writing.

□ 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:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
OBJECTION TO A HEARING WITHO	
The grounds for my objection are as follows:	
⊒-By checking this box, I am acknowledging I am filling in the	e blanks and not changing anything else or
∃-By checking this box, I am acknowledging I am filling in the orm.	
⊒-By checking this box, I am acknowledging I am filling in the	
∃-By checking this box, I am acknowledging I am filling in the orm.	change to the original content of this form.
By checking this box, I am acknowledging I am filling in the orm. By checking this box, I am acknowledging that I have made a n accordance with C.R.P.P. 24, I will immediately serve a copy he motion or petition. understand that I must contact the court within 14 days after fill appearance hearing. If I fail to do so, I understand that the c	change to the original content of this form. of this objection to the person who filed ing this objection to set this matter for an
By checking this box, I am acknowledging I am filling in the orm. By checking this box, I am acknowledging that I have made a n accordance with C.R.P.P. 24, I will immediately serve a copy	change to the original content of this form. To of this objection to the person who filed this objection to set this matter for an ourt will take further action as it deems
By checking this box, I am acknowledging I am filling in the orm. By checking this box, I am acknowledging that I have made a n accordance with C.R.P.P. 24, I will immediately serve a copy he motion or petition. understand that I must contact the court within 14 days after fill appearance hearing. If I fail to do so, I understand that the cappropriate. By checking this box, I am acknowledging I am filling in the	change to the original content of this form. To f this objection to the person who filed ing this objection to set this matter for an ourt will take further action as it deems
By checking this box, I am acknowledging I am filling in the orm. By checking this box, I am acknowledging that I have made a n accordance with C.R.P.P. 24, I will immediately serve a copy he motion or petition. understand that I must contact the court within 14 days after fill appearance hearing. If I fail to do so, I understand that the cappropriate. By checking this box, I am acknowledging I am filling in the orm.	change to the original content of this form. To f this objection to the person who filed ing this objection to set this matter for an ourt will take further action as it deems
By checking this box, I am acknowledging I am filling in the orm. By checking this box, I am acknowledging that I have made a n accordance with C.R.P.P. 24, I will immediately serve a copy he motion or petition. understand that I must contact the court within 14 days after fill appearance hearing. If I fail to do so, I understand that the cappropriate. By checking this box, I am acknowledging I am filling in the orm.	change to the original content of this form. To of this objection to the person who filed the sing this objection to set this matter for an ourt will take further action as it deems to blanks and not changing anything else or change to the original content of this form.

JDF 722SC R96/189 OBJECTION TO A HEARING WITHOUT APPEARANCE_____

Page 1 of 2

	(date)	(month)	(year)	
at				
city or othe	er location, and st	ate OR country)		
printed na	me)			
signature)				
and the state of			RTIFICATE OF SERVICE	
certify that motion/peti	it on ition was served a	(date is follows on eacl), a copy of this n of the following:	notice along with the
	Name and Ad		Relationship to Decedent, V	Manner of Service*
				-
		- 1		
*Insert one	of the following:	hand delivery, fir	st-class mail, certified mail, e-ser	ved, or fax.
			Cignoture	
			Signature	

Court Address:	County, Colorado		
☐ In the Interests of:☐ In the Matter of the Estate of:☐			
☐In the Matter o	f the Estate of:	▲ court	USE ONLY
Attorney or Party \	Nithout Attorney (Name and Address):	Case Number	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
7.01.10	CLAIM	211101011	000.100
City:	different: Zip Code:		
ity: rimary Phone: lternate Phone:			
ity: rimary Phone: lternate Phone:	State: Zip Code:		Amount
rimary Phone: Iternate Phone: Ilaim is made again Date(s) Obligation	State: Zip Code:		Amount
City: Primary Phone: Claim is made again Date(s) Obligation	State: Zip Code:		Amount
rimary Phone: Iternate Phone: Ilaim is made again Date(s) Obligation	State: Zip Code:		Amount \$

VERIFICATION
declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.
Executed on the day of,,,,
at
at (city or other location, and state OR country)
(printed name)
(signature)
RECEIPT
,, received a copy of this claim on (date).
Signature of:
Personal Representative
☐ Conservator

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.

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District Court De	County, Colorado		
Court Address:			
☐In the Interests of:	<u> </u>		
☐In the Matter of the	e Estate of:		
		▲cour	T USE ONLY
Attorney or Party With	out Attorney (Name and Address):	Case Numbe	r:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	ITHDRAWAL OR SATISFACTION OF CLA		Courtroom
elow and withdraw the clai	ciary and any successor for any liability in in. Interpretate the claim has been satisfied.	connection to the t	ciaim(s) describe
elow and withdraw the clai	m.		Amount
elow and withdraw the clai acknowledge that Date(s) Obligation	im. at the claim has been satisfied.		
elow and withdraw the clai acknowledge that Date(s) Obligation Incurred	im. It the claim has been satisfied. Type or Description of Claim or S	Service	Amount
elow and withdraw the clai acknowledge that Date(s) Obligation Incurred By checking this box, By checking this box, declare under penalty	im. at the claim has been satisfied.	Total not changing anything the original content o	Amount \$ else on the form. f this form.

Page 1 of 2

JDF 727SC R96/189 WITHDRAWAL OR SATISFACTION OF CLAIM AND RELEASE

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at(city or other location, and state OR country)
(printed name)
(signature)

District Court Court Address:	Denver Probate Court County, Colorado		
☐In the Interest of	f:		
☐In the Matter of t	the Estate of:		
		▲ COURT	USE ONLY
Attorney or Party W	ithout Attorney (Name and Address):	Case Number	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
TAX Number.	RECEIPT AND RELEA		Courticom
Received from		. Personal	Representative
Conservator		, • Fersonal	Representative
the devise to n my share of the my share of the	nent and satisfaction of the following: ne in the will under article(s) e estate as a devisee in the will. e estate as an heir. from the conservatorship case.		 ,
Other:			-
☐Cash in the amour	nt of \$		
☐Tangible personal	property described as: *		-
Real property desc	cribed as: *		
☐The following secu	rrities: *		
— The following secu			-

Other (describe): *	
above partial distribution	
	final release and satisfaction to the estate and to the fiduciary and his or her illity in connection with my interest in the estate.
_	I am acknowledging I am filling in the blanks and not changing anything else on the form. I am acknowledging that I have made a change to the original content of this form.
*Attach additional sho	eets as necessary.
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(date	day of,, (year)
at(city or other location, a	and state OR country)
(printed name)	
(signature)	

□ District Court □ Denver Probate Court □ County, Colorado	
Court Address:	
In the Matter of the Trust created by:	
	▲ COURT USE ONLY ▲
Settlor Attorney or Party Without Attorney (Name and Address):	Case Number:
, , , , , , , , , , , , , , , , , , ,	
Phone Number: E-mail:	Division Courtroom
FAX Number: Atty. Reg.#: TRUST REGISTRATION \$	STATEMENT
IRUST REGISTRATION S	STATEWIEN I
Important Notice	e
·	
he court will not routinely review or adjudicate matters unlu- eneficiary, creditor, or other interested person. All interested pe	
ne responsibility to protect their own rights and interests in the	
rovisions of this code by filing an appropriate pleading with	
dministered and serving it on all interested persons pursuant to	§ 15-10-401, C.R.S.
he name of the trust is:	
The name of the trust is:	
. Information about the trustee:	
. Information about the trustee: Name:	
Name: Street Address:	
Name: Street Address: State: Zip Coc	de:
Name: Street Address: State: Zip Coo	de:
Name: Street Address: State: Zip Coor State:	de:
Name: Street Address: State: Zip Coordinating Address, if different: State: Zip Coordinating Address, if different: State: Zip Coordinating Address State: Zip Coordinating Address State: Zip Coordinating Address State: Zip Coordinating Address State: Zip Coordinating State: Zip Coordinatin	de:
Name: Street Address: State: Zip Coor State:	de:
Name: Street Address: State: Zip Coordinating Address, if different: State: Zip Coordinating Address, if different: State: Zip Coordinating Address; State: Zip Coordinating Address:	de: code: Alternate Phone:
Name: Street Address: City: State: City: State: State: State: Zip Coor Mailing Address, if different: City: State: The records of this trust are kept at the principal place of adm	de: code: Alternate Phone:
Name: Street Address: State: Zip Coordinating Address, if different: State: Zip Coordinating Address, if different: State: Zip Coordinating Address; State: Zip Coordinating Address:	de: code: Alternate Phone:
Name: Street Address: State: Zip Coordination Address, if different: State: Zip Coordination Address, if different: State: Zip Coordination Primary Phone: Email Address: The records of this trust are kept at the principal place of administration and principal place and p	de: code: Alternate Phone:
Name: Street Address: State: Zip Coordination Address, if different: State: Zip Coordination Address, if different: State: Zip Coordination Primary Phone: Email Address: The records of this trust are kept at the principal place of administration and principal place and p	de: code: Alternate Phone:
Name:	de: code: Alternate Phone:
Name:	de: code: Alternate Phone:
Name:	de: code: Alternate Phone: ninistration, which is in ss:
Name: Street Address: State: Zip Coord Mailing Address, if different: State: Zip Coord Mailing Address, if different: State: Zip Coord Primary Phone: Email Address: The records of this trust are kept at the principal place of admress (City and County) at the following address . This trust	de: Code: Alternate Phone: ninistration, which is in ss:
Name:	de: code: Alternate Phone: ninistration, which is in ss: (date) with the
Name:Street Address:State:Zip Coordingth Mailing Address, if different:State:Zip Coordingth Mailing Address, if different:State:Zip Coordingth Mailing Address, if different:State:Zip Coordingth Mailing Address:State:Zip Coordingth Mailing Address:	de: code: Alternate Phone: ninistration, which is in ss: (date) with the

4. This is	
☐a testamentary trust established by the w	vill of
	(date), in (name of
court) in the State of	_ in case number:
☐an <i>inter vivos</i> trust established by	(settlor) dated
The trustee is	
E. M. and Minds described and an extra state of the state of	
5. If multiple trusts are registered on this date,	provide additional identifying information:
☐ By checking this box. I am acknowledging I am fi	lling in the blanks and not changing anything else on the form.
_	nave made a change to the original content of this form.
he trustee must comply with § 15-16-303(2)	<u>15-5-206(3),</u> C.R.S.
Date:	Signature of Trustee
	VERIFICATION of Colorado that the foregoing is true and correct.
executed on the day of, (month)	(year)
atcity or other location, and state OR country)	
printed name)	
Signature of Trustee)	
Solgitature of Trustee)	
	ON OF TRUST REGISTRATION n be completed on the copy of the statement filed with the court.
Го:	
UPF 70000 - D00/400 TDUOT D50/070 17/01/07	TAIT
IDF 732SC R96/189 TRUST REGISTRATION STATEME Pag	ENT

You are a beneficiary with a present interest or you represent described in the above Trust Registration Statement.	a beneficiary with a future interest, in the trust(s)
Upon reasonable request, you may be entitled to additional in pursuant to § 45-46-303 15-5-813, C.R.S.	nformation about this trust and its administration
Date:	Signature of Trustee

- File this registration statement in the county where the trust is being administered pursuant to § 15-16-101(1) 15-5-205(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 § 15-5-206(3), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.
- 6. The requirements of § 15-16-303(2) 15-5-206(3), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.

Commented [1]: Pet Trust. Ok.

Commented [2]: Former statute on "Duty to register trusts"

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Commented [3]: Discussion: consider whether to remove the reference to C.R.P.P. 70, and only include it on the Amended Trust Registration Form, JDF 735; or to leave it here to put Trustees on Notice of the amendment requirements. I recommend leaving it in.

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□ District Court □ D	 enver Probate Court			
	County, Colorado			
Court Address:				
In the Metter of the T	Frust Created by		_	
In the Matter of the T	rust Created by:			
Settlor			▲ Co	OURT USE ONLY
	nout Attorney (Name an	nd Address):	Case Numb	per:
11 00				
Phone Number:	E-mail:			
FAX Number:	Atty. Reg.#:		Division	Courtroom
	AMENDED TRU	ST REGISTRATION	STATEMEN	IT
		Important Notice		
T	Park and the same Pro-	•		
				requested to do so by a eficiaries and creditors, have
				he manner provided by the
		ate pleading with the co		the estate or trust is being
The name of the trust is	ş.			
The following amendment (date)		led Trust Registration Sta	tement for this	trust filed on
<u> </u>	(trustee) is no	o longer a trustee.		
The successor trustee i	s:			
Name:		<u></u>		
Street Address:				
City:	State:	Zip Code:	_	
Mailing Address, if diffe	rent:			
City:	State:	Zip Code:		
Primary Phone:		Alternate Phone:		
Email Address:				
☐ the principal place of	administration has been	en changed to the followir	ng address:	
Address:				
City:	State:	Zip Code:	-)	
☐This trust has termin	ated			
ווווט נועטנ וומט נכווווווו	uiou.			

No	f Colorado. This trust was previously registered under Registr Attached is a court certified copy of the original Trust Registration Statement and
	Statement filed prior to this amendment.
Decemberation which have been	
_	acknowledging I am filling in the blanks and not changing anything else on the form. acknowledging that I have made a change to the original content of this form.
By checking this box, I am a	acknowledging that i have made a change to the original content of this form.
The undersigned trustee o	or successor trustee acknowledges the existence of this trust and submi
the jurisdiction of this cou	rrt in any proceeding relating to this trust. Within 3060 days of registration
trustee represents that the	e trustee must comply with § 15-16-303(2) <u>15-5-206(3)</u> , C.R.S.
Date:	Signature of Trustee/Successor Trustee
	VERIFICATION
I declare under penalty of pe	erjury under the law of Colorado that the foregoing is true and correct.
	rightly direct the law of eclorade that the foregoing to true and correct.
Executed on the day	/ of,
	y of,, (month) (year)
at (city or other location, and st	
at (city or other location, and st	
at	tate OR country)
Executed on the day (date) at (city or other location, and st (printed name) (Ssignature of Trustee/Succe	tate OR country)
at	tate OR country)
at	essor Trustee)
at	tate OR country) essor Trustee) INFORMATION OF TRUST REGISTRATION
at(city or other location, and st(printed name) (Ssignature of Trustee/Succe	essor Trustee)
at(city or other location, and st(printed name) (Ssignature of Trustee/Succe	tate OR country) essor Trustee) INFORMATION OF TRUST REGISTRATION
at(city or other location, and st(printed name) (Ssignature of Trustee/Succe	tate OR country) essor Trustee) INFORMATION OF TRUST REGISTRATION
at(city or other location, and st (printed name) (Ssignature_of Trustee/Succe	tate OR country) essor Trustee) INFORMATION OF TRUST REGISTRATION
at(city or other location, and st(printed name) (Ssignature of Trustee/Succe	tate OR country) essor Trustee) INFORMATION OF TRUST REGISTRATION

Upon reasonable request, you may be entitled to additional information about this trust and its administration pursuant to §-15-16-303_15-5-813, C.R.S.

described in the above Trust Registration Statement.

Date:	
	Signature of Trustee

- The requirements of § 15-16-303(2) 15-5-205(1), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.
- File this registration statement in the county where the trust is being administered pursuant to § 15-5-205(1), C.R.S. For further requirements, see §§ 15-11-901, C.R.S. and 45-16-101, C.R.S. and C.R.P.P. 70.
- The requirements of § 15-5-205(1), 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 F	Probate Court		
	County, Colorado		
Court Address:			
☐In the Interests of:			
☐In the Matter of the Estat	te of:		
		A coup	T 1105 011 1/
Attorney or Party Without Attorney	orney (Name and Address):	Case Number	T USE ONLY er:
	, (
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	REQUEST FOR MINOR COF	RRECTION	
	PURSUANT TO C.R.P.	.P.11	
l,	(name), filed _		
(name of documents)) on	(date) and due to a c	elerical error, a
correction is necessary as follo	DWS:		
	knowledging I am filling in the blanks a		
■ By checking this box, I am ack	knowledging that I have made a change	e to the original content of	of this form.
Date	Signature of Atto	orney or Party	
	VERIFICATION		
I declare under penalty of perio	ury under the law of Colorado that t	the foregoing is true ar	nd correct
	•	and foregoing to a do di	14 0011001.
Executed on the day o (date)	(month) (vear)		
(uate)	(monun) (year)		
at			
(city or other location, and stat	e OK country)		
(printed name)			

- 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 R69/189 REQUEST FOR MINOR CORRECTION

District Court Denve	er Probate Court ounty, Colorado				
In the Interest of:			_		
			A		•
Mard/Protected Person Attorney or Party Without	Attornov (Nomo	and Address).	Case N	COURT USE O	NLY
Altorney or Party Williout	Altorney (Name a	and Address).	Case N	umber.	
	- "				
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroon	n
		UESTING COLO			
_		ONSERVATORS			E
This petition is submitte		§ 15-14.5-302, C.F	R.S. of the U	niform Adult Gua	ırdianship and
Protective Proceedings J	urisdiction Act.				
The guardian and/or con authority to act (Order of	servator petition	er, hereby submits	certified copi	es of any docume	ents evidencing
relating to a Guardiansh				or transfer from the	e sending state
Sending State:					
Jenuing State.		anding Court			
Sending Court Case #:					
1. Information about the	guardian and/o	or conservator:			
Name:					
Street Address:					
City:	State:	Zip Code:			
Mailing Address, if diffe	erent:				
City:	State:	Zip Code:			
Primary Phone:	Alternate F	Phone:			
Email Address:					
2. Information about the	ward/protected	l person:			
Name:					
Street Address:					
		Zip Code:			
Mailing Address, if diffe					
City:		Zip Code:			
Primary Phone:					
Email Address:					
Type of Residence:	Private Nursir	g Home Assisted	Living Home	Other:	
3. The petitioner reque	ete that Colors	do accent this au	ardianchin/oc	nearyatorchin for	the following
reasons:	Sis that Goldie	accept tills gu	a. a.a.i.əiiip/CU	nocivatoronip ioi	are ronowing

The petitioner must provide this petition a entitled to notice. (§ 15-14.5-302(2), C.R.	and a Notice of Hearing Without Appeara S.)	nce (JDF 712) to persons	3
The interested persons given notice are a	s 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	
			-
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n. By checking this box, I am acknowledging clare under penalty of perjury under the laterated on the day of (date) month) (year)	that I have made a change to the original of t	d correct.	-

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District Court Denver Probate Court	
County, Colorado urt Address:	1 0 0
the Interests of:	
ard/Protected Person	COURT USE ONLY
orney or Party Without Attorney (Name and Address):	Case Number:
one Number: E-mail: X Number: Atty. Reg. #:	Division Courtroom
PETITION TO TRANSFER GUARDIANSHIP	
COLORADO TO RECEIV	
s petition is submitted pursuant to § 15-14.5-301, C.R	.S. of the Uniform Adult Guardianship a
tective Proceedings Jurisdiction Act.	
-	
he guardian and/or conservator, petitioner requests the cour	t to approve the transfer of this $lacksquare$ Guardians
or Conservatorship, to (County	v) in (State).
	,,
The ward /protected person $oldsymbol{\square}$ is physically present in $oldsymbol{or}\ oldsymbol{\square}$	is reasonably expected to permanently move
the state identified above or \square the protected person has sign	
the state identified above of the protested person has sign	illicant conficctions to the receiving state.
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh	nip /conservatorship for the following reasons:
The petitioner requests that Colorado transfer this guardiansh The petitioner has made reasonable and sufficient plans for adequate arrangements for the management of the protected	care and services for the ward and/or has ma
The petitioner has made reasonable and sufficient plans for	care and services for the ward and/or has ma
The petitioner has made reasonable and sufficient plans for adequate arrangements for the management of the protected The petitioner will provide this petition and a Notice of Hea	care and services for the ward and/or has ma

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	VERIFICATION	
declare under penalty of perjury under	the law of Colorado that the foregoing	g is true and correct.
Executed on the day of	Executed on the	day of
(date)	(dat	te)
(month) (year)	(month)	(year)
at	atat	and state OD sourtmy
city or other location, and state OR cou	untry) (city or other location	n, and state OR country)
(printed name)	(printed name)	
printed name/	(printed ridino)	
(Signature of Petitioner)	(Signature of Co-Pe	titioner, if any)
Attorney Signature,	(if any) Da	teVERIFICATION
declare under penalty of perjury under		
. , , , ,	-the law of colorado that the loregoing	g is true una correct.
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at		
city or other location, and state OR cou	untry)	
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(signature)		

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District Court Denver Probate Court	
Court Address:	
In the Interests of:	Case Number:
Ward/Protected Person	Division: Courtroom:
PROVISIONAL ORDER RE: PETITION TO T TO RECEIVING STATE □GUARDIANSH PURSUANT TO §15-14.5-301, C.R.S. UNIFORM AD PROCEEDINGS JURISDIC	RANSFER FROM COLORADO IIP □CONSERVATORSHIP ULT GUARDIANSHIP AND PROTECTIVE
Upon consideration of the Petition to Transfer, any objections without appearance;	s filed and Devidentiary hearing or Dhearing
The court finds that:	
 The statements in the petition are true and notice has been the transfer is not contrary to the interests of the ward /pr The ward /protected person is physically present in or is receiving state or the protected person has significant cor 14.5-201, C.R.S. The plan for care and services for the ward in the received adequate arrangements will be made for the managements. The court is satisfied that the guardianship and/or conservant. 	otected person. easonably expected to move permanently to the nections to the receiving state pursuant to § 15- eiving state is reasonable and sufficient and/or to f the protected person's property.
The court orders the following:	
Provisionally grants the Petition to Transfer to	(county) in (state).
 The Guardian Conservator must file a Petition to Provisional Order to Accept. 	to Accept in the receiving state requesting a
3. The Guardian Conservator must file a final repo terminate this Guardianship and/or Conservatorship pu following documents as otherwise ordered by the court f and § 15-14-431, C.R.S.:	rsuant to § 15-14.5-301(6)(b), C.R.S. and the or good cause pursuant to § 15-14-318, C.R.S.
Date:	
☐ Judge ☐ Magistrate	
CERTIFICATION	
Certification Stamp or Certified to be a true copy of the original in of:	my custody and to be in full force and effect as
Date: Probate Registra	r/(Deputy)Clerk of Court

Note:

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	
Court Address:	
In the Interests of:	🔺
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ACKNOWLEDGMENT OF RES	
□ CONSERVATOR AND/OR	GUARDIAN
guardian for(name), acknowledge to guardian for(ward or protect and I understand that Letters of Guardianship/Conservatorship provided to the court. I agree to comply with statutory and responsible for preparing and filing reports and/or plans with the persons as identified in the Order of Appointment.	court requirements and understand that I am
have received the following information to review regarding my r	
☐User's Manual for Guardians ☐User's Manual for Co	nservators
☐ Viewed DVD/Video ☐ Pamphlets	
Attendance at mandatory training session on	(date).
☐Other:	
cknowledgment of Responsibilities:	
I am responsible for promptly providing the court with an and telephone number by filing a Notice of Change Regardance.	
2. I am responsible for maintaining supporting document disbursements out of the accounts under my control du documentation includes bank statements and check co receipts, and other such forms of proof that support interested persons may request copies at any time.	ring the duration of my appointment. Supporting pies, credit card statements and receipts, sales
3. If funds must be placed in a restricted account, I understa	and that any withdrawals require a court order.
The Acknowledgment of Deposit of Funds to Restric court as documentation that the funds were deposited, w	ted Account (JDF 867) must be returned to the ithin 30 days or by (date).
lacksquare All requests for withdrawal must be in writing by submi	tting a Motion to Withdraw Funds (JDF 868).
4. I understand that the following reports and/or plans are d	ue on (date)
☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)	(date).
☐Conservator's Financial Plan with Inventory and Motio	n for Approval (JDF 882)
5. I understand that the following reports are due on	(1-4-) 1 14 14 14
on such day and month, unless I am notified by the court	(date) and every year thereafte
☐Guardian's Report - Minor (JDF 834)	
☐Guardian's Report - Adult (JDF 850) ☐Conservator's	Report (JDF 885)
6. I understand that as a court-appointed guardian and/or or	onservator, I am <u>required</u> by law to report any
known or suspected abuse, neglect, or exploitation of any to law enforcement. I understand that criminal penalties Please refer to § 18-6.5-108, C.R.S. for additional informa-	y at-risk elder (a person 70 years of age or older) may result from failure to comply with this law.
DF 800SC R96/189 ACKNOWLEDGMENT OF RESPONSIBLITIES	Page 1 of 2

uardian and/or conservator.	and understand my responsibilities as a newly appointe Guardian and/or Conservator VERIFICATION Colorado that the foregoing is true and correct. Executed on the day of
uardian and/or conservator.	Guardian and/or Conservator VERIFICATION Colorado that the foregoing is true and correct.
	VERIFICATION Colorado that the foregoing is true and correct.
	VERIFICATION Colorado that the foregoing is true and correct.
	Colorado that the foregoing is true and correct.
declare under penalty of perjury under the law of C	
	Executed on the day of
xecuted on the day of (date)	(date)
(month) (year)	(month) (year)
<u> </u>	at
city or other location, and state OR country)	(city or other location, and state OR country)
printed name)	(printed name)
Signature of Guardian/Conservator/Successor)	(Signature of Co-Guardian/Co-Conservator/Successor, if a
declare under penalty of perjury under the law of C	Golorado that the foregoing is true and correct.
xecuted on the day of, (date) (month) (ye	,
city or other location, and state OR country)	
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Court A	rict Court Denver Probate Court County, Colorado Address:	
In the I	Interest of:	_
Respoi	ndent:	▲ COURT USE ONLY ▲
	ey or Party Without Attorney (Name and Address):	Case Number:
	,	
Phone	Number: E-mail:	1110
FAX Nu	., .,	Division Courtroom
	ACCEPTANCE OF OFFICE – GUARDIANSHIPS A	AND CONSERVATORSHIPS
	☐ Guardian. ☐ Emergency guardian. ☐ Temporary guardian. ☐ Conservator. ☐ Special conservator.	
2.	I submit personally to the jurisdiction of this court in any p	proceeding relating to this matter.
3.	A legible copy of my driver's license, passport, or other g filed as a separate document.	overnment-issued identification is filed/e-
4.	☐I request that the court waive required background info applies, check all boxes below that apply, and skip quest ☐a public administrator.	
	☐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 respond	ent.
	☐ a person or entity for whom good cause exists to w good cause:	aive such disclosures. State reasons of

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.)

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JDF 805SC R96/198 ACCEPTANCE OF OFFICE Page 1 of 3

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A civil jud A civil jud I have describe Copies of Investigatinstruction I ambusiness by blood individual The nomplans with should in the complans with should in the civil in the civi	Name of State and Court Issuing Order Idgment has has not been entered against me. If so, describe all: Name of State and Court Entering Judgment Place have not been relieved from one or more court-appointed responsibilities. If so, all: Name of State and Court Relieving Nominee If my name-based criminal history record check obtained through the Colorado Bureau of
Copies of Investigatinstruction individual. The nomplans wit should n	Name of State and Court Entering Judgment e□ have not been relieved from one or more court-appointed responsibilities. If so, all: Name of State and Court Relieving Nominee f my name-based criminal history record check obtained through the Colorado Bureau of
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Investiga instruction I am business by blood individua The nom plans wit should n	
l ☐ am business by blood individua The nom plans wit should n	tion and my current credit report are filed/e-filed as separate documents. (See ns below.)
plans wit should n	am not a "professional" which is defined as: an individual or entity engaged in the of providing services as guardian or conservator, who is not related to the responden law, or marriage. A professional usually acts as guardian or conservator for two or more ls.
and 15-1	inee acknowledges and understands that if the nominee fails to file required reports on the court or fails to respond to an order of the court to show cause why the nominee to be held in contempt of court, Colorado law authorizes the court to access data and of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c)4-420(6)(c), C.R.S.
te: Social sec	curity numbers should not be attached to or written on this Acceptance of Office.
By checking th	s box, I am acknowledging I am filling in the blanks and not changing anything else on the form. s box, I am acknowledging that I have made a change to the original content of this form.

JDF 805SC R96/1918 ACCEPTANCE OF OFFICE Page 2 of 3

VFR	IFI	CA	TI	1	N

I declare under	penalty of perjury	under the law	of Colorado	that the foregoi	ng is true and o	orrect.
Executed on the	e day of _	(month)	(year)			
at (city or other loc	cation, and state (OR country)				
(printed name)						
(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:
 - 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.
- § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based criminal history record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal record check reveal the nominee has a record of arrest without a disposition.

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JDF 805SC R96/1948 ACCEPTANCE OF OFFICE Page 3 of 3

□ District Court □ Denver Probate Court	
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
NOTICE OF HEARING TO INTERESTE	ED PERSONS
To all interested persons: A hearing on the petition identified below will be held at the following date	
Date: Time: Courtroom or	r Division:
Address:	
☐ Petition for Appointment of Guardian ☐ Petition for Appointment of Conservator ☐ Other:	
The outcome of this proceeding may limit or completely take away the re- the respondent's personal affairs or financial affairs or both. The re- excused by the court. The petitioner is required to make reasonable of hearing.	spondent must appear in person unless
The respondent has the right to be represented by an attorney of the expense. If the respondent cannot afford an attorney, one may be appoin the respondent may request a professional evaluation. The responde subpoena witnesses and documents; examine witnesses, including any or other qualified individual providing evaluations, and the Court Visitor; The respondent may ask that the hearing be held in a manner that reather respondent has the right to request that the hearing be closed, by respondent objects.	inted for the respondent at state expense nt has the right to present evidence and court-appointed physician, psychologist, and otherwise participate in the hearing asonably accommodates the respondent
Date:	
Signature of Pe	erson Giving Notice or Attorney
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,, (year)	
at (city or other location, and state OR country)	
(printed name) JDF 806SC R9346/189 NOTICE OF HEARING TO INTERESTED PERSONS	Page 1 of 2

ows on each of the following:	Relationship to Decedent, Ward,	
Name and Address	or Protected Person	Manner of Service
t and of the following: band delivery	, first-class mail, certified mail, e-service, or	fov

District Court Denver Probate Court County, Colorado Court Address:		
n the Interest of:		
	▲ COURT USE ONLY ▲	
Respondent Ittorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail: TAX Number: Atty. Reg. #:	Division Courtroom	
NOTICE OF HEARING TO RESPON		
respondent: nearing on the following petition will be held at the following of	date, time, and location.	
Date: Time: Cou Address:		
	☐ Minor ☐ Minor	
Address: ☐ Petition for Appointment of Guardian ☐ Petition for Appointment of Conservator ☐ Adult ☐	Minor Minor MULT RESPONDENTS***** The away your right to make decisions about your opear in person unless excused by the court. The	
Address: Petition for Appointment of Guardian Petition for Appointment of Conservator ****** IMPORTANT NOTICE TO AD e outcome of this proceeding may limit or completely tak rsonal affairs or your financial affairs or both. You must ap titioner is required to make reasonable efforts to help you att but have the right to be represented by an attorney of your chorney, one may be appointed for you at State expense. You condition. You have the right to present evidence and subpoed curt visitor; and to otherwise participate in the hearing. You asonably accommodates you. You have the right to request	Minor Minor MILT RESPONDENTS***** The away your right to make decisions about your opear in person unless excused by the court. The end the hearing. The end the hearing. Minor Mi	
Address: Petition for Appointment of Guardian Petition for Appointment of Conservator ****** IMPORTANT NOTICE TO AD e outcome of this proceeding may limit or completely tak rsonal affairs or your financial affairs or both. You must ap titioner is required to make reasonable efforts to help you att out have the right to be represented by an attorney of your ch orney, one may be appointed for you at State expense. Y midition. You have the right to present evidence and subpose cluding any court-appointed physician, psychologist, or othe unt visitor; and to otherwise participate in the hearing. You	Minor Minor MILT RESPONDENTS***** The away your right to make decisions about your opear in person unless excused by the court. The end the hearing. The end the hearing. Minor Mi	Formatted: Indent: First line: 0"
Address: Petition for Appointment of Guardian Petition for Appointment of Conservator ****** IMPORTANT NOTICE TO AD e outcome of this proceeding may limit or completely tak rsonal affairs or your financial affairs or both. You must ap titioner is required to make reasonable efforts to help you att but have the right to be represented by an attorney of your chorney, one may be appointed for you at State expense. You condition. You have the right to present evidence and subpoed curt visitor; and to otherwise participate in the hearing. You asonably accommodates you. You have the right to request	Minor DULT RESPONDENTS***** The away your right to make decisions about your opear in person unless excused by the court. The end the hearing. The end the hearing. The end the hearing is a professional evaluation of your ena witnesses and documents; examine witnesses, or qualified individual providing evaluations, and the may ask that the hearing be held in a manner that that the hearing be closed, but the hearing may not	Formatted: Indent: First line: 0"
Address: Petition for Appointment of Guardian Petition for Appointment of Conservator ****** IMPORTANT NOTICE TO AD e outcome of this proceeding may limit or completely tak resonal affairs or your financial affairs or both. You must at titioner is required to make reasonable efforts to help you att to have the right to be represented by an attorney of your chrorney, one may be appointed for you at State expense. You have the right to present evidence and subpose studing any court-appointed physician, psychologist, or othe curt visitor; and to otherwise participate in the hearing. You asonably accommodates you. You have the right to request closed if you object.	Minor DULT RESPONDENTS***** The away your right to make decisions about your oppear in person unless excused by the court. The end the hearing. The indice at your own expense. If you cannot afford an your own average witnesses and documents; examine witnesses, or qualified individual providing evaluations, and the may ask that the hearing be held in a manner that that the hearing be closed, but the hearing may not NOR RESPONDENTS*****	
Address: Petition for Appointment of Guardian Petition for Appointment of Conservator ****** IMPORTANT NOTICE TO AD e outcome of this proceeding may limit or completely tak rsonal affairs or your financial affairs or both. You must ap titioner is required to make reasonable efforts to help you att out have the right to be represented by an attorney of your chorney, one may be appointed for you at State expense. You ndition. You have the right to present evidence and subpose cluding any court-appointed physician, psychologist, or othe urt visitor; and to otherwise participate in the hearing. You asonably accommodates you. You have the right to request closed if you object.	Minor MI	Formatted: Indent: First line: 0" Formatted: Default Paragraph Font Formatted: Default Paragraph Font

Page 1 of 23

JDF 807SC R9346/189 NOTICE OF HEARING TO RESPONDENT

	Signature of Person Giving Notice or Attorney VERIFICATION
declare under penalty of perjury under	the law of Colorado that the foregoing is true and correct.
Executed on the day of (month)	n) (year)
at city or other location, and state OR cou	intry)
printed name)	

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.

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□ District Court □ Denve		
Court Address:	ounty, Colorado	
In the Interest of:		
Respondent		▲ COURT USE ONLY ▲
	Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #: PERSONAL SERVICE	Division Courtroom
	and a copy of the petition on the respondent of the respondent in this	(time) at the following location the
	(date) at	(time) at the following location by handing the
	(date) at	(time) at the following location, by handing the
ocuments to a person idea	(date) at	(time) at the following location by handing the case. Signature of Process Server Name (Print or type) of Process Server County of, State-o
ocuments to a person idea	(date) at	(time) at the following location by handing the case. Signature of Process Server Name (Print or type) of Process Server
Che foregoing instrument colorado, this	ntified to me as the respondent in this was acknowledged before me in the day of . 20	(time) at the following location by handing the case. Signature of Process Server Name (Print or type) of Process Server County of, State-c
Che foregoing instrument Colorado, this	was acknowledged before me in the day of . 20	
Che foregoing instrument Colorado, this	was acknowledged before me in the day of .20 Notary VERIFICATION	

-(date)	(month) (year)			
sity or other location, and sta	ate OR country)			
rinted name)				
gnature) declare under oath that	I am 18 years or older and not a pa	rty to the action and that	I served	
		(title of docum		
	(person) in	(County and		
(da	ite) at (time) at the following location			
By handing the documen	ts to a person identified to me as the upro	otected party, aminor, or	linterested	
erson in this case.				
By identifying the docume	ents, offering to deliver them to a person ide	ntified to me as the protect	cted party,	
minor, or interested p	person in this case who refused service, a	and then leaving the docum	ents in a	
onspicuous place.				
have charged the following	fees for my services in this matter:			
Private process server				
Sheriff,	County			
Fee \$ Milea	ge \$			
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orm.				
By checking this box, I an	n acknowledging that I have made a change to	o the original content of this fo	orm.	
	VERIEICATION AND ACKNOW! EDGA	ACNIT		
	VERIFICATION AND ACKNOWLEDGE	<u>//ENI</u>		
		r oath, that I have read the for		
<u>ERSONAL SERVICE AFFII</u> nowledge.	DAVIT and that the statements set forth therei	in are true and correct to the b	pest of my	
iowieuge.				
inted name	Signature	<u>Date</u>		Formatted: Space After: 10 pt
ubscribed and affirmed or	sworn to before me in the County of	, State of		
, this	day of , 20	, otate of		
v Commission Evaires				
y Commission Expires:	Notary Public	c/Clerk		
	Notary Public	C/CIEFK		

Distri	ct Court Denver Probate Court County, Colorado			
Court A				
In the Ir	nterest of:			
Respon	dent	USE O	NLY A	
Court V	sitor (Name): Case Number:			
	Division	Courtro	om	
	COURT VISITOR'S REPORT	oouriio	OIII	
	☐GUARDIANSHIP ☐CONSERVATORSHIP ☐COMBINE	D		
netructi	on to court visitor: Please complete every applicable section of this form. If	a cocti	on is not	
	le, please enter N/A.	a section	on is not	
	(name) and set the fellowing of			
,	(name), submit the following re- ion that I conducted as the court-appointed visitor in this □guardianship purs			
	Conservatorship pursuant to § 15-14-406, C.R.S.	uani ic	9 13-14-30	
J.11.0. •	= conservationally pursuant to § 10 14 400, c.m.c.			
Summar	<i>y</i> :	_Yes	No	
Δ	A lawyer should be appointed to represent the respondent.			
	Reason: ☐The respondent requested a lawyer. ☐Other:			
В	A guardian ad litem should be appointed to represent the respondent's			
	best interests.			
	Reason:	_	_	
c	C. A professional evaluator should be appointed to examine the respondent and			
	prepare an evaluation. Reason: ☐The respondent has demanded an evaluation.			
	Other:			
	I believe the proposed guardianship, including the type of guardianship, is			
	appropriate and that less restrictive means of intervention are unavailable.			
	Suggested limitations on guardian's powers and duties:			
Е	The nominated guardian should be appointed for the respondent.			
F	. I believe the proposed conservatorship, including the type of conservatorship,	_	_	
	is appropriate and that less restrictive means of intervention are unavailable. Suggested limitations on conservator's powers and duties, and assets over which the conservator should be granted authority:			
	The nominated conservator should be appointed for the respondent		_	

	Н.	The respondent needs an interpreter.
		List any interested persons involved who may need an interpreter, and for what language:
	l.	Significant concern(s):
l.	Ob	servations:
	A.	The activities of daily living (daily functions) that the respondent can manage without assistance; could manage with the assistance of supportive services or benefits, including the use of appropriate technological assistance; and cannot manage are as follows:
	В.	The financial functions that the respondent can or cannot effectively manage are as follows:
II.	Int	erview of Respondent:
(locat	tion). I	d the respondent, in person, on(date) at provided the Notice of Rights to Respondent (JDF 797) and, to the extent the respondent was able to explained the rights contained therein.
	A.	Other persons present at the interview:
	В.	Respondent's physical appearance:
	C.	Respondent was oriented to time and place ————————————————————————————————————

ar	er I explained the substance of the petition, the nature, purpose, and of the general powers and duties of a guardian, conservator, or bothese, I asked the following questions and the respondent answered as following questions.	n, as appropriate to this
	Do you understand what I've explained to you? If No , please explain or comment.	No □Did not respond
2.	Do you understand the Notice of Rights to Respondent (JDF 797)? (respond	□Yes □No □Did not
3.	Do you have a lawyer?Yes	No □Did not respond
4.	Do you want a lawyer to be appointed for you? If Yes , please explain:	No □Did not respond
5.	Do you have a doctor?Yes □ If Yes, please provide name:	No □Did not respond
	Is your doctor the same doctor who provided the letter attached to t	No ☐Did not respond
1daily f	need any help with your daily living activities or inctions?	To do at at 0 751
If Yes	in what areas?	
respo If Yes If No.		
3. Do yo	think that he or she should be appointed as your guardian?	No □Did not respond
_	b you feel about the proposed guardianship? (Scope, powers, duties, a not respond	
_		
_	ponded as follows:	

1. [Do you need any help with your finances?
2. [Do you know the proposed conservator?
	f Yes , who do you think the proposed conservator is?
i	f No , why not?
(If respondent provides the wrong name of the proposed conservator, then inform them of the correspondence conservator).
	Do you think that he or she should be appointed as
_	/our conservator? ☑Yes ☑No ☑Did not respond
	How do you feel about the proposed conservatorship? (Scope, powers, duties, and duration.)
	□ Did not respond □ Responded as follows: □ rview of Person Nominated as Guardian:
	•
Inte	Responded as follows: rview of Person Nominated as Guardian:
Inte	Responded as follows: rview of Person Nominated as Guardian: Date and place of interview:
Inte	Responded as follows: rview of Person Nominated as Guardian: Date and place of interview: Person seeking appointment was asked and responded as follows:
Inte	rview of Person Nominated as Guardian: Date and place of interview: Person seeking appointment was asked and responded as follows: 1. Name and address:

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

		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?
	7.	What are your qualifications to be guardian for respondent?
nte		What are your qualifications to be guardian for respondent? y of Person Nominated as Conservator:
	rviev	v of Person Nominated as Conservator:
	rviev	
	rviev	v of Person Nominated as Conservator:
nte A. 3.	Da	v of Person Nominated as Conservator:
۱.	Da Da Pe	v of Person Nominated as Conservator: te and place of interview:
۱.	Da Da Pe	v of Person Nominated as Conservator: Ite and place of interview: Iterson seeking appointment was asked and responded as follows:
۱.	Da — — Pe 1.	v of Person Nominated as Conservator: Ite and place of interview: Iterson seeking appointment was asked and responded as follows: Name and address:
A.	Da — — Pe 1.	v of Person Nominated as Conservator: Ite and place of interview: Iterson seeking appointment was asked and responded as follows:
۱.	Da — — Pe 1.	v of Person Nominated as Conservator: Ite and place of interview: Iterson seeking appointment was asked and responded as follows: Name and address:
۱.	Da — Pe 1.	v of Person Nominated as Conservator: Ite and place of interview: Iterson seeking appointment was asked and responded as follows: Name and address:

	-
	5. Where has the respondent resided during the last 3 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?
	8. Do you (conservator nominee) owe the respondent any money or property?YesNo If Yes, please explain
	9. What are your qualifications to be conservator for respondent?
Interv	view of Petitioner, if Different than the Nominated Guardian or Conservator:
A. B.	Name of person:
	-
C.	Petitioner was asked and responded as follows:
	1. Occupation:
	 Occupation:
	2. Have there been any significant changes since you filed the petition? ☐Yes ☐No
Interv	2. Have there been any significant changes since you filed the petition? ☐Yes ☐No
Interv	2. Have there been any significant changes since you filed the petition? Comments:
	2. Have there been any significant changes since you filed the petition? ☐Yes ☐No Comments:

		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:
		Lawn and landscaping:
		2. Exterior:
		3. Interior:
		 c. Fire hazards
	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 Tyes No Additional comments
		b. Clean Yes No Additional comments
		c. Fire hazards
		d. Appropriate accessibility Yes No Additional comments

IX.	Asse					
	Pleas	ssed the Re			wn to Have Treated, or Mental Condition:	Advised, o
	1 1000	e identify the so	ources of the info	ormation:		
	Α.	Physicians a	nd psychiatrists:			
	В.	Psychologists	s and psychothe	erapists:		
	C.	Nurses and r	nurse aids:			
		Comments:_				
	D.	Other compe	nsated health ca	are providers:		
		Comments:_				
	E.	Family memb	pers, relatives, a	nd friends:		
		Comments:_				
	F.	Others:				
		Comments:_				
Ву	checking	this box, I am ac	cknowledging I an	n filling in the blanks and no	ot changing anything else on th	e form.
Ву	checking	this box, I am ac	cknowledging that	I have made a change to t	he original content of this form	
Date:						
Dato.	-			Signature of	Court Visitor	
				VERIFICATION		
I decla	re unde	r penalty of per	jury under the la	aw of Colorado that the fo	oregoing is true and correct	
Execu	ted on t			-,		
at		(date)	(month)	(year)		

(printed name)		
(signature)		

District Court De Court Address:	enver Probate Court County, Colorado					
In the Interest of:						
Ward/Protected Pers	on		▲ co	▲ COURT USE ONLY ▲		
Attorney or Party With	out Attorney (Name a	nd Address):	Case Number	er:		
Phone Number:	E-mail:			_		
FAX Number:	Atty. Reg. #:		Division	Courtroom		
NOTICE	OF APPOINTMEN	NT OF GUARDIA	N AND/OR CON	SERVATOR		
included in the attace. The court appoin	nted a guardian for the ched order. Inted a conservator for the ched in the attached	or the above named order.	above-named protect	ails of the appointment are ted person. Details of the or conservatorship.		
■ By checking this box, I■ By checking this box, I		-				
Date:		Signature of Guar	dian and/or Conserva	tor and/or Attorney		
		VERIFICATION				
declare under penalty	of perjury under the la	aw of Colorado that t	he foregoing is true a	nd correct.		
Executed on the(date)	_ day of (month)	_,, (year)				
at (city or other location, a	nd state OR country)					
(printed name)						
signatureSignature of F	Person Giving Notice	or Attorney for Perso	n Giving Notice)			

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:	Probate Court County, Colorado		
In the Interests of:			
		A	
Minor			URT USE ONLY
Attorney or Party Without A	Attorney (Name and Address):	Case Number	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
_	CCEPTANCE OF APPOINTME		
	(guardian), accept the a	ppointment of guar	dian for the above name
ininamed minor who is	years of age and born on		(uale).
	appointed guardian: Relation		
City:	State: Zip Code:		
Mailing Address:			
City:	State: Zip Code:		
Primary Phone:	Alternate Phone:	_	
Email Address:			
	made by will or other signed w	riting by	(the
Appointment by will: Certified copy of will is	attached.		
or			
	(date) in	the following case n	umber:

both parents are deceased. (Name) resident of (Name) (name) (name) survives, but has been adjudicated incapaci	(name of County and	d State).
resident of	(name of County and	d State).
resident of	(name of County and	d State).
_	is deceased and tated and order is attached.	
both parents are alive and have been adjudicated		
	d incapacitated. Attach order	s adjudicating incapacity.
No other guardian for the minor has been appointed	d.	
I submit personally to the jurisdiction of this court i instituted by any interested person. Notice of any my address stated above, or at such other address	such proceeding may be ma	ailed to me by ordinary ma
By checking this box, I am acknowledging I am filling in th By checking this box, I am acknowledging that I have mad		•
cuted on the day of,,,,,,,		
nted name)		
nature)		
	TE OF SERVICE of this (na	nme of document) was serv
	onship to Decedent, Ward,	Manner of Service*
	or Protected Person	Wallie Of Service
	or Protected Person	Mainer of Service
	or Protected Person	Mainer of Service
	or Protected Person	Wallier of Service

T.	Ī	1	Ì
*Insert one of the following: ha	nd delivery, first-class mail, certific	ed mail, e-service, or fax.	
	Signatu	ire	

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.

Court Address:	
In the Interests of:	
Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	Division Countries
FAX Number: Atty. Reg. #: PETITION FOR CONFIRMATION OF APPO	Division Courtroom DINTMENT OF GUARDIAN
PURSUANT TO § 15-14-202	
 The minor, if 12 years of age or older, ☐ has or ☐ has not and the Verified Consent of Minor (JDF 826) has been filed The appointed guardian believes that the confirmation is in This petition and the Affidavit of Acceptance of Appointment 	with the court. the best interest of the minor.
By checking this box, I am acknowledging that I have made a change to	not changing anything else on the form.
□ Appointing parent or guardian, if living. □ All adults with whom the minor is currently residing. □ All adults who had care and custody of the minor in the land the minor, if 12 years of age or older. □ By checking this box, I am acknowledging I am filling in the blanks and □ By checking this box, I am acknowledging that I have made a change to the minor in the land th	not changing anything else on the form.
□ Appointing parent or guardian, if living. □ All adults with whom the minor is currently residing. □ All adults who had care and custody of the minor in the li □ The minor, if 12 years of age or older. □ By checking this box, I am acknowledging I am filling in the blanks and □ By checking this box, I am acknowledging that I have made a change to	not changing anything else on the form. o the original content of this form.
Appointing parent or guardian, if living. All adults with whom the minor is currently residing. All adults who had care and custody of the minor in the light of the minor, if 12 years of age or older. By checking this box, I am acknowledging I am filling in the blanks and By checking this box, I am acknowledging that I have made a change to sate: Signate:	not changing anything else on the form. o the original content of this form. ignature of Petitioner ignature of Attorney for Petitioner Formatted: No underline
□ Appointing parent or guardian, if living. □ All adults with whom the minor is currently residing. □ All adults who had care and custody of the minor in the li □ The minor, if 12 years of age or older. □ By checking this box, I am acknowledging I am filling in the blanks and □ By checking this box, I am acknowledging that I have made a change to □ Date: □ Si □ Si	not changing anything else on the form. o the original content of this form. ignature of Petitioner ignature of Attorney for Petitioner Formatted: No underline

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(date)	(date)	
nth) (year)	(month)	(year)
or other location, and state OR country)	at (city or other location, and	d state OR country)
nted name)	(printed name)	
gnature of Petitioner)	(Signature of Co-Petitions VERIFICATION	er, if any)
eclare under penalty of perjury under the k	aw of Colorado that the foregoing is tr	ue and correct.
cecuted on the day of(month)		
ity or other location, and state OR country)		
rinted name)		
·		
signature)		
ttorney Signature, (if any)	Date	
	ERTIFICATE OF SERVICE	
certify that on (date s following:	e), a copy of this (r	
Name and Address	Relationship to Decedent, Ward or Protected Person	Manner of Service*
sert one of the following: hand delivery, fire	rst-class mail, certified mail, e-service	, or fax.
	Signature	

County, Colorado Court Address:		
In the Interest of:		
Minor	▲ 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 APPOINTMEN	T OF GUARDIAN FOR MINOR	
☐No court proceeding is pending in this	state or elsewhere concerning the respondent.	
0. 0.7	dent. Identify name of court, case number, state, date,	
and type of proceeding if any.	+	ormatted: Font: (Default) Times New Roman, 12 pt ormatted: Indent: Left: 0.25", No bullets or numbering
Name of Court Case Number State	Date of Type of Proceeding	ormatted: Indent: Left: 0.25°, No bullets or numbering
	Proceeding	ormatica rabic
2. The petitioner is: a person interested in the welfare of the minor.	₹ Fc	ormatted: Indent: Left: 0.25", No bullets or numbering
☐ a person interested in the welfare of the minor. or ☐ the minor and is 12 years of age or older.	4 Fc	ormatted: Indent: Left: 0.25", No bullets or numbering
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		Zip Code:	
Primary Phone :	Alterna	te Phone :	
Email Address:			
Does Petitioner need an i	nterpreter? \square No	☐Yes (Language:)
3.4. Information about the m	inor:		
Name:		Current age: Date of	Birth:
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if differen	nt:		
City:	State:	Zip Code:	
Primary Phone :	Alterna	te Phone :	
Email Address:			
Does the minor need an i	nterpreter? \(\bar{\text{\text{No}}}\)	☐Yes (Language:)
	·		,
4. <u>5.</u> Information about the pa	arents:		
Parent's Name:		Deceased	Unknown (attach Birth Certific
City: State			
•			
City:			
		ZID Code.	
Primary Phone :	Alterna	te Phone :	
Primary Phone : Email Address:	Alterna	te Phone :	
Primary Phone : Email Address: Does this person need an	Alterna	te Phone : D Yes (Language:)
Primary Phone : Email Address: Does this person need an	Alterna	te Phone :)
Primary Phone : Email Address: Does this person need an Parent's Name:	Alterna interpreter? ☐No	te Phone : D Yes (Language:	Unknown (attach Birth Certific
Primary Phone : Email Address: Does this person need an Parent's Name: Street Address:	Alterna	te Phone : DYes (Language: □ Deceased □	Unknown (attach Birth Certific
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Primary Phone : Email Address: Does this person need an Parent's Name: Street Address: City: State: Mailing Address, if differences.	Alterna	Yes (Language:Deceased \bigcup_Zip Code:) █Unknown (attach Birth Certifi
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Primary Phone : Email Address: Does this person need an Parent's Name: Street Address: City: State: Mailing Address, if difference City: Primary Phone: Email Address:	Alterna	Tip Code:	Unknown (attach Birth Certifi
Primary Phone :Email Address: Does this person need and Parent's Name: Street Address: City: State: Mailing Address, if difference City: Primary Phone: Email Address: Does this person need and Email Address need and	Alterna interpreter? No nt:Alterna interpreter? No interpreter? No	Zip Code:	Unknown (attach Birth Certifi
Primary Phone: Email Address: Does this person need an Parent's Name: Street Address: City: Mailing Address, if differer City: Primary Phone: Email Address: Does this person need an 5.6. The parent or guardian copy of document, if applical	Alterna interpreter? No nt: State: Alterna interpreter? No has nominated (ble.)	Zip Code: Zip Code: Zip Code: Zip Code: An analysis (Language:)	Unknown (attach Birth Certifid
Primary Phone: Email Address: Does this person need an Parent's Name: Street Address: City: Mailing Address, if differer City: Primary Phone: Email Address: Does this person need an copy of document, if applical	Alternal interpreter? Note that interpreter? It is proper in this copy at the time the proper in	Tip Code: Tip Code:	Unknown (attach Birth Certifid

_	nts (s) consent(s) to the appointment of a guardian. (Attach Consent of Parent - JDF 825).
prior court or	der. (Attach a copy of the court order to this petition.)
_ `	ilable, attach a copy of the death certificate to this petition.)
□ parents are unwil	ling or unable to exercise their parental rights. (Briefly explain.)
guardian has not ap	previously been granted to a third party who has died or become incapacitated and the pointed a successor guardian by will or written instrument. order or any relevant documents.)
Petitioner is 2	1 years of age or older, nominates himself or herself and requests to be appointed as
guardian. or □ Petitioner nomina	1 years of age or older, nominates himself or herself and requests to be appointed as ates the following person, who is 21 years of age or older, to be appointed as guardian.
guardian. or □Petitioner nomina (§15-14-206, C.R.S.)	
guardian. or Petitioner nomina (§15-14-206, C.R.S.) Name:etc.):	ates the following person, who is 21 years of age or older, to be appointed as guardian. List all names used (also known as, formerly known as,
guardian. or Petitioner nomina (§15-14-206, C.R.S.) Name: etc.): Relationship to Mino	ates the following person, who is 21 years of age or older, to be appointed as guardian. List all names used (also known as, formerly known as, or:
guardian. or Petitioner nomina (§15-14-206, C.R.S.) Name: etc.): Relationship to Mino Street Address:	List all names used (also known as, formerly known as, or:
guardian. or Petitioner nomina (§15-14-206, C.R.S.) Name: etc.): Relationship to Mino Street Address: City: S	List all names used (also known as, formerly known as, or: Zip Code: Zip Code:
guardian. or Petitioner nomina (§15-14-206, C.R.S.) Name: etc.): Relationship to Mino Street Address: City: S Mailing Address, if c	List all names used (also known as, formerly known as, or: Zip Code:
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guardian. or Petitioner nomina (§15-14-206, C.R.S.) Name: etc.): Relationship to Mino Street Address: City: S Mailing Address, if cooling City: Primary phone: Email Address:	List all names used (also known as, formerly known as, or: Zip Code: State: Zip Code:
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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.)	Formatted: Numbered + Level: 1 + Numbering Sty 3, + Start at: 1 + Alignment: Left + Aligned at: 0 after: 0.25" + Indent at: 0.25"
(Describe the nature of the emergency.)	
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3-14. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:	Formatted: Numbered + Level: 1 + Numbering Sty 3, + Start at: 1 + Alignment: Left + Aligned at: 0 after: 0.25"
Name: Relationship to Minor:	
Street Address:	
City: State: Zip Code:	
Mailing Address, it different:	
Mailing Address, if different: City: State: Zip Code:	
City: State: Zip Code:	
City: State: Zip Code: Primary Phone: Alternate Phone:	
City: Zip Code: Primary Phone : Alternate Phone : Email Address:	
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care:	
City: Zip Code: Primary Phone : Alternate Phone : Email Address:	
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \begin{align*} \text{No} \text{Yes} (Language:)	
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \bigcap No \bigcap Yes (Language:) 15. \bigcap The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:	Formatted: Numbered + Level: 1 + Numbering Sty 3, + Start at: 1 + Alignment: Left + Aligned at: 0 after: 0.25" + Indent at: 0.25"
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \[\textstyle \text{No} \] \[\textstyle \text{Yes} (Language:) \] 15. \[\textstyle \text{The parents are both deceased.} \] The following person is the adult relative nearest in kinship that can	3, + Start at: 1 + Alignment: Left + Aligned at: 0
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \bigcap No \bigcap Yes (Language:) 15. \bigcap The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:	3, + Start at: 1 + Alignment: Left + Aligned at: 0
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \begin{align*} No \begin{align*} \text{ Yes (Language:)} \end{align*} 15. \begin{align*} \text{The parents are both deceased.} \text{ The following person is the adult relative nearest in kinship that can be found:} Name: Relationship to Minor:	3, + Start at: 1 + Alignment: Left + Aligned at: 0
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \begin{align*} No & \begin{align*} Yes (Language:) \end{align*} 15. \begin{align*} The parents are both deceased. The following person is the adult relative nearest in kinship that can be found: Name: Relationship to Minor: Street Address: City: State: Zip Code:	Formatted: Numbered + Level: 1 + Numbering Sty 3, + Start at: 1 + Alignment: Left + Aligned at: 0 after: 0.25" + Indent at: 0.25"
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \begin{align*} No & \begin{align*} Yes (Language:) \\ \text{-15.} & \begin{align*} The parents are both deceased. The following person is the adult relative nearest in kinship that can be found: Name: Relationship to Minor: Street Address: City: State: Zip Code: Mailing Address, if different:	3, + Start at: 1 + Alignment: Left + Aligned at: 0
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \[\begin{align*} \Pi \omega \text{ Ves (Language:)} \\ \data \] 15. \[\begin{align*} \Pi \text{ The parents are both deceased.} \] The parents are both deceased. The following person is the adult relative nearest in kinship that can be found: Name: Relationship to Minor: Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code:	3, + Start at: 1 + Alignment: Left + Aligned at: 0
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \[\text{No} \] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3, + Start at: 1 + Alignment: Left + Aligned at: 0
City: State: Zip Code: Primary Phone : Alternate Phone : Email Address: Dates of Care: Does this person need an interpreter? \[\begin{align*} \Pi \omega \text{ Ves (Language:)} \\ \data \] 15. \[\begin{align*} \Pi \text{ The parents are both deceased.} \] The parents are both deceased. The following person is the adult relative nearest in kinship that can be found: Name: Relationship to Minor: Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code:	3, + Start at: 1 + Alignment: Left + Aligned at: 0

elsewhere:	Formatted: Numbered + Level: 1 + Numbering Style 3, + Start at: 1 + Alignment: Left + Aligned at: 0" after: 0.25" + Indent at: 0.25"
Name: Relationship to Minor:	
Street Address:	
City: State: Zip Code:	
Mailing address, if different:	
City: State: Zip Code:	
Primary Phone : Alternate Phone :	
Email Address:	
Does Petitioner need an interpreter? No Yes (Language:)	
☐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. *	Formatted: Numbered + Level: 1 + Numbering Sty 3, + Start at: 1 + Alignment: Left + Aligned at: 0 after: 0.25" + Indent at: 0.25"
☐The basis of compensation has not yet been determined.	
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.)	Formatted: Numbered + Level: 1 + Numbering Styl 3, + Start at: 1 + Alignment: Left + Aligned at: 0' after: 0.25" + Indent at: 0.25"
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.) 18. The guardian 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	3, + Start at: 1 + Alignment: Left + Aligned at: 0
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.) 18. The guardian 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	3, + Start at: 1 + Alignment: Left + Aligned at: 0
There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, R.S.) 18. The guardian 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. *	3, + Start at: 1 + Alignment: Left + Aligned at: 0'

JDF 824SC R96/189 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR —Page 5 of 7

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

19.20. The minor's income is:

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

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9.21. The petitioner requests that an appointment of a guardian be made after notice and hearing	g.
☐ In addition, petitioner requests the following:	
\square By checking this box, I am acknowledging I am filling in the blanks and not changing anything els form.	e on the
☐ By checking this box, I am acknowledging that I have made a change to the original content of this for	m.

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VERIFICATION

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

Executed on the day of Executed on the day of (date) (date)

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

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

(printed name) (printed name)

(Signature of Petitioner) (Signature of Co-Petitioner, if any)

Attorney Signature, (if any)

Date

VERIFICATION

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

JDF 824SC R9g/189 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR — Page 6 of 7

Executed o	n the day (_(date)	(month)	(year)
at	ur location, and ata	to OD soundary	
(only or other	er location, and state	ie OR country)	
(printed nar	,	======================================	

Dis	istrict Court Denver Probate Court County, Colorado	
Court	rt Address:	
In the	ne Interest of:	
	▲ COURT USE ONLY	A
	Case Number:	
Minor	Division Courtson	
	ORDER APPOINTING GUARDIAN FOR MINOR	
	consideration of the Petition for Appointment of Guardian for the above minor and hearing on (date),	
has cor	court has considered any expressed wishes of the minor concerning the selection of the guardian. To onsidered the powers and duties of the guardian, the scope of the guardianship, and the priority ancications of the nominee.	
The co	court finds, determines and orders:	
1.	Venue is proper and required notices have been given or waived.	
2.	2. The minor was born on (date).	
3.	3. An interested person seeks appointment of a guardian.	
4.	1. The minor's best interest will be served by the appointment of a guardian.	
5.	5. The minor's parents' 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 incapacitathe guardian has not appointed a successor guardian by will or written instrument.	ited and
6.	5. The court appoints the following person as 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.	7. The guardian must promptly notify the court if the guardian's home address, email address, number changes and of any change of address for the minor.	or phone
8.	 The guardian may not establish or move the minor's custodial dwelling outside the State of without a court order. 	Colorado

Minor to the minor if 12 years or o	at at Overdien and/on Concernation (IDE 040) that they have the	
ersons using Notice of Appointme o request termination or modificatio	nt of Guardian and/or Conservator (JDF 812) that they have the right on of the guardianship.	
	al Guardian's Report - Minor (JDF 834) with the court each year by	
■the minor's birthday or ■by	(date).	
Copies of all future court filings mus	st be provided to the following interested persons:	
Name	Relationship to Minor	
	The minor if 12 years or older at the time of mailing	
	Parent or adult nearest in kinship	
	Parent or adult nearest in kinship	
	Guardian	
The community of the contract	the colored condition and information. The condition is	
	cess the minor's medical records and information. The guardian is representative for all purposes relating to the minor's protected health	
nformation, as provided in HIPAA,		
,	(3)()	
	ed. The Letters will expire on the minor's 18th birthday,	
etters of Guardianship will be issue (date), unless othe		
(date), unless othe	rwise ordered by the court.	
(date), unless othe The powers and duties of the gu	rwise ordered by the court. ardian are unrestricted.	Formatted Coase Affair Cat
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Page 2 of 3Page 2 of 2

JDF 827SC R69/189 ORDER APPOINTING GUARDIAN FOR MINOR

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Court Address:			
In the Interest of:			_
			A
Minor			COURT USE ONLY
Attorney or Party Withou	t Attorney (Name and Add	lress):	Case Number:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:		Division Courtroom
	GUARDIAN'	S REPORT -	MINOR
questions in this report, ye	ou are required to provide	details. Answei	on behalf of the minor. When ans rs such as "same as last year" or ' ejected with those answers.
STATE OF COLORADO Nequest and obtain court p	MUST OBTAIN COURT PE permission. ATION	ERMISSION. You	u must file the necessary forms to
STATE OF COLORADO Nequest and obtain court process. CONTACT INFORMA Minor's Informat	MUST OBTAIN COURT PE permission. ATION	ERMISSION. You	u must file the necessary forms to
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CONTACT INFORMA Minor's Informat Name: Street Address; if different City: Primary Phone: Guardian's Informat Name: Cupation: Cupation: City: Cupation: Cupation: City: Cupation: Cupation: City: Cupation: Cupation: City: City: Cupation: City: City: City: Cupation: City: City: City: Cupation: City:	MUST OBTAIN COURT Propermission. ATION ion: ter or Nursing Home) State: Alternate Phonemation:	Check if L State: Zip Code: Check if L	Jpdated Information from last Rege: Zip Code: Jpdated Information from last Rege:
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CONTACT INFORMA Minor's Informat Name: Street Address: Include Name of Living Centrollide Name of Living Centrollide City: Primary Phone: Guardian's Informat Name: City: Mailing Address, if different	MUST OBTAIN COURT Propermission. ATION ion: ter or Nursing Home) Shat: Alternate Phone Mation: Your Relationship for the control of the	Check if L State: Zip Code: Check if L Zip Code: Zip Code:	Jpdated Information from last Rege: Zip Code: Jpdated Information from last Rege: Age: Age:

Na	me:	Co-Guardian's Information: (if applicable)		ort			
Oc	cupation: Your Relationship to Minor:						
		Address:					
		State: Zip Code:					
	_	Address, if different:					
Cit	y:	State: Zip Code:					
		Address:					
Pri	mary	Phone : Alternate Phone:					
If \	es, e	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:		<u> </u>			
	c.	Do you wish to remain guardian? If No , explain:		<u> </u>			
ote:		you wish to terminate this guardianship, or modify by replacing or adding a co-guardian, you must file a separate petition with the co		curr			
	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? \square Yes \square No If No, describe your recommended changes:					

	Name			
	Alternate Phone:			
G.	Has the minor's reside If Yes , identify the date	nce changed since the la e of the move, address of	st report? Yes N residence, type of residence	io dence and reason for the chang
Date Mov		ess of Residence	Type of Residence	Reason for Change
		E AND OTHER ISSU		
A.	Date of the minor's last	t medical exam:	Dent	al exam:
	Date of the million 3 las			
В.		izations current? QYes	□No	
В.	Are the Minor's immun	izations current? QYes		
В.	Are the Minor's immun	izations current? QYes		
	Are the Minor's immun If No, explain: Is the minor covered un	izations current? QYes	urance? □Yes □No	
C.	Are the Minor's immun If No , explain: Is the minor covered up If Yes , describe covered	izations current?	urance?	
C.	Are the Minor's immun If No , explain: Is the minor covered up If Yes , describe covered	izations current?	urance?	
C.	Are the Minor's immun If No, explain: Is the minor covered us If Yes, describe covered Describe any counseling	izations current?	urance? Yes No s to obtain coverage.	

=	
Has	the minor's physical and medical condition changed since the last report? If Yes, explain:
Iden	tify any significant events involving the minor since the last report e.g. special awards or recognition
Has	the minor been involved in a juvenile delinquency case or any other type of court action?
□N Doe	o If Yes, in which County?s the minor have any behavioral issues? □Yes □No
Doe Des	
Doe Desiissu	o If Yes, in which County? s the minor have any behavioral issues? ☐Yes ☐No cribe the nature of the behavioral issues and any treatment the minor is receiving to help with the es
Does issue	o If Yes, in which County?

	EDUCATION AND EXTRACURRICULAR ACTIVITIES
A.	Is the minor attending school?:school: Yes \(\sigma\)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 Del
	If below average explain why.
В.	If the minor is old enough, does he or she have a job? ☐Yes ☐No Describe.
	Describe the educational services provided to the minor.
C.	
C.	
C.	

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 a	ny property? 🔲 Yes 🗖	No			
В.	items), financial accou	on or control of the minnts? Yes No see of property and appro				
	Do you have control of If Yes , describe:	f the minor's Income?	⊒Yes □	No		
	members? Yes	the minor receive any No If there is a curre recent order, and status	ent child s	upport order, prov		
	Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late
E.		ne representative payee				
F.	Have any fees been parties of Yes, describe:	aid to you in your role a	s guardiar	n? □Yes □No		
G.		aid to others for the care			property?	ÌYes □No
		SUMMARY OF DURING R		CIAL ACTIVIT	Y	
В	eginning balance of bar	nk accounts (savings, ch				\$
		cial security, pension be		•	erest, ·	+\$
et	c.) from any source on	behalf of the person				
Le	ess total fees to care pro	oviders				-\$
Le	ess total monies paid to	the Minor, e.g. persona	al needs			-\$
Le	ess total fees paid to gu	ardian				-\$
		, e.g. housing, insuranc	e, mainter	nance		-\$
F	nding halance of h	ank accounts				e

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	s true and correct.
Executed on the (date)		Executed on the (date)	
(month)	(year)	(month)	(year)
at (city or other location, a ———	nd state OR country)	at (city or other location, an	d state OR country)
(printed name)		(printed name)	
(Signature of Guardian)		(Signature of Co-Guardia	an, if any)
Attorney Signature, (if a	ny)	Date VERIFICATION	
I declare under penalty	of perjury under the law	of Colorado that the foregoing is	s true and correct.
Executed on the(date)	_ day of, _ (month)	(year)	
at (city or other location, a	nd state OR country)	_	
(printed name)			
(signature)			
(signature)			
		ersons entitled to receive e a separate petition witl	

Page 7 of 8

JDF 834SC R69/189 GUARDIAN'S REPORT - MINOR

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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	

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□District Court □Denver Probate County, Co		
ourt Address:		
the Interest of:		
linor		▲ COURT USE ONLY ▲
ttorney or Party Without Attorney	(name and address):	Case Number:
hone Number: E-mai		Division Country on
	Reg. #: R TERMINATION OF GU	Division Courtroom
		d prior to the Minor's 18th birthday.*****
the minor.		
☐ another person interested in the first interested i	he welfare of the minor. (State n	ature of interest.)
Information about petitioner: Name:		
Information about petitioner: Name: Street address:		
Information about petitioner: Name:		
Information about petitioner: Name: Street address: City: State: Mailing Address, if different:	Zip Code:	
Information about petitioner: Name: Street address: City: State: Mailing Address, if different: City: Sta	Zip Code: te: Zip Code:	
Information about petitioner: Name: Street address: City: State: Mailing Address, if different:	Zip Code: te: Zip Code:	
Information about petitioner: Name: Street address: City: State: Mailing Address, if different: City: Sta	Zip Code: te: Zip Code: Alternate phone:	
Information about petitioner: Name: Street address: City: State: Mailing Address, if different: City: Sta Primary phone: E-mail address: Petitioner requests that this gu	zip Code: te: Zip Code: Alternate phone:	the following reason:
Information about petitioner: Name: Street address: City: State: Mailing Address, if different: City: Sta Primary phone: E-mail address:	zip Code: te: Zip Code: Alternate phone:	the following reason:
Information about petitioner: Name: Street address: City: State: Mailing Address, if different: City: Sta Primary phone: E-mail address: Petitioner requests that this gu	zip Code: te: Zip Code: Alternate phone:	the following reason:
Information about petitioner: Name: Street address: State: Sta	te: Zip Code: te: Zip Code: Alternate phone: uardianship be terminated for ental responsibilities. (Explain ci	the following reason:

Other: (Attach addition	nal sheets, if necessary.)		
_			
-			
-			
*			
Order Appointing Guard	of age or older), guardian, and the following persons d lian, are required by law to be given notice of the time eemed necessary by the Court:		
Name	Address	Relationship to Minor	
	acknowledging I am filling in the blanks and not changing anyth		
	acknowledging I am filling in the blanks and not changing anyth acknowledging that I have made a change to the original conte		
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3y checking this box, I am a	acknowledging that I have made a change to the original content of the origina	nt of this form.	Formatted: No underline
By checking this box, I am a	verjury under the law of Colorado that the foregoing is true	and correct.	Formatted: No underline
By checking this box, I am a	veriury under the law of Colorado that the foregoing is true	and correct.	Formatted: No underline
By checking this box, I am a	veriury under the law of Colorado that the foregoing is true of Executed on the day of (date)	and correct.	Formatted: No underline
By checking this box, I am a clare under penalty of pecuted on the day (date)	VERIFICATION erjury under the law of Colorado that the foregoing is true of Executed on the day of	and correct.	Formatted: No underline
clare under penalty of pecuted on the day (date)	verification weight of the law of Colorado that the foregoing is true y of Executed on the day of (date) (year) (month)	and correct.	Formatted: No underline
Sy checking this box, I am a clare under penalty of pecuted on the day (date)	VERIFICATION erjury under the law of Colorado that the foregoing is true y of Executed on the day of (date) (year) (month)	and correct. (year)	Formatted: No underline
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ed name)		
ature)		
ney Signature, (if any)	 Date	
ioy orginator of (ii diriy)	20.0	
	CERTIFICATE OF SERVICE	
ify that on (or lows on each of the following:	date), a copy of this (name	ne of document) was se
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
rt one of the following: hand delivery	y, first-class mail, certified mail, e-service, or	fax.
	Signature	
:		
The Petitioner must contact the co	ourt to set a date and time for a hearing.	

In the Interest of:		-					
			▲ COURT USE ONLY ▲				
Respondent Attorney or Party Without At	torney (Name and	Address):	Ca	se Number:			
	(
	-mail:						
FAX Number: At	tty. Reg. #.: N FOR APPOIN	ITMENT (ision Courtroom			
PETITIO	IN FUR APPUIN	ALIMENT	JF GUARDIAI	I FOR ADULI			
I. No court proceeding is							
		(s) the resp	ondent. Identify	name of court, case number, sta	ate, Forn	matted: Indent: Left: 0.25", No bu	illets
date, and type of proceed	ing if any.						
Name of Court	Case Number	State	Date of	Type of Proceeding			
			Proceeding				
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] . Eour	mattadi Indonti Lofti 0.35" No hi	lloto
2. The petitioner is: a person interested in or the respondent.	the welfare of the re	espondent.			4 Form	matted: Indent: Left: 0.25", No bu	ıllets
□ a person interested in or the respondent. This is a petition for appuration in the permanent Guardian. □ Emergency Guardian. 3. Information about the percondent in the p	pointment of a(n): (§ 15-14-304(1) and (not to exceed 60 c etitioner:	d (2), C.R.S. days). (§ 15- Lis	14-312, C.R.S.) st all names used	(also known as, formerly known		matted: Indent: Left: 0.25", No bu	ullets
□ a person interested in or the respondent. This is a petition for approper □ Permanent Guardian. □ Emergency Guardian. 3. Information about the property Name: □ etc.):	pointment of a(n): (§ 15-14-304(1) and (not to exceed 60 c etitioner:	d (2), C.R.S. days). (§ 15- Lis	14-312, C.R.S.) st all names used			matted: Indent: Left: 0.25", No bu	ullets
□ a person interested in or or □ the respondent. This is a petition for appound Permanent Guardian. □ Emergency Guardian. □ Street Address: □ Sta	pointment of a(n): (§ 15-14-304(1) and (not to exceed 60 delitioner:	d (2), C.R.S. days). (§ 15- Lis	14-312, C.R.S.) st all names used 			matted: Indent: Left: 0.25", No bu	ullets
□ a person interested in or or □ the respondent. This is a petition for appr □ Permanent Guardian. □ Emergency Guardian. 2.3. Information about the pr Name: etc.): Relationship to Responder Street Address: City: Sta Mailing Address, if differe	pointment of a(n): (§ 15-14-304(1) and (not to exceed 60 c etitioner: ent:	d (2), C.R.S. days). (§ 15- Lis Zip Code:	14-312, C.R.S.) st all names used			matted: Indent: Left: 0.25", No bu	ullets
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3.4. Information about the re	spondent:				
Name (REQUIRED):		Age:	Date of Birth (REQUIRED):		
Sex (REQUIRED):					
Street address:					
City:	State:	Zip Code: _			
Mailing address, if differer	nt:				
City:	State:	_ Zip Code:	County of Residence:		
Primary phone:	Alter	nate phone:			
Email address:					
Does respondent need an	interpreter? \square N	o 🗖 Yes (Langua	age:)	
☐ If this appointment is ma	ade, the responder	nt's residence will c	hange to:		
-					
4.5. Information about the re	espondent's spot	ıse, partner in a ci	vil union, or adult who has re	sided with the	
respondent for more tha		_	hin to Doonoudoot		
			hip to Respondent:		
City: St					
City:	State:	_ Zip Code:			
				_	
Email address:					
Does this person need an			age:)	
5.6. Venue for this proceeding Presides in this county.	is proper because	e the respondent			
,	v. (Check this box	only if requesting an	Emergency Guardian.) (§ 15-14-1	08(2), C.R.S.)	
_	ution pursuant to		of competent jurisdiction sitting		
6.7. An appointment of a grathe Petition.)	uardian for the res	spondent has been	previously made. (Attach copy	of the Order to	
7.8. A Power of Attorney expetition.) The agent's nar	xists for financial one and mailing ad	or medical matters. dress is:	(Attach a copy of the Power of	Attorney to the	
-					
8.9. A valid designated ben designated beneficiary's n			copy of the agreement to the	petition.) The	Formatted: Numbered + 3, + Start at: 1 + Align after: 0.25" + Indent at:
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2-10. 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.)	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.25" + Indent at: 0.25"
10.11. The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tat after: 0.25" + Indent at: 0.25"
1.12. Guardianship is necessary due to the following disabilities or impairments: Physician's letter attached.	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tat after: 0.25" + Indent at: 0.25"
2.13. 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:	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tatafter: 0.25" + Indent at: 0.25"
3.14. □ 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.	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.25" + Indent at: 0.25"
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? \(\begin{align*} \text{No} & \Boxed \text{Yes (Language:} \\ \text{Language:} & \text{Language:} \\ \text{Language:} & \text{Language:} \\ \text{Language:} & \text{Language:} \\ \text{Language:} & \text{Language:} & \text{Language:} \\ \text{Language:} \\ \text{Language:} & \text{Language:} \\ \text{Language:} \\ \text{Language:} & \text{Language:} \\	
interpreter: and ares (Language)	
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14.15. 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.	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tatafter: 0.25" + Indent at: 0.25"
4.15. 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. □ nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.	3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tal
14.15. 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. □ 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: Numbered + Level: 1 + Numbering Style: 1, 2 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tat after: 0.25" + Indent at: 0.25"
4.15. 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. □ 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. □ an agent under a general durable power of attorney.	3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tal
14.15. 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. □ 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.	3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tal

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an adult child of the respon			
	dent has resided for more than six months immed	diately before the filing of this	
petition.			
uotner.			
15.16. The respondent nom person's appointment for the fo	inated the following person as guardian, but the illowing reason:	petitioner does not seek that*	Formatted: Numbered + Level: 1 + Number 3, + Start at: 1 + Alignment: Left + Alignafter: 0.25" + Indent at: 0.25"
Name:	List all names used (also k	nown as, formerly known as,	
etc.):			
Relationship to Respondent: _			
Street address:			
City: State: _	Zip Code:		
Mailing address, if different:			
City: Sf	tate: Zip Code:		
Primary phone:	Alternate phone:		
Email address:			
normal procedures for the apple	nt an Emergency Guardian for the respondent ointment of a guardian will likely result in substan d no other person appears to have authority a R.S.) The nature of the emergency is as follows:	itial harm to the respondent's	Formatted: Numbered + Level: 1 + Numb 3, + Start at: 1 + Alignment: Left + Align after: 0.25" + Indent at: 0.25"
normal procedures for the apple	ointment of a guardian will likely result in substan If no other person appears to have authority a	itial harm to the respondent's	Formatted: Numbered + Level: 1 + Numbered + Level: 1 + Alignment: Left + Alignment: 0.25" + Indent at: 0.25"
normal procedures for the apple	ointment of a guardian will likely result in substan If no other person appears to have authority a	itial harm to the respondent's	3, + Start at: 1 + Alignment: Left + Align
normal procedures for the apphealth, safety, or welfare and circumstances. (§ 15-14-312, C.f.	ointment of a guardian will likely result in substand no other person appears to have authority at R.S.) The nature of the emergency is as follows: spondent's adult children and parents. neasonable efforts, such as a brother, sister, aunt,	tial harm to the respondent's nd willingness to act in the one (If none, list an adult uncle, etc.)	3, + Start at: 1 + Alignment: Left + Align after: 0.25" + Indent at: 0.25" Formatted: Numbered + Level: 1 + Numbered
normal procedures for the apphealth, safety, or welfare and circumstances. (§ 15-14-312, C.f	pointment of a guardian will likely result in substant in oother person appears to have authority at R.S.) The nature of the emergency is as follows: **Poondent's adult children and parents. **Poondent's adult children and parents. **Relationship to Respondent in the control of the con	tial harm to the respondent's nd willingness to act in the willingness to act in the property of the property	3, + Start at: 1 + Alignment: Left + Align after: 0.25" + Indent at: 0.25" Formatted: Numbered + Level: 1 + Numbored: 3, + Start at: 1 + Alignment: Left + Align
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□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 charging fees. (§ 15-10-602, C.R.S.) The guardian 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. *	Formatted: Numbered + Level: 1 + Numbering Style 3, + Start at: 1 + Alignment: Left + Aligned at: 0" after: 0.25" + Indent at: 0.25" Formatted: Numbered + Level: 1 + Numbering Style 3, + Start at: 1 + Alignment: Left + Aligned at: 0" after: 0.25" + Indent at: 0.25"
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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. *	n
☐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, i.R.S.)	
2.23. The respondent's assets are:	Formatted: Numbered + Level: 1 + Numbering Style 3, + Start at: 1 + Alignment: Left + Aligned at: 0"
Description of Assets (e.g. bank accounts, insurance, pensions, property) Baseline Estimated Value None	after: 0.25" + Indent at: 0.25"
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\$	
Total \$	J.
The respondent's income is:	Formatted: Numbered + Level: 1 + Numbering Style 3, + Start at: 1 + Alignment: Left + Aligned at: 0"
Description of Income (e.g. social security, pension) ☐None Estimated Amount of Income	after: 0.25" + Indent at: 0.25"
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\$	
Total \$	Formatted: Font: (Default) Arial, 10 pt, Bold

Page 6 of 7

JDF 841SC R9346/189 PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT___

☐ By checking this box, I am ack form. ☐ By checking this box, I am acknown		-	and not changing anything else on to the original content of this form.
		VERIFICATION	
I declare under penalty of perjury un	nder the law	of Colorado that the forego	ing is true and correct.
Executed on the day of (date)		Executed on the (<u>day of</u> date)
(month) (ye	ar)	(month)	(year)
(printed name)		(printed name)	
(Signature of Petitioner)		(Signature of Co-	Petitioner, if any)
I declare under penalty of perjury ur	nder the law		ing is true and correct.
Executed on the day of	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(1007)	month)	(year)	
at (city or other location, and state OR	country)		
(printed name)			
(signature)			

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Court Address:	_ County, Colorado	
In the Interest of:		
Respondent		▲ COURT USE ONLY ▲
Attorney or Party Without	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail: Attv. Reg.#:	
		F EMERGENCY GUARDIAN PURSUANT TO § 15-14-312, C.R.S.
ANDIOTI	CE OF RIGHT TO HEARING	PURSUANT 10 9 15-14-312, C.R.S.
ō:		(respondent)
lame:		
Name:Street Address		
lame: Street Address City:	State:	
Name: Street Address Dity: Nailing Address, if differ	State: rent;	Zip Code:
Name: Street Address City: Mailing Address, if differ City:	State: rent;	Zip Code: Zip Code:
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	(date)	(month)	(year)		
at (city or other	location, and sta	ate OR country)			
(printed name	9)				
(signatureSig	nature of Person	n Giving Notice o	r Attorney for Pe	erson Giving Notice)

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.

□ District Court □ Denve			
Court Address:	County, Colorado		
In the Interest of:			
			A
Ward			OURT USE ONLY
Attorney or Party Without	Attorney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	GUARDIAN'S REPO	RT – ADULT	
□ініП	TIAL REPORT/CARE PLAN	□ANNUAL RE	PORT
Current Repor	rting Period From	To	
	(MM/DD/Y	YYY) (MM/D	D/YYYY)
(REPORTING DATES	MUST BE FOR THE PAST YEAR	AND MAY NOT REPOR	T INTO THE FUTURE.)
		andian.	
	Instructions to Gu	iardian:	
Colorado law requires that	every guardian of an adult complete		very year. When answerin
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	Your Relatio	nship to Ward:			
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City:	State:	Zip Code:			
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rimary Phone:	Alternate P	hone:			
mail Address: _					
lave you had ar	y criminal charges filed	l against you or convic	tions entered since	the last report? □Y	es 🗖 No
Yes, explain:					
	dian's Information (if		-	•	ort
•		Your Relationship to	Ward:		
City:		Zip Code:			
	if different:				
	S				
Primary Phone: ₋	Alternate Phor	ie:			
PLACE	MENT AND CARE strently supervises the w	SUPERVISION	ent on a daily basis?	?	
Primary	Phone:	Alte	rnate Phone:		
	rd has moved since the esidence, and reason for		identify the date of	the move, address of	of residence
Date of Move	Name of Facility an	d Address	Type of Residence	Reason for Chang	je
STATUS	INFORMATION			Yes	s No
,	ecommend that the gua	ardianship continue?			

В.	Do you recommend any changes to the guardianship? If Yes, explain:		
C.	Do you wish to remain guardian? If No , explain:		<u> </u>
ote: ie ci	If you wish to terminate this guardianship, orguardianship or modify urrent guardian or adding a co-guardian, you must file a separate peti.	by r	eplaci with t
	CURRENT CONDITION OF THE WARD ase describe in detail the current mental condition of the ward:		
=			
<u>Ple</u>	ase describe in detail the current physical condition of the ward:		
Ple	ase describe in detail the current social condition of the ward:		
_	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:		
В.	Has the ward been hospitalized since the last report? If Yes, explain:		_
		_	

Please explain:
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:
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:
How often do you contact the ward's medical provider?
□Daily □Weekly □Monthly □Other:
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.

١	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
E.	Does the ward participate in decision-making?
E.	Does the ward participate in decision-making? ☐Yes ☐No Briefly describe.
E.	Does the ward participate in decision-making? Yes No Briefly describe.
E.	Does the ward participate in decision-making? ☐Yes ☐No Briefly describe.
	Does the ward participate in decision-making? Yes No Briefly describe. FINANCIAL MATTERS
	FINANCIAL MATTERS
	FINANCIAL MATTERS Complete this section <u>only</u> if the guardian has custody of funds.
	FINANCIAL MATTERS
	FINANCIAL MATTERS Complete this section only if the guardian has custody of funds. Are there sufficient financial resources to take care of the ward? Yes No
	FINANCIAL MATTERS Complete this section only if the guardian has custody of funds. Are there sufficient financial resources to take care of the ward? Yes No
	FINANCIAL MATTERS Complete this section only if the guardian has custody of funds. Are there sufficient financial resources to take care of the ward? Yes No
I A.	FINANCIAL MATTERS Complete this section only if the guardian has custody of funds. Are there sufficient financial resources to take care of the ward? Yes No

Have any fees been paid to others for the care of the ward or his/her property? If Yes , describe and identify name of person:	⊒Yes □No	
Please indicate whether you have possession or control of the fol Bank Account(s): Name of financial institution(s) and last four numbers of account		
Estimated Value:		
Investment Account(s): Name of financial institution(s) and last four numbers o	f account(s):_	
Estimated Value:		
Real Estate: Address:		
Estimated Value:		
Personal Property (i.e. jewelry, collectibles, vehicles) Description:		
Estimated Value:		
Estimated Value: Liabilities/Debts: Creditor(s): Estimated Amount:		
Liabilities/Debts: Creditor(s):		
Liabilities/Debts: Creditor(s):	\$	
Liabilities/Debts: Creditor(s):		
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from	\$	
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward	\$ +\$	
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward Less total fees to care providers	\$ +\$	
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any 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 Less any other expenses, e.g. housing, insurance, maintenance	\$ +\$ -\$	
SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any 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 Less any other expenses, e.g. housing, insurance, maintenance	\$ +\$ -\$ -\$	
SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any 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	\$ +\$ -\$ -\$ -\$ \$ md all disbury intereste	urseme
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SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any 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 Less any other expenses, e.g. housing, insurance, maintenance Ending balance of bank accounts are required to maintain supporting documentation for all receipts are ryour control during the duration of this appointment. The court or are dentified in the Order Appointing Guardian may request copies at any tiley checking this box, I am acknowledging I am filling in the blanks and not change	\$ +\$ -\$ -\$ -\$ \$ md all disbury interesteme.	urseme d perso

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.

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I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the Executed on the (date) (month) (month) (year) (year) (city or other location, and state OR country) (city or other location, and state OR country) (printed name) (printed name) (Signature of Guardian) (Signature of Co-Guardian, if any) Attorney Signature, (if any) 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__ (year) -(date) (month) (city or other location, and state OR country)

JDF 850SC R96/189 GUARDIAN'S REPORT - ADULT

Page 7 of 8

certify that on	CERTIFICATE OF SERVICE (date), a copy of this(nam	ne of document) was se
s follows on each of the following:	(nair	ie or document) was se
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

1

	r Probate Court county, Colorado	
Court Address:	•	
n the Interests of:		
Vard		▲ COURT USE ONLY ▲
	Attorney (Name and Address):	Case Number:
10 0		
Phone Number: FAX Number:	E-mail: Atty. Reg. #.:	Division Courtroom
	ON FOR TERMINATION OF	GUARDIANSHIP – ADULT
121111	PURSUANT TO § 15-	
		(full name(s))
	_	
•	State: 2	·
	rent:	
		Zip:
		Alternate Phone:
Email Address:		
is the guardian		
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Dia a naraan interceta	u in the wellare of the ward (State	nature of interest) interest)?
is a person interested		
-	oted on	(date)
The guardian was appoir	nted on	
The guardian was appoir	that the guardianship be terminat	ed because the ward no longer meets the standa
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The guardian was appoir	that the guardianship be terminat	ed because the ward no longer meets the standa
The guardian was appoir The Petitioner requests for establishing the guard	that the guardianship be terminat dianship for the following reasons:	ed because the ward no longer meets the standa

7						
The people listed above will be giv 309(3), C.R.S.	en notice of the time	e and place for hearing on this po	etition, pursuant to § 1	5-14-		
5. The petitioner requests that a Court Visitor Guardian ad Litem (GAL) Attorney Other: None.	he court appoint (cl	neck all that apply):				
6. The ward is required to be p	resent at the heari	ng, unless excused by the cou	rt for good cause.			
☐The petitioner requests that the	ward be excused fr	om attending the hearing for the	following reasons:			
				_		
				-		
☐ By checking this box, I am action. ☐ By checking this box, I am acknowledge.				n the		
Signature of Attorney for Petitioner	Date	Signature of Petitioner	Date	e		
		RIFICATION			Formatted: No underline	
I declare under penalty of perjury u	inder the law of Col	orado that the foregoing is true a	nd correct.			
Executed on the day of (date)		Executed on the day of (date)				
(month) (yea	ar)	(month) (year)			
at (city or other location, and state Ol	R country)	at (city or other location, and state	OR country)			
(printed name)		(printed name)				
(Signature of Petitioner)		(Signature of Co-Petitioner, if an	<u>y)</u>			

Relationship

Full Name

Address

JDF 852SC R69/189 PETITION FOR TERMINATION OF GUARDIANSHIP - ADULT_

attorney Signature, (if any)	Date VERIFICATION	
declare under penalty of perjury under	the law of Colorado that the foregoing is true	and correct.
xecuted on the day of(mor	nth) (year)	
: ity or other location, and state OR cou	untry)	
	arti y)	
rinted name)		
signature)		
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certify that ons follows on each of the following: Name and Address		ne of document) was se
follows on each of the following:	(date), a copy of this (name Relationship to Decedent, Ward,	,
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follows on each of the following:	(date), a copy of this (name Relationship to Decedent, Ward,	,
s follows on each of the following:	(date), a copy of this (name Relationship to Decedent, Ward,	,
Name and Address	(date), a copy of this (name Relationship to Decedent, Ward,	Manner of Service*
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

□ District Court □ Denver Probate Court		
^ , ^ 1		
County, Colorado		
Court Address:		
In the Interest of:		
	A	COURT USE ONLY
Ward/Protected Person		
Attorney or Party Without Attorney (Name	and Address): Case N	umber:
Phone Number: E-mail:	Division	Courtroom
FAX Number: Atty. Reg.#:	NOTICE OF DEATH	Courtroom
	NOTICE OF BEATTI	
This notice is submitted pursuant to §§1	5-14-314(2)(g) C.R.S. and/or -15-14-4	31(1) CRS
This houce is submitted pursuant to 33 i	3-14-314(2)(g), C.N.S. and/or -13-14-4	51(1), C.N.S.
1.	(name), who died on	. (0
was the subject of a Guardianship ar	nd/or Conservatorship.	
·		
2. \square The guardian's authority to act on be	ehalf of the ward has terminated.	
☐The conservator's authority to act of	on behalf of the protected person is li	imited and the conservator
By checking this box. I am acknowledging th	at I have made a change to the original con	ything else on the form. tent of this form
By checking this box, I am acknowledging th	at I have made a change to the original con	
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By checking this box, I am acknowledging the	VERIFICATION	tent of this form.
I declare under penalty of perjury under the Executed on the day of	VERIFICATION law of Colorado that the foregoing is true,	tent of this form.
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I declare under penalty of perjury under the Executed on the day of (date) (month)	VERIFICATION law of Colorado that the foregoing is true,,,,,,,,	tent of this form.
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I declare under penalty of perjury under the Executed on the day of (date) (month) at (city or other location, and state OR country	VERIFICATION law of Colorado that the foregoing is true,,,,,,,,	tent of this form.
declare under penalty of perjury under the Executed on the day of (month) at(city or other location, and state OR country	VERIFICATION law of Colorado that the foregoing is true,,,,,,,,	tent of this form.
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I declare under penalty of perjury under the Executed on the day of (date) (month) at (city or other location, and state OR country) (printed name)	VERIFICATION law of Colorado that the foregoing is true,,,,,,,,	tent of this form.
I declare under penalty of perjury under the Executed on the day of (month) at (city or other location, and state OR country (printed name)	VERIFICATION law of Colorado that the foregoing is tree. (year) (year)	tent of this form.
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*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

□ District Court □ Denvei	Probate Court ounty, Colorado	
Court Address:	unty, colorado	
In the Interests of:		
Ward/Minor		▲ COURT USE ONLY ▲
Attorney or Party Without A	attorney (Name and Address):	Case Number:
Dhana Numbari	E-mail:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #.:	Division Courtroom
	R MODIFICATION OF GUARD	IANSHIP - ADULT MINOR
	UANT TO §§15-14-318, C.R.S	
	<u> </u>	
. Petitioner:		(name)
Relationship to ward:		
Street Address:		
City:	State: 2	Zip Code:
Mailing Address, if differ	ent:	
City: S	State: Zip Code:	
Primary Phone:	Altern	ate Phone:
Email Address:		
☐is the ☐mother. ☐fa	ther.	
is the ward/minor.		
☐is guardian.		
☐ is a person interested	in the welfare of the ward (state natu	re of interest):
. The guardian was appoin	red on	(date).
. The authority of the guard	ian should be modified as follows:	
-		
-		
-		
3		
D		
☐Physician's letter or pro C.R.P.P. 60_(§ 15-14-306		son is attached, if appropriate in compliance v
The court in its Order A	Appointing Guardian, ordered that no	tice of all proceedings be given to the follow

Full Name	Auui	ess		Relationship		
Court Visitor Guardian ad Liter Attorney for Ward Other: None.	n (GAL) /Minor d to be present at th	e hearing, unless excused by	the court for good			
		g I am filling in the blanks and that I have made a change to th				
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rney Signature, (if any)	Date	
	VERIFICATION	
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gnature)		
	RTIFICATE OF SERVICE	e of document) was se
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ertify that on (date) follows on each of the following:	, a copy of this (nam Relationship to Decedent, Ward,	
ritify that on (date) follows on each of the following: Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
ertify that on (date) follows on each of the following:	, a copy of this (nam Relationship to Decedent, Ward,	
ertify that on (date) follows on each of the following:	Relationship to Decedent, Ward, or Protected Person	Manner of Service

COUNTY COLORADO	
County, Colorado Court Address:	
the Interest of:	
	▲ COURT USE ONLY ▲
/ard/Minor ttorney or Party Without Attorney (name and address):	Case Number:
nomey of Party Without Attorney (name and address).	Case Number.
Phone Number: E-mail:	
AX Number: Atty. Reg. #:	Division Courtroom
PETITION FOR APPOINTMENT OF ☐CO-GUA	RDIAN □SUCCESSOR GUARDIAN
Petitioner, (name	e), is an interested person.
Street Address:	
City: State:	Zip Code:
Mailing Address, if different:	
City: State: Zip Code:	
Primary Phone: Alternate Phone	o:
Email Address:	
Petitioner relationship to ward or minor:	
	(date).
Letters of Guardianship were issued on	
	(name):
The previously appointed guardian,joins in this petition.	
The previously appointed guardian,	
The previously appointed guardian, joins in this petition. tendered a resignation approved by the court on died on (date of death).	(date).
The previously appointed guardian,	(date).
The previously appointed guardian, joins in this petition. tendered a resignation approved by the court on died on (date of death).	(date).
The previously appointed guardian,	(date).
The previously appointed guardian,	(date).
The previously appointed guardian,	(date). (date). or herself and requests to be appointed as
The previously appointed guardian,	(date). (date). or herself and requests to be appointed as
□ tendered a resignation approved by the court on □ died on □ (date of death). □ was removed by a court order issued on □ is the petitioner and hereby tenders his or her resignation □ other: □ Petitioner is, 21 years of age or older, nominates himself Guardian or □ Successor Guardian. or □ Petitioner nominates the following person, who is 21 years	(date). (date). or herself and requests to be appointed as

	City:	State:	Zi	p Code:
	Mailing Address, if different:			
	City:	State:	Zip Code:	
	Email Address:			
6.	(§ 15-14-310, C.R.S.) □ a guardian currently acting □ nominated in writing by beneficiary agreement. □ an agent under a medical □ an agent under a general □ the spouse or partner in a □ the parent of the ward. □ an adult child of the ward. □ an adult with whom ward	g for the Ward Ward, inclu power of atto durable power civil union of	d in Colorado or elsewholding nomination in a corney. er of attorney. f the ward.	priority for appointment because he or she is: here. a durable power of attorney or designated 6 months immediately before the filing of this
	petition.			
	other:			
	including the rates and bas	is for chargir	ng fees for any extrao	rged pursuant to a published fee schedule, ordinary services, and any other bases upon d below or in an attachment to this petition. *
	☐The basis of compensatio	n has not yet	been determined.	
	here is a continuing obligation	n to disclose a	any material changes to	o the basis for charging fees. (§ 15-10-602,
8.	The Co-Guardian or Success	sor Guardian	may compensate his, h	her, or its counsel.
	including the rates and bas	is for chargir	ng fees for any extrao	rged pursuant to a published fee schedule, ordinary services, and any other bases upon d below or in an attachment to this petition. *
	☐The basis of compensatio	n has not yet	been determined.	
	There is a continuing obligatio R.S.)	n to disclose	any material changes	to the basis for charging fees. (§ 15-10-602

Guardianship be issued			Successor Guardian and t	hat Letters of		
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		VERIFICATION			Formatted: No underline	
declare under penalty of per	jury under the law of	Colorado that the forego	ing is true and correct.			
Executed on the day (date)	of	Executed on the (c	day of date)			
(month)	(year)	(month)	(year)			
at (city or other location, and sta	ite OR country)	at (city or other location	n, and state OR country)	_		
printed name)		(printed name)		- 1		
Signature of Petitioner)		(Signature of Co-Pe	titioner, if any)			
Attorney Signature, (if any)		Date	_		Formatted: Justified	
declare under penalty of per		ERIFICATION Colorado that the forego	ing is true and correct			
Executed on the day	of,		ing to trace and controls.			
atcity or other location, and sta	te OR country)					
printed name)						

ows on each of the following:	date), a copy of this (nam	e or document) was s
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service
t one of the following: hand deliver	y, first-class mail, certified mail, e-service, or	fax.

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

County, Colorado Court Address:		
In the Interest of:		
Minor	▲ 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 CO	NSERVATOR FOR MINOR	
I. No court proceeding is pending in this state	or elecutions concerning the respondent	
The following proceeding(s) concern(s) the respondent.		
and type of proceeding if any.		Formatted: Font: Calibri
	ate of Type of Proceeding	Formatted Table
Pro	ceeding	
	-	
	-	
2. The petitioner is: a person who would be adversely affected by lack of e business.	fective management of the minor's property and	Formatted: Indent: Left: 0.25", No bullet:
□ a person who would be adversely affected by lack of e business. □ a person who is interested in the estate, financial affairs, □ the minor and is 12 years of age or older. This is a petition for appointment of a: □ Conservator. (Note: the appointment will expire when the	or welfare of the minor.	Formatted: Indent: Left: 0.25", No bullet:
□ a person who would be adversely affected by lack of e business. □ a person who is interested in the estate, financial affairs, □ the minor and is 12 years of age or older. This is a petition for appointment of a: □ Conservator. (Note: the appointment will expire when the ordered by the court.)	or welfare of the minor. e Minor reaches the age of 21, unless otherwise	Formatted: Indent: Left: 0.25", No bullet:
□ a person who would be adversely affected by lack of e business. □ a person who is interested in the estate, financial affairs, □ the minor and is 12 years of age or older. This is a petition for appointment of a: □ Conservator. (Note: the appointment will expire when the	or welfare of the minor. The Minor reaches the age of 21, unless otherwise diservatorship is pending, a special conservator is	Formatted: Indent: Left: 0.25", No bullet:
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		Zip Code:	man a Colombia de Colombia	
Email Address:				
			-	
Does Petitioner need a	an interpreter? 🔲N	o L Yes (Language:_)
Information about the	e minor:			
Name:		Age:	Date of Birth:	
Street Address:				
City:	State:	Zip Code:		
Mailing Address, if diffe				
City:	State:	Zip Code:	_	
Primary Phone:		Alternate	e Phone:	
Email address:				
Does the minor need a	an interpreter? 🗖 N	o Yes (Language:_)
Information about the	e minor's parents:			
Parent's Name:		Deceased	☐Unknown (attach Birth C	ertificate)
Street Address:				
City:	State:	Zip Code:		
Mailing Address, if diff	erent:			
City:	State: Z	ip Code:		
Primary Phone:		Alternate Phone:		
Email Address:			_	
Does this person need	d an interpreter?	No Yes (Language:	<u> </u>)
		Donner	☐Unknown (attach Birth Ce	
Parent's Name:		ubeceased t		rtificate)
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6.7. □A conservator is required because of the minor's age. The minor
owns or will receive money or property that requires management or protection that cannot otherwis be provided; and/or
☐ has or may have business affairs that may be put at risk or prevented because of his or her age and/or
☐ needs money for support and education and protection is necessary or desirable to obtain or provid money.
A conservator is required for reasons other than the minor's age. The minor is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information of 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.
3.9. 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:
P-10. The petitioner requests the conservator's powers and duties be ☐unlimited/unrestricted or ☐limited/wit restrictions. The property to be placed under the conservator's control and the requeste limitations/restrictions on the conservator's powers and duties, if any, are as follows:
10.11. 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:
\ <u>-</u>

conservator or special cor	are or age or eraer, memmar	es himself or herself and requests to be appoi	nten as	
or	nservator.	or minor of mores, and requests to be appearance		
	ne following person, who is 2°	1 years of age or older, to be appointed as cons	servator	
Name:		List all names used (also known as, f	ormerly	
City:	State:	Zip Code:		
•	State: Zip Code			
		e phone:		
Does this person need	servator has priority for appo	Yes (Language:introduced in the control of the	Formattee	
Does this person need	d an interpreter? No servator has priority for apport and the minor is 12 years of	Yes (Language:	Formattee 3, + Sta	
Does this person need 11-13. The nominated con Inominated by the mino JDF 826).	d an interpreter? No servator has priority for apport and the minor is 12 years of	Yes (Language:introduced in the control of the	Formattee 3, + Sta	d: Numbered + Level: 1 + Numbering St rt at: 1 + Alignment: Left + Aligned at: " + Indent at: 0.25"
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Does this person need 11-13. The nominated con Inominated by the mino JDF 826).	d an interpreter? No servator has priority for apport and the minor is 12 years of	Yes (Language:introduced in the control of the	Formattee 3, + Sta	rt at: 1 + Alignment: Left + Aligned at:
Does this person need 1-13. The nominated con Does this person need The nominated by the mino JDF 826).	d an interpreter? No servator has priority for apport and the minor is 12 years of State nature of interest.)	Yes (Language:introduced in the control of the	f Minor - Formattee	rt at: 1 + Alignment: Left + Aligned at:

JDF 861SC R69/189 PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR Page 4 of 7

15. 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 upon	Formatted: Font: Bold Formatted: No bullets or numbering, Tab stops: 0.25"
including the rates and basis for charging fees for any extraordinary services,	and any other bases upon	Formatted: No bullets or numbering, Tab stops: I 0.25"
including the rates and basis for charging fees for any extraordinary services,	and any other bases upon	0.23
		Formatted: Font: Bold
☐The basis of compensation has not yet been determined.		
There is a continuing obligation to disclose any material changes to the basis for charges. R.S.) 16. Sections a and b below identify assets and the source and amount of estimate	5	Cormatted Loft Numbered Lloyal 1 L Number
real property, proceeds from insurance policy, proceeds from pension, etc.) of the estimate of the value.		Formatted: Left, Numbered + Level: 1 + Numberi 1, 2, 3, + Start at: 16 + Alignment: Left + Aligne + Indent is 0.25", Tab stops: Not at -0.82" + -0 + 0.25" + 0.5" + 0.75" + 1" + 1.25" + 1.5" + 2.5" + 3" + 3.5" + 4" + 4.5" + 5" + 5.5" + 6"
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 (o.g. casial accounts income as paraign)	Estimated Amount of	
Description of Income (e.g. social security, insurance or pension)	Income	
■None.	moomo	
UNone.	\$	
UNone.		
Total	\$	

Email Address:) D	-		,
Does this person n	eed an interpreter? L	⊒No □Y€	es (Language:)
	s parents are deceas with reasonable effo		lowing person is the adult relati	ve nearest in	kinsh
Name:			Relationship to Minor:		
Street Address:					
City:	State:	Zip	Code:		
•	different:				
City:	State:	Zip Cod	de:		
Primary Phone:		Alterna	ate Phone:		
Email Address:					
Does this	person need	d an	interpreter?:interpreter?	□No	□Y.
(Language:)			
Street Address:			Relationship to Minor:		
			Kelationship to Milhor		
Street Address:			Zip Code:		
Street Address: City: Mailing Address, if	State:		Zip Code:		
Street Address: City: Mailing Address, if City:	State: different: State:	Zip Coo	Zip Code: de:		
Street Address: City: Mailing Address, if City: Primary Phone:	State: different: State:	Zip Coo	Zip Code:		
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Street Address:City:Mailing Address, if City:Primary Phone: Email Address: Dates of Care: Does this (Language: **20.	State: different: person need g person is a legal repyee, trustee, custodia State: different:	Zip Cod Alteri an oresentative in of a trust, e	Zip Code: de: nate Phone: interpreter?:interpreter? for the minor not otherwise designate. § 15-14-102(6), C.R.S.) Type of Legal Representative: Zip Code:	□No ated above.	

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In addition, the Petition	er requests the fo	llowing:		_
form.			nd not changing anything els	
		VERIFICATION		Formatted: No under
	erjury under the law y of	v of Colorado that the foregoi Executed on the (d	ng is true and correct. day of ate)	
(month)	(year)	(month)	(year)	
at_ (city or other location, and s 	tate OR country)	at(city or other location	, and state OR country)	
(printed name)		(printed name)		in a
(Signature of Petitioner)		(Signature of Co-Peti	itioner, if any)	
Attorney Si	gnature, (if any)	Di	ate VERIFICATION	
Executed on the da(date)	y of,	y of Colorado that the foregoi	ng is true and correct.	
at (city or other location, and s	tate OR country)			

☐District Court ☐Denver Probate Court		
Court Address:		
In the Interests of:		RT USE ONLY
	Case Numbe	r:
Protected Person/Minor	Division:	Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRIC	TED ACCOUNT - CON	SERVATORSHIP
Conservator must open an insured account in a financi he Minor/Protected Person. The account must be op The account shall be opened using the sample Conservator/Special Conservator for	ened on behalf of the N title. "	linor/Protected Person.
The fiduciary shall deposit \$ account. This person may make internal transfers of finterest rates.	and funds received unds in order to take ac	I subsequently into the Ivantage of changes in
t is ordered that, except for internal transfers, the finar he account(s), except by separate certified Order of this	ncial institution must not p s Court.	permit withdrawals from
t is ordered that an Acknowledgment of Deposit of Freturned to the Court within 3045 days. No attornact Acknowledgment form is signed and returned to the Coshall file a Motion to Withdraw Funds from Restricted Funds.	ey fees may be paid ourt. The court further c	in this case until the orders that the fiduciary
t is further ordered that the conservator must file a Co of the most recent bank statement for the account each		885) along with a copy
the minor's/protected person's birthday	-	(date) or
(date).		
Failure to file an annual Conservator's Report may rewhich could include removal of the fiduciary from furtlaccount until further order of the court. The court may iduciary.	her duties and an order	freezing the restricted
The court further orders:		

JDF 865SC R96/189 ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT — CONSERVATORSHIP_

Page 1 of 2

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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:	
	☐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 RESTR OF RESTRICTED AC	RICTED ACCOUNT AND ANNUAL FILING
The court finds the limited nature of the prote establishment of a conservatorship.	7
It is therefore ordered that must open an insured account in a financial or b minor/protected person. The account must be opened account must be opened using the sample title, " (Name of Minor/Protected Person)".	prokerage institution for the sole benefit of the ed on behalf of the minor/protected person. The
The fiduciary shall deposit \$ account. This person may make internal transfers of interest rates.	and funds received subsequently into the funds in order to take advantage of changes in
It is ordered that, except for internal transfers, the finathe account(s), except by separate certified order of the	•
It is ordered that an Acknowledgment of Deposit of returned to the court within 30-45 days. The court furl Withdraw Funds from Restricted Account (JDF 868) processes the court of the court furl withdraw Funds from Restricted Account (JDF 868) processes the court of the court furl withdraw Funds from Restricted Account (JDF 868) processes the court for the court for the court funds from Restricted Account (JDF 868) processes the court for the court funds from Restricted Account (JDF 868) processes the court funds from Restricted Account (JDF 8688) processes the court funds from Restricted Account (JD	ther orders that the fiduciary shall file a Motion to
No attorney fees may be paid in this case until the Ac Court.	knowledgment form is signed and returned to the
It is further ordered that the fiduciary must file a Recopy of the most recent bank statement for the restrict	. ` ` ,
☐ the minor's/protected person's birthday(date).	(date) or
Failure to file an annual Restricted Account Report ar	nd 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.

Copies of all future court fil	ings will be provided to the following interested persons:
lame	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

E-mail: Atty. Reg. #: Division Courtroom GMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT (name of financial institution), acknowledges that ed by	□ District Court □ Denver Probate Court County, Colorado Court Address:				
Attorney (Name and Address): Case Number:	In the Interests of:				
E-mail: Atty. Reg. #: Division Courtroom GMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT (name of financial institution), acknowledges that ed by	Protected Person/Minor				
Atty. Reg. #: Division Courtroom GMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT	Attorney or Party Without Attorney (Name and Address):	Case Numb	er:		
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			VERIFICA	TION		
I declare und	ler penalty of perj	ury under the lav	v of Colorado	that the foreg	joing is true and	correct
Executed on	the day o	of, (month)	, (year)			
at (city or other	location, and stat	e OR country)				
(printed nam	e of Authorized B	ank Officer)				
(signature <u>of</u>	Authorized Bank	Officer)				
Type or print	the Bank's name	, address and te	lephone num	ber below		
Type or print						

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

District Court Denver Probate Court County, C	olorado				
Court Address:					
In the Interest of:					
Protected Person/Minor		COURT USE	ONLY 🛦		
Attorney or Party Without Attorney (Name and Addre	ess): Case	Number:			
Phone Number: E-mail:					
FAX Number: Atty. Reg. #:	Divis		troom		
MOTION TO WITHDRAW FUN	DS FROW RESTRIC	ED ACCOUN			
ttach current bank statement. Name and Address of Financial Institution	(9) 18100 201011	Account Number (last 4-digits only)	Current Balance in Account		
	Total		\$		
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The funds are requested for the following purch your request.	nase/reasons(s): Attach	supporting do	cumentation for		
our request.	nase/reasons(s): Attach				
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□ District Court □ Denver Probate Court			
County, Colorado			
ourt Address.			
n the Interest of:			
	A		
Respondent	COURT USE ONLY		
ttorney or Party Without Attorney (Name and Address):	Case Number:		
hone Number: E-mail: 'AX Number: Atty. Reg. #:	Division: Courtroom:		
PETITION FOR APPROVAL OF SETT			
PURSUANT TO C.R.P.P. RULE 62 OF THE CO			
PROCEDURE			
(nama) the notitioner pursuant to [Rule 4662 of the Colorado Rules of Probate		
rocedure, petitions the court as follows:	Rule 1602 of the Colorado Rules of Probate		
coodars, poundre are court de renerrer			
action I. Vanue Jurisdiction and Darties			
ection I – Venue, Jurisdiction, and Parties		Formatted: Font: 10 pt	
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Page 1 of 9

 ${\sf JDF} \underline{\sf 872SC} \underline{\sf XXX} \quad {\sf Date} \underline{\sf 6/19} \quad {\sf PETITION} \ {\sf FOR} \ {\sf APPROVAL} \ {\sf OF} \ {\sf SETTLEMENT} \ {\sf OF} \ {\sf CLAIMS}$

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trustee, agent under pov	ondent's parents ver of attorney, or	(if respondent is a minor), legal guardian, custodian, court-appointed guardian or conservator:	Formatted: No underline
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<u>Have parental rights bee</u> Name of parent(s) whose		espondent is a minor)?	
Maine of parent(s) whose	e rigitis nave beer	rterminateu.	
If there is a court-appointe as follows:	d fiduciary, the cas	e information and reason for the fiduciary's appointment is	
2 - Claims and Liabilitie			Formatted: Font: 10 pt

nformation about each party	against wh	nom respondent m	ay have a claim:
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The legal basis for each of th	ne responde	ent's claims are as	follows:
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	Damages					Formatted: Font: 10 pt
. A des	scription of the responde	nt's injuries:				
The a	amount of time missed by	the respondent fro	om school or emp	ployment:		
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. A sui	mmary of lost income res	ulting from respon	dent's injuries:			
 . A sui	mmary of any damage to	respondent's propo	erty:			
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tion 4 – Medical				Formatted: Font: 10 pt	
of any disa	oility, disfigurement,	or physical or ps	ding but not limited to the nature and extension of the control of	nt nt	
17. An explanati	on of respondent's pr	ognosis and any an	ticipated treatments and/or therapy:		
				_	
tion 5 – Status o	Claims			Formatted: Font: 10 pt	
	n and any other relate rt, case number, and		of the claim and if any civil action has bee	en	
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19. Information including an	about each party hav y state or federal age of each subrogation:	ing a subrogation necy paying or planr	right against this claim or any related clain	im nd	
19. Information including an the amount o	y state or federal age of each subrogation: nant/subrogation holder	ncy paying or planr	ning to pay benefits to or for respondent an Amount of subrogation: \$	nd	
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as follows:

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24. The requested attorney fees and costs to be paid from the settlement proceeds are summarized

continuation of an existing fiduciary appointment:	
	
5. The following documents are attachedfiled with-to-this petition:	
Attorney fee agreement	
Attorney statement of costs	
Attorney billing records, billing summary or attorney fee affidavit	
Written statement by physician or other health care provider. (The statement must set forth the information required by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the	
court.) ☐Proposed settlement agreement(s)/releases	
Other:	
Other:	
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(Language Need(s):)	C
B. In addition, the Petitioner requests the following:	Formatted: Indent: Left: 0.5", No bullets or nur
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REFORE, petitioner requests that after notice and hearing, the Court If find that the proposed settlement of the claim is in the best interests of the respondent; If find that the Court authorize the acceptance of \$	Formatted: Indent: Left: 0.5", No bullets or nur

VERIFICATION

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

Executed on the day (date)	of	Executed on the	day of (date)
	(year)	(month)	(year)
at (city or other location, and sta	te OR country)	at (city or other location	on, and state OR country)
(printed name)		(printed name)	
(Signature of Petitioner) Respectfully submitted on		(Signature of Co-P	etitioner, if any)
Signature of Attorney for petit	ioner	or Signature of peti	itioner
Attorney Signature, (if any)		Date	

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□ District Court □ Denver Probate CourtCounty, Colorado Court Address:		
In the Interest of:		
	COURT USE ONLY Case Number:	
Respondent		
ORDER APPROVING SET PURSUANT TO <u>C.R.P.P.</u> RULE 62 OF TH PROCE	HE COLORADO RULES OF PROBATE	
Claims Pursuant to C.R.P.P. 62 of	on (date). The petitioner and the	Commented [lc1]: Judge Leith's comment
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The Court, having considered the reasonableness of the Court, having considered the reasonableness of the Court, all of the attachments thereto, the exhibits offer the court of the court of the Court, having considered the reasonableness of the Court, having considered the court of the court, having considered the court of the court of the court, having considered the court of t		Formatted: Font: 10 pt
aving heard the testimony of: onsidered the statements of counsel, the Court finds	that:	Commented [lc2]: If the respondent is a minor - will they always testify?
he Court finds that:	1	Formatted: Font: 10 pt
1. Venue is proper:		Commented [lc3]: Judge Leith's comment
2. Any required notices have been given or waived;		Formatted: Font: 10 pt
It is in the best interest of the respondent to settle the c in the amount of \$;	laim of the respondent against	Formatted: Font: 10 pt
4. The Court has advised the following of the finality of the understand the finality of the settlement. The petitioner	e settlement: The parties have been advised of and	
the respondent's parent(s)		
□legal-guardian/conservator/fiduciary		
5. In light of the supporting documentation provided and/o attorney fees and costs of \$ are:	or testimony presented at the hearing, the requested	Formatted: Indent: Left: 0.19", First line: 0.13", Ta stops: 0.19", Left + Not at 0.25"
□ approvedallowed.		
disallowed.		Commented [lc4]: Judge Leith's comments
☐adjusted and approvedallowed by the Court as follow	ws:	
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JDF <u>873SC</u>XXX <u>6/19</u> ORDER APPROVING SETTLEMENT OF CLAIMS Page 1 of 2

☐this matter deals with a small estate under §15-14-118, C.R.S., and no useful purpose would be served by	
the appointment of a conservator.	
OR the appointment of a conservator is appropriate, and the conservator's powers shall be as set forth in	
the Order Appointing Conservator.	
OR .	
☐ a conservator for the respondent has already been appointed.	
OR	
☐ another fiduciary for the respondent is already in place.	
<u>OR</u>	Formatted: Font: Bold
	Formatted: Indent: Left: 0.25"
<u>Other:</u>	Formatted: Indent. Lett. 0.25
This authorization includes the acceptance of \$ to be paid by (name).	
	Formatted: Font: (Default) Arial, 10 pt
The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with	Formatted: No underline
The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with	
The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with (name) and fully discharge said claims and to pay the following out of the proceeds:	Formatted: No underline Formatted: Indent: Left: 0.25", First line: 0", Sp
The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with	Formatted: No underline Formatted: Indent: Left: 0.25", First line: 0", Sp
The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with	Formatted: No underline Formatted: Indent: Left: 0.25", First line: 0", Sp After: 0 pt Formatted: No underline
The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with	Formatted: No underline Formatted: Indent: Left: 0.25", First line: 0", Sp. After: 0 pt Formatted: No underline
The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with	Formatted: No underline Formatted: Indent: Left: 0.25", First line: 0", Sp. After: 0 pt Formatted: No underline

4. The net settlement	amount of \$	is to be:	
The funds shall be dep an acknowledgment of deposited with the Cler restricted interest-bearing	osited within 45_said deposit by the filin rk of Court into the Cong account until the recong account until the recongraph.	nich there shall be no withdra days of the issuance of thi g of JDF 867 SC by ourt Registry to be held in a spondent reaches the age of withdrawals without prior	s Order and the petitioner (date). special separate federally twenty-one (21). Deposit
	der Appointing Conserv	vator issued on	
1			
		re shall be no payment of net settlement amount.	attorney fees until the Co
received and describe	agod the deposit of the	The comonical amount.	
Oate:			
		Judge/Magistra	te

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Court Address:		
n 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 CO		
□No court proceeding is pending in this state	an alexandra and an area and and	
The following proceeding(s) concern(s) the respondent.	•	
and type of proceeding if any.	identify frame of court, case framber, state, date,	Formatted: Font: Calibri
Name of Court Court Name of Court D	Towns (Brown Com	Formatted: Indent: Left: 0.25", No bullets or numbering
	tate of Type of Proceeding Ceeding	Formatted Table
	-	
2. The petitioner is:		Formatted: Indent: Left: 0.25", No bullets or numbering
 The petitioner is: a person who would be adversely affected by lack of effeand business. a person who is interested in the estate, financial affairs, on the respondent. 	,	Formatted: Indent: Left: 0.25", No bullets or numbering
□ a person who would be adversely affected by lack of efferand business. □ a person who is interested in the estate, financial affairs, on the respondent. This is a petition for appointment of a: □ Permanent Conservator. □ Special Conservator. While a petition to establish a compreserve and apply the property of the respondent as may individuals who are in fact dependent upon the respondent. (□ Special Conservator. There is a need for a protective and business.)	conservatorship is pending, there is a need to be required for the support of the respondent or § 15-14-406(6), C.R.S.) we arrangement or other single transaction. A	Formatted: Indent: Left: 0.25", No bullets or numbering
□ a person who would be adversely affected by lack of effected and business. □ a person who is interested in the estate, financial affairs, on the respondent. This is a petition for appointment of a: □ Permanent Conservator. □ Special Conservator. While a petition to establish a preserve and apply the property of the respondent as may individuals who are in fact dependent upon the respondent. (c)	conservatorship is pending, there is a need to be required for the support of the respondent or § 15-14-406(6), C.R.S.) we arrangement or other single transaction. A	Formatted: Indent: Left: 0.25", No bullets or numbering
□ a person who would be adversely affected by lack of efferand business. □ a person who is interested in the estate, financial affairs, on the respondent. This is a petition for appointment of a: □ Permanent Conservator. □ Special Conservator. While a petition to establish a opreserve and apply the property of the respondent as may individuals who are in fact dependent upon the respondent. (□ Special Conservator. There is a need for a protective permanent conservatorship is not requested. (§ 15-14-412(3), 15-14-412(3), 16-14-4	conservatorship is pending, there is a need to be required for the support of the respondent or § 15-14-406(6), C.R.S.) //e arrangement or other single transaction. A C.R.S.)	Formatted: Indent: Left: 0.25", No bullets or numbering
□ a person who would be adversely affected by lack of efferand business. □ a person who is interested in the estate, financial affairs, on the respondent. This is a petition for appointment of a: □ Permanent Conservator. □ Special Conservator. While a petition to establish a preserve and apply the property of the respondent as may individuals who are in fact dependent upon the respondent. (□ Special Conservator. There is a need for a protective permanent conservatorship is not requested. (§ 15-14-412(3),	conservatorship is pending, there is a need to be required for the support of the respondent or § 15-14-406(6), C.R.S.) //e arrangement or other single transaction. A C.R.S.)	Formatted: Indent: Left: 0.25", No bullets or numbering
□ a person who would be adversely affected by lack of efferand business. □ a person who is interested in the estate, financial affairs, conditions the respondent. This is a petition for appointment of a: □ Permanent Conservator. □ Special Conservator. While a petition to establish a confidence of the respondent as may individuals who are in fact dependent upon the respondent. (□ Special Conservator. There is a need for a protective permanent conservatorship is not requested. (§ 15-14-412(3), 1 Information about the petitioner: Name: List all etc.): List all etc.):	conservatorship is pending, there is a need to be required for the support of the respondent or § 15-14-406(6), C.R.S.) we arrangement or other single transaction. A C.R.S.) I names used (also known as, formerly known as,	Formatted: Indent: Left: 0.25", No bullets or numbering
□ a person who would be adversely affected by lack of efferand business. □ a person who is interested in the estate, financial affairs, conditions the respondent. This is a petition for appointment of a: □ Permanent Conservator. □ Special Conservator. While a petition to establish a confidence of the respondent as may individuals who are in fact dependent upon the respondent. (□ Special Conservator. There is a need for a protective permanent conservatorship is not requested. (§ 15-14-412(3), 1 Information about the petitioner: Name:	conservatorship is pending, there is a need to be required for the support of the respondent or § 15-14-406(6), C.R.S.) ve arrangement or other single transaction. A C.R.S.) I names used (also known as, formerly known as,	Formatted: Indent: Left: 0.25", No bullets or numbering
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□ a person who would be adversely affected by lack of efferand business. □ a person who is interested in the estate, financial affairs, on the respondent. This is a petition for appointment of a: □ Permanent Conservator. □ Special Conservator. While a petition to establish a opreserve and apply the property of the respondent as may individuals who are in fact dependent upon the respondent. □ Special Conservator. There is a need for a protective permanent conservatorship is not requested. (§ 15-14-412(3), 1nformation about the petitioner: Name: List all etc.): List all etc.): Street Address:	conservatorship is pending, there is a need to be required for the support of the respondent or § 15-14-406(6), C.R.S.) //e arrangement or other single transaction. A C.R.S.) I names used (also known as, formerly known as,	Formatted: Indent: Left: 0.25", No bullets or numbering

	•	, 5	:
3.4. Information about the	respondent:		
			Date of Birth:
Street Address:			
City:			_ Zip Code:
Mailing Address, if diffe			
City:	State: Zi	p Code:	_
Does Respondent need	d an interpreter? 🔲 No	☐Yes (Langua	ige:
☐ If this appointment is	s made, the Respondent's	dwelling will cha	ange to:
	made, the recepting in the	o awoming will one	ange to.
19			
4.5. Information about the	respondent's spouse.	partner in a civi	il union, or adult who has resided w
respondent for more t	than 6months in the last	t year:	
Name:		Relationsh	ip to Respondent:
•		Zip Co	ode:
Mailing Address, if diffe			
0.4	State: 7ii	o Code.	
City:			
	Alterna		
Primary phone: Email Address:	Alterna	ate phone:	
Primary phone: Email Address: Does this person need	Alterna an interpreter? ☐No	ate phone:	ge:
Primary phone: Email Address: Does this person need 5.6. Venue for this procee	an interpreter? ☐No	ate phone:	ge:
Primary phone: Email Address: Does this person need 5.6. Venue for this procee □ resides in this county	an interpreter? ☐No ding is proper in this co	Tyes (Language the course the cou	ge:he respondent
Primary phone: Email Address: Does this person need 5.6. Venue for this procee Presides in this county	an interpreter? ☐No	Tyes (Language the course the cou	ge:he respondent
Primary phone: Email Address: Does this person need 5.6. Venue for this procee	an interpreter? ☐No ding is proper in this co y. is state, butstate but has exists for financial or me	Tyes (Language punty because to property in this control of the property in th	ge:he respondent
Primary phone: Email Address: Does this person need 5.6. Venue for this procee Presides in this county does not reside in the	an interpreter? ☐No ding is proper in this co y. is state, butstate but has exists for financial or me	Tyes (Language punty because to property in this control of the property in th	he respondent
Primary phone: Email Address: Does this person need 5.6. Venue for this procee	an interpreter? ☐No ding is proper in this co y. is state, butstate but has exists for financial or me	Tyes (Language punty because to property in this control of the property in th	he respondent
Primary phone: Email Address: Does this person need 5-6. Venue for this procee	an interpreter? ☐No ding is proper in this co y. is state, butstate but has exists for financial or me	Tyes (Language punty because to property in this control of the property in th	he respondent
Primary phone: Email Address: Does this person need 5.6. Venue for this procee Presides in this county does not reside in th 6.7. A Power of Attorney name and mailing addre	an interpreter? □No ding is proper in this co y. is state, butstate but has exists for financial or me ess are:	Tyes (Language ounty because to property in this conditional matters. (A	he respondent county. Attach a copy to the petition.) The a
Primary phone: Email Address: Does this person need 5.6. Venue for this procee resides in this county does not reside in the 6.7. A Power of Attorney name and mailing address 7.8. A valid designated be	an interpreter? □No ding is proper in this co y. is state, butstate but has exists for financial or me ess are:	Tyes (Language bunty because the property in this control and the property in the control and	he respondent
Primary phone: Email Address: Does this person need 5.6. Venue for this procee resides in this county does not reside in the 6.7. A Power of Attorney name and mailing address 7.8. A valid designated be	an interpreter? □No ding is proper in this co y. is state, butstate but has exists for financial or me ess are:	Tyes (Language bunty because the property in this control and the property in the control and	he respondent county. Attach a copy to the petition.) The a
Primary phone: Email Address: Does this person need 5.6. Venue for this procee Presides in this county does not reside in th 6.7. A Power of Attorney name and mailing address 7.8. A valid designated b	an interpreter? □No ding is proper in this co y. is state, butstate but has exists for financial or me ess are:	Tyes (Language bunty because the property in this control and the property in the control and	he respondent county. Attach a copy to the petition.) The a
Primary phone: Email Address: Does this person need 5.6. Venue for this procee Presides in this county does not reside in th 6.7. A Power of Attorney name and mailing address 7.8. A valid designated b	an interpreter? □No ding is proper in this co y. is state, butstate but has exists for financial or me ess are:	Tyes (Language bunty because the property in this control and the property in the control and	he respondent county. Attach a copy to the petition.) The a

In addition:	
the respondent	has property which will be wasted or dissipated unless proper management is provided.
and/or □the respondent	t, or persons entitled to the respondent's support, require money for support, car
	and welfare, and protection is necessary or desirable to obtain or provide money.
. □A conserva	tor is required because the respondent is missing, detained, or unable to return to the
United States. TI	he nature of the respondent's disappearance or detention and any efforts to locate the
respondent are as	follows:
	requests the special conservator's powers and duties be $oxed{\Box}$ unlimited/unrestricted
	trictions. The property to be placed under the special conservator's control and the ns/restrictions on the special conservator's powers and duties, if any, are as follows:
requested iiriitatio	instrestrictions on the special conservators powers and duties, it any, are as follows.
2. I he petitioner	requests the conservator's powers and duties be □unlimited/unrestricted or □limited/wi property to be placed under the conservator's control and the requeste
restrictions The	ons on the conservator's powers and duties, if any, are as follows:
	p, ,,,,

conservator or special or	conservator.		mself or herself and requests to be appointed	
Petitioner nominate or special conservator.		son, who is 21 year	rs of age or older, to be appointed as conser	vato
Name:		List al	I names used (also known as, formerly know	n as
,				
Relationship to Re	spondent:		-	
City:	S	tate:	Zip Code:	
,	different:			
	State:			
Primary phone:		Alternate phon	ne:	
Email Address:				
C.R.S.) a conservator, gua	rdian, or other fiduc		because he or she is: (§ 15-14-413,C.R.S.413, recognized by a court in another jurisdiction	
□ a conservator, gua where the protected purpose in mominated in writing beneficiary agreement □ an agent appointed attorney. □ the spouse or partition □ an adult child of the □ a parent of the res	rdian, or other fiducerson resides. ng by respondent, t. d by the respondent mer in a civil union cerspondent. pondent.	ciary appointed or residual including nominating to manage the respondent.		nate
□ a conservator, gua where the protected purpose in mominated in writing beneficiary agreement □ an agent appointed attorney. □ the spouse or partour □ an adult child of tho □ a parent of the resonant □ an adult with whom petition.	rdian, or other fiducerson resides. Ing by respondent, it. If by the respondent oner in a civil union of the respondent. In respondent has respondent the respondent the respondent the respondent the following the respondent	ciary appointed or rincluding nomination to manage the respondent. esided for more that lowing person as of	recognized by a court in another jurisdiction on in a durable power of attorney or design spondent's property under a durable power or	nate f

City:	State:	Zip Code:	
Mailing Address, if different	t:		
City:	State:	_ Zip Code:	
Primary phone:		Alternate phone:	
Email Address:			
5-16. The conservator m	nay receive compe	ensation.	
including the rates and ba	asis for charging	mounts to be charged pursuant fees for any extraordinary service: culated, are as stated below or in ar	s, and any other bases upo
☐The basis of compensat	ion has not yet be	een determined.	
There is a continuing obligation.R.S.)	on to disclose any	material changes to the basis for c	harging fees. (§ 15-10-602
6.17. The conservator m	nay compensate h	is, her, or its counsel.	
		fees for any extraordinary service culated, are as stated below or in ar	
☐The basis of compensat	ion has not yet be	een determined.	
There is a continuing obligation.R.S.)	on to disclose any	material changes to the basis for c	harging fees. (§ 15-10-602
	eal property, proce	sets and the source and amount of seeds from insurance policy, proceed	
a. The respondent's asse	ets are:		
Description of Assets (e	e.g. bank accoun	ts, insurance, pensions, property	
			\$
Total			\$

p. The respondent's income	b.	The	respondent's	income	is
----------------------------	----	-----	--------------	--------	----

Name:___

Child or ☐Parent Street Address:

Email Address:_____

Mailing Address, if different: ____

Primary phone: _____

Does this person need an interpreter? ☐No ☐Yes (Language:_

City:_____ State:____ Zip Code:_

__ State: __

JDF 876SC R9346/189 PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT

_____ Alternate phone: _

Description of Income (e.g. social security, pension and insurance)

□None.			Income
			\$
Total			\$
9. The following person i	e currently acting as a	□guardian and/or □	Conservator in Colorado e
elsewhere:	s currently acting as a	aguardian and/or a	Conservator in Colorado o
Name:	Rel	ationship to Responde	ent:
Street Address:			
City:			
Mailing Address, if different:			
City: St	ate: Zip Code:_		
Primary phone:	Alternate phone	:	
Email Address:			
Does this person need an interp	oreter? DNo DYes (I	anguage.)
		3 3	,
 Information about adult found with reasonable efforts, s 			st an adult relative that can be
iodila with reasonable enorts, si	ucii as a biotilei, sistei, at	urit, uricie, etc.).	
Namai		5 1 c 1 1	
Name		Relationship: 🗀	Adult Child or 🔲 Parent
			Adult Child or Parent
Street Address:			
	State:	Zip Code:	
Street Address:	State:	Zip Code:	

_____ Zip Code: __

Estimated Amount of

____Relationship: Adult

Page 6 of 8

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			_
Does this person need an	interpreter? ☐No	Yes (Language:_)
Name:			Relationship:
Street Address:			
City:	State:	Zip	Code:
<u> </u>		·	
City:			
Primary phone:			
Email Address:			2. *
21 □The following pers	son had the prima		of Respondent during the 60 days p
to the filing of this Petition Name:			_ Relationship:
Street Address:			
Mailing Address, if differen		· ·	
City:			
			= 9:
Email Address:			
Dates of Care:			
Does this person need an	interpreter? \(\begin{align*} \text{No} \\ \text{No} \end{align*}		/
	each person cu	rrently responsible for	r the primary care and custody of
22Information about	t each person cu he Respondent's	rrently responsible for treating physician:	r the primary care and custody of ☑None
Information about Respondent, including the state of Treating Physicial	t each person cu he Respondent's	rrently responsible for treating physician:	r the primary care and custody of ☑None _
22. Information about Respondent, including the	each person cu he Respondent's	rrently responsible for treating physician:	r the primary care and custody of ☑None _
Primary Phone: Street Address:	each person cu he Respondent's	rrently responsible for treating physician: Alternate Phone:	r the primary care and custody of ☑None
Primary Phone: Street Address:	t each person cu he Respondent's an: Sta	rrently responsible for treating physician: Alternate Phone:	r the primary care and custody of ☑None _
Respondent, including the Name of Treating Physicial Primary Phone: Street Address: City: Mailing Address, if different Respondent about 1988	t each person cu he Respondent's an:Stai	rrently responsible for treating physician:	r the primary care and custody of ☑None
Primary Phone: Street Address: City:	t each person cu he Respondent's an: Star nt: Zip Code:	rrently responsible for treating physician:	r the primary care and custody of ☑None
Respondent, including the Name of Treating Physicial Primary Phone: Street Address: City: Mailing Address, if different City: State	t each person cu he Respondent's an:Stai nt:Zip Code:	rrently responsible for treating physician: Alternate Phone:	r the primary care and custody of ☑None
Primary Phone: Street Address: City: Mailing Address, if different City: Email Address:	t each person cu he Respondent's an: Staint: Zip Code:	rrently responsible for treating physician: Alternate Phone:	r the primary care and custody of None Zip Code:
Primary Phone: City: Mailing Address; City: City: Mailing Address; Email Address: Name of Caregiver:	t each person cu he Respondent's an:Star nt: Zip Code:	rrently responsible for treating physician: Alternate Phone: te: Alternate Phone:	r the primary care and custody of None Zip Code:

orinted name) (printed name)	Street Address:	Street Address:	set Address:	Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: 34. The petitioner requests that appointment of a conservator be made after notice and hearing. 31. The petitioner requests the following: 32. The petitioner requests the following: 33. The petitioner requests the following: 34. The petitioner requests the following: 35. The petitioner requests the following: 36. The petitioner requests the following in the blanks and not changing anything else on the orm. 37. By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the orm. 38. State:
City: State: Zip Code:	City: State: Zip Code:	City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: 4. The petitioner requests that appointment of a conservator be made after notice and hearing. In addition, the petitioner requests the following: It by checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the m. It by checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION VERIFICATION Formatted: No underline	State: Zip Code:	City:State:Zip Code:
Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: 4. The petitioner requests that appointment of a conservator be made after notice and hearing. In addition, the petitioner requests the following: By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the m. By checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION seclare under penalty of periury under the law of Colorado that the foregoing is true and correct. secuted on theday of Executed on theday of (date) (date)	Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: 4. The petitioner requests that appointment of a conservator be made after notice and hearing. In addition, the petitioner requests the following: By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the m. By checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION calcare under penalty of periury under the law of Colorado that the foregoing is true and correct. ecuted on theday of Executed on the day of	Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: 4. The petitioner requests that appointment of a conservator be made after notice and hearing. In addition, the petitioner requests the following: By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the m. By checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION VERIFICATION	iling Address, if different: State:	Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: 4. The petitioner requests that appointment of a conservator be made after notice and hearing. In addition, the petitioner requests the following: By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the m. By checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION Formatted: No underline Eaclare under penalty of periury under the law of Colorado that the foregoing is true and correct. ecuted on the day of (date) (date) (month) (year) (month) (year) at
City: State: Zip Code:	City: State: Zip Code:	City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: 4. The petitioner requests that appointment of a conservator be made after notice and hearing. In addition, the petitioner requests the following: By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the m. By checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION Exercised on the day of (date)	Alternate Phone: Alternate Phone: all Address: all Address: ary Phone: Alternate Phone: all Address: are petitioner requests that appointment of a conservator be made after notice and hearing. Addition, the petitioner requests the following:	City: State: Zip Code: Primary Phone: Alternate Phone: Email Address:
Primary Phone:	Primary Phone:	Primary Phone:	Alternate Phone: all Address: the petitioner requests that appointment of a conservator be made after notice and hearing. didition, the petitioner requests the following: 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 the under penalty of perjury under the law of Colorado that the foregoing is true and correct. ad on the day of Executed on the day of (date) th) (year) (month) (year) at other location, and state OR country) (city or other location, and state OR country)	Primary Phone: Alternate Phone:
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Page 8 of 8

JDF 876SC R9346/189 PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT

Executed on the	day of	,	
(date)	(month)	(year)	
at			
at			
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PETITION FOR APPO	
□CO-CONSERVATOR □SUCC	ESSOR CONSERVATOR
Petitioner, (na	ame) is an interested person. State relationship
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The previously appointed conservator,	(name):
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□ other: □ Petitioner is, 21 years of age or older, nominates himse Conservator or □ Successor Conservator. or □ Petitioner nominates the following person, who is 2° Conservator or □ Successor Conservator.	self or herself and requests to be appointed as 1 years of age or older, to be appointed as 1 selationship to Protected Person:
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□ other: Petitioner is, 21 years of age or older, nominates himse Conservator or □ Successor Conservator. or □ Petitioner nominates the following person, who is 2° Conservator or □ Successor Conservator. Name: Restreet Address: State: State: Mailing Address, if different:	self or herself and requests to be appointed as 1 years of age or older, to be appointed as 1 years of age or older. The protected Person: Zip Code:
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5.	The nominated \square Co-Conservator or \square 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.
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	here is a continuing obligation to disclose any material changes to the basis for charging fees. (§15-10-602, R.S.)
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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.
	there is a continuing obligation to disclose any material changes to the basis for charging fees. (§15-10-602, C.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:

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^{*}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.

Court Address:		
In the Interest of:		
Protected Person	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail:		
FAX Number: Atty. Reg. #: CONSERVATOR'S FINANCIAL PLAN	-	
AND MOTION FOR APP □INITIAL REPORT □AMEND		
INVENTORY VALUES AS OF DATE		(-
□AMENDED REPO		Formatted: Normal
INVENTORY VALUES AS OF DATE	(MM/DD/YYYY)	Formatted: Font: 12 pt
DATE OF APPOINTMENT	,	Formatted: Normal, Left

(conservator), move this court to approve this \square Initial \square Amended

As grounds therefore, the conservator states the following:

Conservator's Financial Plan with Inventory.

□ District Court □ Denver Probate Court

- 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:	Check if updated information from petition		
Name:	Age :		
(Include Name of Living Center or Nursing Ho	me, if applicable)		
Street Address:			
City:	State: Zip Code:		
Mailing Address, if differnty:			
City: State:	Zip Code:		
Primary Phone: Alternate Ph	none:		
Conservator's Information:	☐ Check if updated information from petition		
Name:	Age:		
Have you had any criminal charges filed again	nst you or convictions entered since the last report? □Yes □ No		
If Yes, explain:			
Occupation: Your F	Relationship to protected person:		
Street Address:			
City: State: Z	Zip Code:		
Mailing Address, if different:			
City: State:			
Primaryphone Alterna	ate Telephone:		
Email address:			
Co-Conservator's Information: (if ap	pplicable)		
Name:	Age:		
Have you had any criminal charges filed again	nst you or convictions entered since the last Petition? □Yes □ No		
If Yes, explain:			
	r Relationship to Protected Person:		
Street Address:			
City: State: Z			
Mailing Address, if different:			
City: State:	_ Zip Code:		
Primaryphone Alterna			
Email address:			
PART B: CONSERVATORSHIP ISSUE	=9		
	ے d to date sufficient to provide for the present and future care of		
	No, describe why and what steps should be taken. If you would		
·	AL PLAN WITH INVENTORY AND MOTION FOR APPROVAL Page 2 of 11		

2. Should there be a change in scope of the Conservatorship? Yes No If Yes, describe why and what steps should be taken. If you would like the Court to take action, you <i>must</i> file a motion with the Court.
 3. □Bond has been set in the amount of \$ Surety has been posted. □The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and
Motion for Approval. The Conservator now requests that bond be set in the amount of \$ Bond has been waived by the Court.
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 a 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 specificategory 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

Description of Receipt/Income Category	Amount	Amount
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/-Worker's Compensation		
Distribution – Annuity		
Distribution – Pensions/Retirement Plan		
Distribution - Trust		

JDF 882SC R96/189 CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL Page 3 of 11

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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	
D	
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		1
Clothing		1
Collectibles		
Debt Repayment (excluding CC)		
Debt Repayment (Credit Card)		
Distributions-Protected Person		
Education/Tuition/Student Loan		

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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	\$ \$

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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 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)

None

Total

Type of Account
Account # (last 4-digits only)

Account # (last 4-digits only)

Salance

Type of Account
Account # (last 4-digits only)

Salance

Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)		Number of Share Account Number (last 4-digits only	•	Curren	Current Value	
□None						
				\$		
T-4-1						
Total				\$		
Life Insurance (Name of Company/Beneficiary) ☐None	Type of	Policy	Face Amount of	Policy	Cash Value	
					\$	
Tatal					•	
Total					\$	
Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)		Plan (401(k), 7, PERA, Military,	Account # (last 4-digits onl applicable)	y, 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)	
⊔None					\$	
Total					\$	
Real Estate (Indicate addr (Name any Joint Owners) None	ess)	Type of Property Land, etc.)	(Home, Rental,		what you could sell it for rrent condition)	
				1		

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Total		\$
		7
General Household and Other Personal Property None	Estimated Value (Value = what you could sell it for in its current condition)	
General Household and Other Personal Property (Total items listed below.)	al value except for	\$
Separately list and value items of significant value belo Jewelry, Antiques, Collectibles, Artwork, etc.	ow, for example:	
U		
Total		\$
Miscellaneous Assets (List each one separately and be specific.) □None	Estimated Value (Value = what you in its current condi	
-		
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 I	ncome: (A) minus (B)	\$	\$	

Step 7: Summary of Inventory Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step				
(A) Total Assets (Total from Step 3) \$				
(B) Total Liabilities/Debt (Total from Step 5) \$				

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let Worth: (A) minus (B)	\$	
Bond		
Bond has been set in the amou	unt of \$ Surety has been posted.	
	red pending filing of this Conservator's Financial Plan with Inventory and Motion ow requests that bond be set in the amount of \$ (§15-14-	
Bond has been waived by the C	South.	
orm.	cknowledging I am filling in the blanks and not changing anything else on the changed in the change to the original content of this form.	
■ by checking this box, i am ack	nowledging that i have made a change to the original content of this form.	
	IMPORTANT	
	and dated by all conservators and served on the protected person and all by the attached certificate of service.	
ircumstances that requires a s	o file an amended "Financial Plan" whenever there is a change in substantial deviation from the existing plan. In addition, if the conservator ded in the original "Inventory", or if the value of the listed property is	
naccurate or misleading, the c	conservator must prepare and file an amended "Inventory" with the court. must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-	
naccurate or misleading, the copies of these amendments in 19(2) C.R.S.	conservator must prepare and file an amended "Inventory" with the court.	
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ty or other-location, and state OR country) inted name) gnature) CERTIFICATE OF SERVICE (date), a copy of this	gnature of Conservator/Successor)	(Signature of Co-Conservator/S		
certify that on (date) (date), a copy of this (name of document) was served 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 delivery, first-class mail, certified mail, e-service, or fax.	orney Signature, (if any)			
y or other location, and state OR country) inted name) gnature) CERTIFICATE OF SERVICE (date), a copy of this	eclare under penalty of perjury under th	e law of Colorado that the foregoing is true	and correct.	
ignature) CERTIFICATE OF SERVICE (date), a copy of this	xecuted on the day of(month)			
certify that on				
CERTIFICATE OF SERVICE ertify that on (date), a copy of this (name of document) was served follows on each of the following: Name and Address Relationship to Decedent, Ward, or Protected Person Manner of Service* Manner of Service*	ty or other location, and state OR countr	'y)		
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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.	certify that on (d		ne of document) was served	
		Relationship to Decedent, Ward, or Protected Person	Manner of Service*	
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	County, Colorado	
Court Address:		
In the Interest of:		
Protected Person		▲ COURT USE ONLY ▲
	ut Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #: CONSERVATOR'S REPORT	Division Courtroom
	DANNUAL REPORT DAME	
CURRENT F	REPORTING PERIOD FROM	TO
		/YYYY) (MM/DD/YYYY)
	(MM/DD M REPORT DUE ON	FINAL REPORT
Final Report, indicate	why: Protected Person deceased	☐Minor turned 21 ☐Judicial Order
ART A: CONTAC	CT INFORMATION	
Protected Perso	on's Information:	k if Updated Information from last Report
		•
ame:		Age:
Street Address:		
nclude Name of Living Cer	9 ,	
City:	State:	Zip Code:
Mailing Address, if differe	ent:	
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Name	e:Age:
Occu	pation: Your Relationship to Protected Person:
Stree	et Address:
City:	State: Zip Code:
Mailir	ng Address, if different:
City:	State: Zip Code:
Prima	ary Phone: Alternate Phone:
Emai	l Address:
Have	you had any criminal charges filed against you or convictions entered since the last report? \Box Yes \Box No
If Yes	s, explain:
disbu Intere matte	ests within the time and in the manner provided by the Probate Code, including the appropriateness of insements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets ested persons may file an objection with the court. The court will not review or adjudicate these or others unless specifically requested to do so by an interested person.
<u>PAR</u> 1.	T B: CONSERVATORSHIP ISSUES Is there a continued need for the conservatorship? ☐ Yes ☐ No. If No. describe why and what steps should be taken. If you would like the court to take action, you <i>must</i> file a motion with the court.
2.	Are the remaining assets in the estate 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 <i>must</i> file a motion with the court.
3.	Should there be a change in scope of the conservatorship? \(\bar{\text{Ves}} \) \(\bar{\text{No}} \) If Yes, describe why and wha steps should be taken. If you would like the court to take action, you <i>must</i> file a motion with the court.
4.	Attach a copy of the bond to this report, unless the bond was waived or not required by the court What is the amount of the bond? \$ Is the amount of the bond sufficient to cover all unrestricted assets? □Yes □No If No, describe why and what steps should be taken. If you are requesting a change to the bond, you <i>must</i> file a motion with the court.
	INSTRUCTIONS ON HOW TO COMPLETE THIS FORM
the in	Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns information necessary to satisfy the court that the conservator has maintained a complete accounting of alcial transactions and managed the protected person's estate responsibly.
sprea	1 is a financial transaction detail and should be completed for each bank or investment account. An adsheet or report from personal accounting software may also be submitted in lieu of completing the action detail.
JDF 8 13	85SC R <u>6</u> 9/1 <u>9</u> 8 CONSERVATOR'S ANNUAL/FINAL REPORT

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

Name of Bank: _

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.

_ 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
				1
				1
				1
ge	0.	•	\$	\$

☐ 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.) (This will be the beginning balance on next year's report)					
Step 2: Receipts and Income					
Column A: Is this the first annual Conservator's Report filed? ☐Yes ☐No					
If \mathbf{Yes} , use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (*) below. If \mathbf{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)	*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			

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Rental Income	
Reverse Mortgage Payment	
Social Security	
Tax Refunds	
VA Benefits	
Wages	
TOTALS (Move to Step 7)	

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

with Fina	ncial Plan	and Motion	n for Approv	al (JDF 882) or a sepa	rate petitio	n for appr	oval with t	the court.		
			ticipated to							Inventory	/
If Yes , ex	•	0				,	0				

Disbursements/Expenses Step 3:

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

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)	Column A *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 +/-
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-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 Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
TOTALS (Move these totals to Step 7)	

Step 4: 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 Conservator, Guardian, 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	1000				
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 (Fees and Costs) (M	ove these	totals to			
Step 3)					

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.
JDF 885SC R69/198 CONSERVATOR'S ANNUAL/FINAL REPORT

-		

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				110	
Stocks					
Bonds	E		L	1	1
Mutual Fund					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					

Annuities			
Loans from Estate			
Motor Vehicle			
Real Estate			
Home Furnishings			
Collectibles (e.g., stamps or coins)			
Jewelry		100	
Livestock			
Equipment			
Oil/Gas/Mineral Interest			
Other Personal Property			
List Other Assets			
TOTALS (Move these			
totals to Step 7)			

Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventory in Step 5, Column C? ☐Yes ☐No

Provide additional detail for any assets on the preceding schedule that were purchased during the reporting 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

				1.0	
se include a descri	ption of any other c	hanges to the val	ue of estate :	accetc	
se include a descri	phon of any other c	nanges to the var	ue oi estate a	155615.	

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.

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

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)	<u>Column B</u> Name of Financial Institution	Column C *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			1	7	
Reverse Mortgage					
HELOC	E		to act		1
Credit Card					
Federal Taxes			10		
State / Local Taxes					
Other Loan/Liability/Debt					

ansactions. A separate petition for approva e amounts allowed in the Inventory and Fin		court for significant changes outs
tep 7: Summary		
Sun	nmary of Financial Activity	
	* <i>Prior</i> Rep (or Financ	orting Period <i>Current</i> ial Plan) Reporting Period
A) Total Receipts/Income from Step 2	\$	\$
3) Total Disbursements/Expenses from	m Step 3 \$	\$
A) minus (B) = Net Income	\$	\$
	Summary of Net Worth llue of Assets Minus Liabilitie	s/Debts
	*Last Day of <i>Prior</i> Reporting Period (or Inventory)	Last Day of Current Reporting Period
A) Total Assets from Step 5	\$	\$
3) Total Liabilities/Debts from Step 6	\$	\$
A) minus (B) = Net Worth	\$	\$

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☐ By checking this box, I am acknowledging that I have 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.

Executed on the day of (date)	Executed on the day o (date)	<u>f</u>
(month) (year)	(month)	(year)
t city or other location, and state OR country)	at (city or other location, and state	e OR country)
printed name)	(printed name)	
Signature of Conservator/Successor)	(Signature of Co-Conservator/S	Successor, if any)
	Date VERIFICATION	
declare under penalty of perjury under the law o		and correct.
(date) (month)		
*	=	
t city or other location, and state OR country) printed name)		

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follows on each of the foll	lowing:		
Name and Ad	ddress	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

	County, Colorado		
ourt Address:			
the Interest of:			-
			A
rotected Person			▲ COURT USE ONLY ▲
torney or Party Withou	ut Attorney (Name a	and Address):	Case Number:
none Number:			
	Atty. Reg. #:		Division Courtroom
PE		RMINATION OF CON	SERVATORSHIP
	L	□ADULT □MINOR	
The petitioner is:			
_ ·			
the conservator for	•	on.	
the protected person	on.		
a person interested	d in the protected pe	erson's welfare as follows:_	
Information about th	ne petitioner:		
	•		
Name:	•		
Name: Street Address:	·		
Name: Street Address: City:	State:	Zip Code: _	
Name:Street Address: City: Mailing Address, if dif	State: ferent:		
Name:Street Address: City: Mailing Address, if diff City:	State: ferent: State:	Zip Code: _	
Name:Street Address: City: Mailing Address, if dif City: Primary Phone:	State: ferent: State:	Zip Code: _	
Name:Street Address: City: Mailing Address, if dif City: Primary Phone: Email Address:	State: ferent: State:	Zip Code:Zip Code:Alternate Phone:	
Name:Street Address: City: Mailing Address, if dif City: Primary Phone: Email Address: Petitioner requests to	State: ferent: State: State:	Zip Code:Zip Code:Alternate Phone: torship be terminated for	the following reasons:
Name:Street Address: City: Mailing Address, if dif City: Primary Phone: Email Address: Petitioner requests to The conservatorsh	State: ferent: State: that this conservation was created sole	Zip Code: Zip Code: Alternate Phone: torship be terminated for	the following reasons: e protected person. The protected person.
Name:Street Address: City: Mailing Address, if dif City: Primary Phone: Email Address: Petitioner requests to The conservatorsh	State: ferent: State: that this conservation was created sole	Zip Code:Zip Code:Alternate Phone: torship be terminated for	the following reasons: e protected person. The protected pers
Name:Street Address: City: Mailing Address, if dif City: Primary Phone: Email Address: Petitioner requests to The conservatorsh was born on	State: ferent: State: that this conservation was created sole	Zip Code: Zip Code: Alternate Phone: torship be terminated for	the following reasons: e protected person. The protected personed the age of 21.
Name:Street Address: City: Mailing Address, if dif City: Primary Phone: Email Address: Petitioner requests to The conservatorsh was born on The protected person	State: ferent: State: that this conservation was created sole son died on	Zip Code: Zip Code: Alternate Phone: torship be terminated for ely due to the minority of the (date), and has attained	the following reasons: e protected person. The protected person the age of 21. (date).
Name:Street Address: City: Mailing Address, if diff City:Primary Phone: Email Address: Petitioner requests to The conservatorsh was born on The protected persAn estate has (ase number) at	State: ferent: State: State: that this conservat ip was created sole son died on been opened in nd	Zip Code: Zip Code: Alternate Phone: torship be terminated for ely due to the minority of the (date), and has attaine	the following reasons: e protected person. The protected person the age of 21. _ (date). (name of county) in
Name:Street Address:City:	State: ferent: State: that this conservat ip was created sole son died on been opened in nd The probate asset ordered by the cou	Zip Code: Zip Code: Alternate Phone: torship be terminated for ely due to the minority of the (date), and has attaine ((na ts of the conservatorship m rt.	the following reasons: e protected person. The protected person the age of 21. _ (date). (name of county) in une of personal representative) has because pass to the personal representative.
Name:Street Address:City:	State: ferent: State: that this conservat ip was created sole son died on been opened in nd The probate asset ordered by the cou	Zip Code:Zip Code:Alternate Phone: torship be terminated for ely due to the minority of the(date), and has attaine(nats of the conservatorship m	the following reasons: e protected person. The protected person the age of 21. _ (date). (name of county) in une of personal representative) has because pass to the personal representative.

	person's inability to manage property and business affa	ans has been resolved as follows:
_		
	option is selected, the petitioner must contact the e a request to waive the hearing.	e court to set a date and time for
	the conservatorship are insufficient to warrant cont, Liabilities: \$	
	, Liabiliues. \$	Net value \$
Other.		
The following per Conservator.	rsons were designated to receive notice of subsequ	uent actions in the Order Appointi
Name	Address	Relationship to Protected Person
Financial Plan with the performed all othe schedule of Distriction		
Financial Plan with the performed all othe schedule of Distriction	ith Inventory and Conservator Reports, paid all law acts required of a conservator by law. ribution. conservatorship are as follows:	wful claims against this estate, a
Financial Plan with the performed all other of District of the assets of the	ith Inventory and Conservator Reports, paid all law acts required of a conservator by law. ribution. conservatorship are as follows:	wful claims against this estate, a
Financial Plan with the performed all other of District of the assets of the	ith Inventory and Conservator Reports, paid all law acts required of a conservator by law. ribution. conservatorship are as follows:	wful claims against this estate, a
Financial Plan with the performed all other of District of the assets of the	ith Inventory and Conservator Reports, paid all law acts required of a conservator by law. ribution. conservatorship are as follows:	wful claims against this estate, a
Financial Plan with the performed all other of District of the assets of the performance	ith Inventory and Conservator Reports, paid all law acts required of a conservator by law. ribution. conservatorship are as follows:	wful claims against this estate, a
Financial Plan wiperformed all other Schedule of District Plan wiperformed all other Description of A	ith Inventory and Conservator Reports, paid all law er acts required of a conservator by law. ribution. conservatorship are as follows: Assets of the conservatorship will be distributed to the:	wful claims against this estate, a

	evidentiary hearing is required by lathout appearance pursuant to C.R.P.F	aw or by the court, the petitioner reque P. 24, that the	sts, after notice of		
2. Co for	th therein) be:	ayment of all fees, costs and expenses of a period of the second of the	administration as set		
	urt enter an order directing the conserva Schedule of Distribution, section 6, abo	ator to distribute all assets of the conservative.	orship as set forth in		
title, or ev the court Conservat	dence confirming the ordered distribing issue a Decree of Final Dischargor's bond must be released and disce of the conservator's duties, as	al receipts, appropriate instruments evicution pursuant to the Schedule of Distrile, whereupon the conservator and a scharged from all liability arising in conditate the administration of this conditated.	bution in section 6, any surety on the connection with the		
form.		m filling in the blanks and not changing a have made a change to the original conter	, ,		
■ By chec	iking this box, I am acknowledging that I	have made a change to the original conten	it of this form.		
■ By chec		VERIFICATION	it of this form.	Formatted: No unde	erline
				Formatted: No unde	erline
	nder penalty of perjury under the law of 0	VERIFICATION		Formatted: No unde	erline
I declare u	nder penalty of perjury under the law of 0	VERIFICATION Colorado that the foregoing is true and correct the control of the		Formatted: No unde	erline
L declare un Executed communication (month)	nder penalty of perjury under the law of (on the day of (date)	VERIFICATION Colorado that the foregoing is true and corr Executed on the day of (date)	ect.	Formatted: No unde	erline
L declare un Executed communication (month)	nder penalty of perjury under the law of on the day of (date) (year) er location, and state OR country)	VERIFICATION Colorado that the foregoing is true and corr Executed on the day of	ect.	Formatted: No unde	erline
Executed of (month) at (city or other printed na	nder penalty of perjury under the law of on the day of (date) (year) er location, and state OR country)	VERIFICATION Colorado that the foregoing is true and corr Executed on the day of	ect.	Formatted: No unde	erline
Executed of (month) at (city or other printed na	nder penalty of perjury under the law of on the day of (date) (year) er location, and state OR country)	VERIFICATION Colorado that the foregoing is true and correct Executed on the	ect. untry) or, if any)	Formatted: No unde	erline
[declare under the content of the c	nder penalty of perjury under the law of Con the day of (date) (year) er location, and state OR country) me) of Conservator/Successor) Attorney Signature, (if any)	VERIFICATION Colorado that the foregoing is true and correct Executed on the	ect. untry) or, if any)	Formatted: No unde	erline
Executed c (month) at (city or other	nder penalty of perjury under the law of Con the day of (date) (year) er location, and state OR country) me) of Conservator/Successor) Attorney Signature, (if any)	VERIFICATION Colorado that the foregoing is true and correct Executed on the	ect. untry) or, if any)	Formatted: No under	erline

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JDF 888SC R469/189 PETITION FOR TERMINATION OF CONSERVATORSHIP

	y)	
ed name)		
ature)		
	CERTIFICATE OF SERVICE	
ify that on (da	ate), a copy of this (nam	ne of document) was se
llows on each of the following: Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
	0.1.1000000	
at any of the followings, bond delivers.	first sleep really continued and it is considered and	face
nt one of the following. Hand delivery,	first-class mail, certified mail, e-service, or	iax.
	Signature	

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Dis	strict Cour	t Denver Probate Court	
		County, Colorado	
Court	Address:	•	
In the	Matter o	of the Estate of:	_
	, matter c	Tillo Lotato Gii	
			A
Dece		A Martin and Automorphisms and Addisonal	COURT USE ONLY
Attorr	iey or Par	ty Without Attorney (Name and Address):	Case Number:
Dhon	e Number	: E-mail:	
		Atty. Reg. #:	Division Courtroom
		PUBLIC ADMINISTRATOR'S STATEME	
		PURSUANT TO SMALL ESTATE	
		ion 15-12-621(6), C.R.S. all estates administered by a shall be closed by the filing of a public administrato	
		e court. The statement of account shall set forth all r	
		f the estate including the public administrator's fees	
public a	administra	ator's staff and investigators. Upon filing of the public	administrator's statement of account and all
		the public administrator shall be discharged and rel	eased from all further responsibility and all
liability	with rega	rds to the estate.	
COME	S NOW,	the Judicial District hereby states as follo	, the Public Administrator/Deputy Public
Admini	strator for	the Judicial District hereby states as follo	ws:
1 That	the Esta	to of	decedent is a small estate
ı. ınaı as defii	ned in C.F	R.S. 15-12-1201, as amended.	, decedent, is a small estate
2. Tha	t the dece	edent died on	
o T i			
3. The	claims pe	eriod for the claims against the estate ended on	·
4. Tha	t a filing fo	ee of accompanies this statemen	t as the gross assets of this Estate are:
		00.00 but less than \$2,000.00 or \Box more than \$2,00	
		ITEMS OF RECEIPT	
		(Detail Listing and/or Attached Description	Ledger) Receipt Value
		Description	Neceipt value
1			
2			
3			
TOTA	L RECEI	PTS	
.0.,			
ASSE	т	DESCRIPTION OF ASSETS DON	ATED OR DISPOSED OF
,		DESCRIPTION OF ASSETS BON	ATED OR DIGITOSED OF
Collec	tibles		
Clothi	ng		
House	ehold		
Items			

JDF 898SC R912246/189 PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNTS PURSUANT TO SMALL ESTATE PROCEDURE Page 1 of 3 Page 1 of 2

DISTRIBUTIONS TO HEIRS/DEVISEES AND FUNDS PAID TO THE COLORADO DEPARTMENT OF THE TREASURY First and Last Name of Recipient/Dept. of the Treasury PIBLIC ADMINISTRATOR LOSS SUMMARY (Unpaid Fees/Costs and/or Attach Ledger) Loss of PA Loss of P	ems ther						
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state under penalty of perjury that this is a true and complete Public Administrator's Statement of eccounts of this estate to the best of my knowledge, information and belief. I understand that this tatement is subject to audit and verification. VERIFICATION declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Formatted: Font: (Default) Arial Formatted: Font: Arial, 10 pt Formatted: Font: Arial, 10 pt	By checking this box,	I am acknowledging	g that I have made a	change to the original cont			Farmeth de Fact 10 at
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	declare under penalty	/ of periury linder t					\ <u>\</u>
tudiet tudonut (VEdi)			ne law or Colorado	that the foregoing is tro	ie and correct.		Formatted: Font: Arial, 10 pt

at (city or other location, and state OR country)	
(printed name)	
(signature)	
Date:	Signature of Public/Deputy Public Administrator
	Address
	City, State and Zip Code

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.

District Court Denver Pr Court Address:	obate Court ity, Colorado		
Court Address.			
In the Matter of the Estate o	f:		
Danasad			▲ COURT USE ONLY ▲
Deceased Attorney or Party Without Attorney	rnev (Name a	nd Address).	Case Number:
Allomey of Farty Willout Allo	iney (ivaine a	nu Audress).	Case Number.
Phone Number:	E-mail	<u>-</u>	
FAX Number:	Atty. R	•	Division Courtroom
DEN	_	T TO § 15-12-204 C.R.P.P. 21	NGS OR ORDERS I, C.R.S. AND
	INSTRU	CTIONS TO THE DE	MANDANT
◆ File the original of this docu	ument with the	court	
 If a personal representative 	e has already	been appointed, the	e court must mail a copy of the Demand to the nd to the personal representative and complete
 The court will require any Certificate of Service statin 			this Demand relates to be accompanied by a elivered to the demandant
 Notice under this Demand in the estate 	may be waive	d in writing and ceas	es upon the termination of demandant's interest
1. I have the following financ Creditor Devisee Heir 201(24), C.R.S.		(identify relations	ate as a: ship to the decedent, as defined in §15-10-
		,	
2. Information about the dem			
Name:			
Street Address:			
City:		•	
			Phone:
			r none.
Email Address:			

3. I demand notice if an estate is opened concerning the above-named decedent.

Application or Petition for Pro	_	•
☐ Inventory (§ 15-12-706(2), C☐ Any filing for the purpose of €	.R.S.);	
form.	vledging I am filling in the blanks and not ored	
Signature of Attorney for Demandant	Date Signature of Demandant	Date
	VERIFICATION	
Executed on the day of (date) (more than 1 countries at (city or other location, and state OR countries at (city or other location, and state OR countries at (city or other location)	, , ,	e and correct.
(printed name)		
(signature)		
Attorney Signature, (if any)	Date	
I certify that onas follows on each of the following:	CERTIFICATE OF SERVICE (date), a copy of this (na	ame of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

		- 1 () () () ()	
ert one of the following: ha	nd delivery, first-class mail, c	ertified 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 unty, Colorado			
Court Address:	,, 55.5.445			
In the Matter of the Estate	of:		-	
Deceased			▲ C	OURT USE ONLY
Attorney or Party Without A	ttorney (Name an	d Address):	Case Num	ber:
Phone Number:	E-mail:			
FAX Number:	Atty. Re		Division	Courtroom
WITHDRAW		ND FOR NOTICE O		OR ORDERS
	PURSUA	NT TO § 15-12-204,	C.R.S.	
,		(demandant), hereby	withdraw my	Demand for Notice of Filing
or Orders filed on		(date).		
Signature of Attorney for Der	nandant Date	Signature of E	Demandant	
		VEDIEICATION		
		VERIFICATION		
declare under penalty of pe	rjury under the lav	w of Colorado that the for	egoing is true	and correct.
Executed on the day (date)	of, (month)	, (vear)		
(uale)	(monun)	(year)		
at				
city or other location, and st	ate OR country)			
printed name)				
,				
(cignoture)				
(signature)				
Attorney Signature, (if any)		<u>Date</u>		
		RTIFICATE OF SERVICE		
certify that on		, a copy of this	(nam	ne of document) was served
as follows on each of the foll		Relationship to Dece	dent. Ward	
Name and Ad	dress	or Protected P		Manner of Service*
		0		

t one of the following: hand delivery, fi		

	ver Probate Court County, Colorado	
Court Address:		
In the Matter of the Esta	ate 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
	LICATION FOR INFORMAL PRO	-
INFORM	MAL APPOINTMENT OF PERSON	NAL REPRESENTATIVE
	****** Use this form if the deceden	t left a will ******
The annlicant an interes	ted person pursuant to § 15-10-201/27), C.R.S., makes the following statements:
		, o.i.v.o., makes the following statements.
. Information about the	e applicant:	
Name:	Relations	hip to Decedent:
Street Address:		
City:	State: Zip Code:	
Mailing Address, if diffe	erent:	
	State: Zip Code:	
	Alternate Phor	
		7
2. The Decedent	(name) died on	(date) at the age of years. The
decedent was domicile	ed or resided in the City of	County of, the State of
. Venue for this proceed	ling is proper in this county because the o	decedent:
	•	
had his or her domi	clie of residerice in this county on the dat	
☐ had his or her domided in the complex of the com		but had property located in this county on the
☐ did not have his or date of death. This application is file.	her domicile or residence in Colorado, ld within the time period permitted by lav	but had property located in this county on th w. Three years or less have passed since th
☐ did not have his or date of death. I. This application is file decedent's death, or co. The applicant:	ther domicile or residence in Colorado, in distribution within the time period permitted by law irrcumstances described in § 15-12-108, Colorado Demand for Notice of Filings or Orders	

	address of the persona	nted a personal representative and no such appointment a personal representative or an appointment proce (Attach a statement explaining the circumstaal representative. Attach a certified copy of the appointment.	nces and inc	ding in the State of
7.	The dates of all codicils The will and any cod	ent's last will is s are icils are collectively referred to as "the Will." The I that it was validly executed.	applicant b	elieves that it is the
	applicant is unaware o	closed in an attached explanation and after the exe f any instrument revoking the will and is unaware of not expressly revoked by a later instrument.		
	has been deliverdation is filed with this and An e-filed copy on the original will the will has been properties.	f the will is filed with this application. be delivered to the court forthwith.	516, C.R.S.); Authent	icated copies of the
8.	b) Did the decedent ha c) Did the decedent ha d) Does the decedent's are not descendar	ther in a civil union survive the decedent? ve a surviving parent? ve surviving children or other descendants? s surviving spouse or partner in a civil union have survits of the decedent? ent's surviving descendants also descendants of the other in a civil union?	Yes OYes Oyiving descer	No No ndants who No
9.	If a guardian or coname and address If a minor child is li If a spouse, partne	esses of the decedent's spouse, partner in a civil ws: onservator has been appointed for one of the perso of the guardian or conservator. sted, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decedection is included in the Instructions - JDF 906.	ons listed be	low, also provide the
	Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union,

Name: Street Address: City:		The Nominee is 2	1 years of age or old	der.
City:				
	State:	Zip Code:		
Mailing Address, if different				
	State: Z			
Primary Phone:		Alternate Phone	e:	
Email Address:				
<u>Or</u>				
☐ Applicant nominates t	he following person b	be appointed as persona	al representative.	
Name:		The Nominee i	is 21 years of age or	r older
Street Address:				
City:				
Mailing Address, if different				
City:				
Primary Phone:				
Email Address:				
The nominee has priority	for appointment bed	cause of:		
☐statutory priority. (§ 15	5-12-203, C.R.S.)			
☐reasons stated in the	attached explanation).		
Persons with prior or equ	al righta to appointm	ant are as follows:		

Page 3 of 5 Page 3 of 4

JDF 910SC R9346/189 APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

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The basis of compensation has not yet been determined.*				
There is a continuing obligation to disclose any material changes to the basis 602 C.R.S.)	for charging fee	s. (§ 15-10-		
The personal representative may compensate his, her, or its counsel.				
The hourly rates to be charged, any amounts to be charged pursuant to nocluding 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 application.*	and any other	bases upon		
The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis 602 C.R.S.)	for charging fee	s. (§ 15-10-		
The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis	for charging feed	s. (§ 15-10- ond be filed.		
☐ The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis i02 C.R.S.) ☐ Bond is not required by the will nor has any and no interested person deskip #15 below.) ☐ Bond is required by will or is being demanded by an and no interested person	for charging feed	s. (§ 15-10- ond be filed.		
The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis 302 C.R.S.) Bond is not required by the will nor has any and no interested person deskip #15 below.) Bond is required by will or is being demanded by an and no interested person tels below.)	for charging fee: emanded that bo	s. (§ 15-10- ond be filed.	Formatted: Font: Bold	
The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis 502 C.R.S.) Bond is not required by the will nor has any and no interested person deskip #15 below.) Bond is required by will or is being demanded by an and no interested person 115 below.) Bond in the amount of \$	for charging feed emanded that be n-has-demanded they (§ 15-12-604	s. (§ 15-10- ond be filed.	Formatted: Font: Bold Formatted: No bullets or num	bering
The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis 502 C.R.S.) Bond is not required by the will nor has any and no interested person deskip #15 below.) Bond is required by will or is being demanded by an and no interested person to be below.) Bond in the amount of \$	for charging fee: emanded that be n-has-demanded by (§ 15-12-604	s. (§ 15-10- ond be filed.		bering
The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis 502 C.R.S.) Bond is not required by the will nor has any and no interested person deskip #15 below.) Bond is required by will or is being demanded by an and no interested person to be below.) Bond in the amount of \$	for charging feedemanded that be the has demanded that by (§ 15-12-60-4)	s. (§ 15-10- ond be filed.	Formatted: No bullets or number	bering
The basis of compensation has not yet been determined.* There is a continuing obligation to disclose any material changes to the basis 302 C.R.S.) Bond is not required by the will nor has any and no interested person deskip #15 below.) Bond is required by will or is being demanded by an and no interested person to be below.) Bond in the amount of \$	for charging feed emanded that be n-has demanded by (§ 15-12-604	s. (§ 15-10- ond be filed.	Formatted: No bullets or number	bering

Page 4 of 5 Page 4 of 4

43.12. The personal representative may receive compensation.

and that Letters Testamentary be issued.

JDF 910SC R9346/189 APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

	VERIFICATION	Formatted: No underline
declare under penalty of perjury under the law	v of Colorado that the foregoing is true and correct.	
executed on the day of (date)	Executed on the day of (date)	
(month) (year)	(month) (year)	
ıt	at	
city or other location, and state OR country)	(city or other location, and state OR country)	
(printed name)	(printed name)	
Signature of Applicant)		
Signature of Applicant)	(Signature of Co-Applicant, if any)	
	(Signature of Co-Applicant, if any) ———————————————————————————————————	Formatted: Left
Attorney Signature, (if any)	——————————————————————————————————————	Formatted: Left
Attorney Signature, (if any)	—Date VERIFICATION	Formatted: Left
Attorney Signature, (if any) declare under penalty of perjury under the law	——————————————————————————————————————	Formatted: Left
Attorney Signature, (if any) declare under penalty of perjury under the law	—Date VERIFICATION	Formatted: Left
Attorney Signature, (if any) declare under penalty of perjury under the law Executed on the day of, (date) (month)	VERIFICATION v of Colorado that the foregoing is true and correct.	Formatted: Left
Attorney Signature, (if any) declare under penalty of perjury under the law Executed on the	VERIFICATION v of Colorado that the foregoing is true and correct.	Formatted: Left
Attorney Signature, (if any) declare under penalty of perjury under the law executed on the day of,	VERIFICATION v of Colorado that the foregoing is true and correct.	Formatted: Left
Attorney Signature, (if any) declare under penalty of perjury under the law Executed on the day of, (date) (month)	VERIFICATION v of Colorado that the foregoing is true and correct.	Formatted: Left
Attorney Signature, (if any) declare under penalty of perjury under the law executed on the day of,	VERIFICATION v of Colorado that the foregoing is true and correct.	Formatted: Left

□ District Court □ Denver Probate Court			
Court Address:			
In the Matter of the Estate of:			
December 1		A Co	OURT USE ONLY
Attorney or Party Without Attorney (Name an	d Address):	Case Numb	
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Division	Courtroom
, ,	ANCE OF APPO		
☐ Personal Representative; ☐ Successor Personal Representative; —	the duties and disch	arge the trust of, the	e office of:
☐ Personal Representative; ☐ Successor Personal Representative; ☐ Special Administrator; or ☐ Other:			
☐ Personal Representative; ☐ Successor Personal Representative; ☐ Special Administrator; or ☐ Other: ☐ submit personally to the jurisdiction of this continuous personal of the submit personal of the person	urt in any proceeding		
□ Successor Personal Representative; □ Special Administrator; or			
☐ Personal Representative; ☐ Successor Personal Representative; ☐ Special Administrator; or ☐ Other: ☐ submit personally to the jurisdiction of this continuous cont	urt in any proceeding	g relating to this ma	
☐ Personal Representative; ☐ Successor Personal Representative; ☐ Special Administrator; or ☐ Other: ☐ submit personally to the jurisdiction of this continuous personal of the personal of t	urt in any proceeding	g relating to this ma	
☐ Personal Representative; ☐ Successor Personal Representative; ☐ Special Administrator; or ☐ Other: ☐ submit personally to the jurisdiction of this continuous personal of the personal of t	urt in any proceeding Signature Print Name	g relating to this ma	

VERIFICATION

I declare under p	penalty of per	jury under the la	w of Colorac	do that the fo	oregoing is tru	ue and correct
Executed on the	day (date)	of (month)	, (year)	_,		
at (city or other loc	ation, and sta	ite OR country)				
(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 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
APPLICATION FOR INFORMAL APPOINTMENT C	
****** Use this form if the decedent did The applicant, an interested person pursuant to § 15-10-201(27) 1. Information about the applicant:	
Name: Relations	ship to Decedent:
Street Address:	
City: State: Zip	o Code:
Mailing Address, if different:	
City: State: Zip Code:	
Primary Phone: Alternate Ph	hone:
Email Address:	
2. The decedent,, died on((date) at the age of years. The decedent
was domiciled or resided in the City ofCounty of	f, the State of
 Venue for this proceeding is proper in this county because the □ had his or her domicile or residence in this county on the da □ did not have his or her domicile or residence in Colorado, date of death. 	ate of death.
 This application is filed within the time period permitted by la decedent's death, or circumstances described in § 15-12-108, 	aw. Three years or less have passed since the C.R.S. authorize tardy probate or appointment.
5. The applicant: □ has not received a Demand for Notice of Filings or Orders Filings or Orders concerning the Decedent. □ has received or is aware of a Demand for Notice of Filing attached Demand for Notice of Filings or Orders or explanation	ngs or Orders concerning the Decedent. See
 No court has appointed a personal representative and no state or elsewhere. 	such appointment proceeding is pending in this
JDF 916SC R9346/189 APPLICATION FOR INFORMAL APPOINTMENT OF 5 Page 1 of 4	PERSONAL REPRESENTATIVE Page 1 of

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	appointed a personal representative or an appointm (Attach a statement explaining the circumsta			
of the personal been finalized.)	representative. Attach a certified copy of the ap			
	be disclosed in an attached explanation and afte ware of any unrevoked will relating to property in C		sonable diligence, the	
8. Decedent's n	narital and family status:		4	Formatted: List Paragraph, Numbered + Level: 1 +
_	se or partner in a civil union survive the decedent?	□Yes □No		Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Le
b) Did the dec	edent have a surviving parent?	□Yes □No		Aligned at: 0" + Indent at: 0.25"
	dent have surviving children or other descendants? cedent's surviving spouse or partner in a civil union		ndants who	
are not descend	dants of the decedent?	☐Yes ☐No		
e) Are all of the	decedent's surviving descendants also descendant			
surviving spous	e or partner in a civil union	☐Yes ☐No		
f) Are any of th	e decedent's children minors?	☐Yes ☐No		
			HE date of death.	
	, partner in a civil union, or child has predeceased t f this section is included in the Instructions - JDF 90 Address or Date of Death	7. Age,	Relationship (e.g.	
◆ A sample o	f this section is included in the Instructions - JDF 90)7.	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for	
◆ A sample o	f this section is included in the Instructions - JDF 90	Age, only if	Relationship (e.g. spouse, partner in a civil union, child, brother,	
◆ A sample o	f this section is included in the Instructions - JDF 90	Age, only if	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for	
◆ A sample o	f this section is included in the Instructions - JDF 90	Age, only if	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for	
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◆ A sample o	f this section is included in the Instructions - JDF 90	Age, only if	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for	
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◆ A sample o	f this section is included in the Instructions - JDF 90	Age, only if	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for	
◆ A sample o	f this section is included in the Instructions - JDF 90	Age, only if	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for	
A sample of Name Name Applicant is presentative. ○○□ r	Address or Date of Death Address or Date of Death 21 years of age or older and nominates himse	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	
A sample of Name Name Applicant is presentative. Or □ Applicant is	Address or Date of Death Address or Date of Death 21 years of age or older and nominates himse	Age, only if Minor If or herself to be a	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	
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Primary Phone: Alternate Phone:			
Email Address:			
<u>Or</u>			
Applicant nominates the following person be appointed as personal representative	re.		
Name: The Nominee 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, C.R.S.)			
☐reasons stated in the attached explanation.			
Persons with prior or equal rights to appointment are as follows:			
renounced their right to appointment (JDF 912SC). All required renouncements acc They have each renounced their rights to appointment or have been given notice or	ompany this application.		
All person(s) (other than those identified in Paragraph 10 above) with prior or equal renounced their right to appointment (JDF 912SC). All required renouncements accompany they have each renounced their rights to appointment or have been given notice or required renouncements accompany this application.	ompany this application. of these proceedings. Any	Formatted: Font: (Default) Ari	ial
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☐The basis of compensation	has not yet been determined*	
There is a continuing obligation to	o disclose any material changes to the basis for charging fees. (§ 15-10-602	
R.S.)	y diselected any material changes to the basis for sharighing 1866. 13 16 16 662	
4. The personal representative n	may compensate his, her, or its counsel.	
including the rates and basis	larged, any amounts to be charged pursuant to a published fee schedule, for charging fees for any extraordinary services, and any other bases upon estate will be calculated, are as stated below or in an attachment to this	
The basis of compensation	has not yet been determined.	
There is a continuing obligation to R.S.)	o disclose any material changes to the basis for charging fees. (§ 15-10-602	
. No interested person demandant	nded that bond be filed.	
Bond in the amount of \$	has been demanded.	
The applicant requests that t		
	the registrar informally appoint the nominee as personal representative in serve:	
supervised administration to		
supervised administration to substitution to s	serve:	
supervised administration to solution to solution to solution to solution the solution to solution to solution to solution to solution the solution to solution the solution to solution t	serve:	
Isupervised administration to solution to solution to solution to solution the solution that Letters of Administration is solved. I By checking this box, I am action.	with bond in the amount of \$ on be issued.	
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(GC	ate)	(d	ate)
(month)	(year)	(month)	(year)
at		at	
(city or other location	n, and state OR country)	(city or other location	, and state OR country)
(printed name)		(printed name)	
(printed ridine)		(printed name)	
(Signature of Applica	ant)	(Signature of Co-App	licant, if any)
Attorney Signature, (Date	
Ldoclare under nona	alty of pariury under the law o	f Colorado that the foregoi	ag is true and correct
	alty of perjury under the law o	f Colorado that the foregoi	ng is true and correct.
Executed on the			ng is true and correct.
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Executed on the	day of,		ng is true and correct.
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Executed on the	day of, ate) (month)		ng is true and correct.

*Note:

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

District Court Denve			
	County, Colorado		
ourt Address:			
		COURT USE ONLY	
the Matter of the Deter nd of Interests in Prope	mination of Heirs or Devisees or Both rty of:	Case Number:	
		Division: Courtroom:	
eceased			
e Court finds that: 1. The statements in the 2. Notice has been properties.	etition for the Determination of Heirs or Devis e Petition are true and correct; perly given or waived; anding to bring this action in accordance with		perty:
2. Notice has been propaga. The Petitioner has st	e Petition are true and correct; perly given or waived;	ı §15-12-1302(1), C.R.S.;	perty:
e Court finds that: 1. The statements in the 2. Notice has been proposed. 3. The Petitioner has st	e Petition are true and correct; perly given or waived; anding to bring this action in accordance with	escription if real property): Location of Property	perty:
2. Notice has been propaga. The Petitioner has st	e Petition are true and correct; perly given or waived; anding to bring this action in accordance with the subject of the Petition is (including legal d Description of Property (ONLY IF KNOWN, petitioner may inc	escription if real property): Location of Property	perty:
2. Notice has been proposed. The Petitioner has st 4. The property that is t	e Petition are true and correct; perly given or waived; anding to bring this action in accordance with the subject of the Petition is (including legal d Description of Property (ONLY IF KNOWN, petitioner may inc	escription if real property): Location of Property	perty:
2. Notice has been propagation. The Petitioner has st. The property that is to Property 1	e Petition are true and correct; perly given or waived; anding to bring this action in accordance with the subject of the Petition is (including legal d Description of Property (ONLY IF KNOWN, petitioner may inc	escription if real property): Location of Property	perty:

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	Will and any codicils are referred to as the Will.	
a.	The heirs or devisees of the Original Decedent are:	
	Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
F		

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JDF 918SC 6/19, Judgment and Decree Determining Heirs or Devisees or Both, and of Interests in Property Page 1 of 3

Name of Original Decedent:____

5a. The Original Decedent died without a Will.

Owner(s) by Descent or Succession	Share of Original		(
Owner(s) by Descent of Succession	Decedent's Interest in Property (Fraction or Percentage)		Formatted Table
ragraphs 5 through 8 will be addressed for each Addition	onal Decedent addressed in the Petition.		
The First Additional Decedent died without a Will. The First Additional Decedent died with a Will. The date of The dates of all codicils are The Will and any codicils are referred to as the Will.		2	
ne heirs or devisees of the First Additional Decedent are:			
Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for	•	Formatted Table
	spouse, etc.)		
the property identified in Paragraph 4 above. e owners by descent or succession of the First Additional	Decedent's fractional or percentage interes		
he property identified in Paragraph 4 above. e owners by descent or succession of the First Additional he Original Decedent's interest in the property identified in	Decedent's fractional or percentage interes		
the property identified in Paragraph 4 above. e owners by descent or succession of the First Additional	Decedent's fractional or percentage interes		Formatted Table
the property identified in Paragraph 4 above. ne owners by descent or succession of the First Additional the Original Decedent's interest in the property identified in	Decedent's fractional or percentage interest Paragraph 4 above: Share of First Additional Decedent's Interest in Property		Formatted Table
ne property identified in Paragraph 4 above. e owners by descent or succession of the First Additional ne Original Decedent's interest in the property identified in Owner(s) by Descent or Succession deed on the foregoing, the Court determines the Original Decedent or	Decedent's fractional or percentage interest Paragraph 4 above: Share of First Additional Decedent's Interest in Property (Fraction or Percentage)	st	Formatted Table Formatted Table
he property identified in Paragraph 4 above. e owners by descent or succession of the First Additional he Original Decedent's interest in the property identified in Owner(s) by Descent or Succession sed on the foregoing, the Court determines the Original Deceder of the property identified in	Decedent's fractional or percentage interest Paragraph 4 above: Share of First Additional Decedent's Interest in Property (Fraction or Percentage)	st	
e property identified in Paragraph 4 above. owners by descent or succession of the First Additional e Original Decedent's interest in the property identified in Owner(s) by Descent or Succession ed on the foregoing, the Court determines the Original Deceder of Succession	Decedent's fractional or percentage interest Paragraph 4 above: Share of First Additional Decedent's Interest in Property (Fraction or Percentage)	st	Formatted Table Formatted: Font: (Default) Arial, 9 pt Formatted: Font: 9 pt
he property identified in Paragraph 4 above. e owners by descent or succession of the First Additional he Original Decedent's interest in the property identified in Owner(s) by Descent or Succession sed on the foregoing, the Court determines the Original Decedent as follows:	Decedent's fractional or percentage interest in Paragraph 4 above: Share of First Additional Decedent's Interest in Property (Fraction or Percentage) eccedent's interest in the property identified in Share of Original Decedent's Interest in	st	Formatted Table Formatted: Font: (Default) Arial, 9 pt Formatted: Font: 9 pt Formatted: Font: 9 pt
the property identified in Paragraph 4 above. e owners by descent or succession of the First Additional the Original Decedent's interest in the property identified in Owner(s) by Descent or Succession sed on the foregoing, the Court determines the Original Deragraph 4 to be held as follows: Owner(s) by Descent or Succession	Share of Original Decedent's interest in Property Decedent's interest in Property Decedent's interest in Property Decedent's interest in Property Decedent's interest in the property identified in Decedent's Interest in Property	st	Formatted Table Formatted: Font: (Default) Arial, 9 pt Formatted: Font: 9 pt Formatted: Font: 9 pt Formatted: Font: (Default) Arial, 9 pt
the property identified in Paragraph 4 above. e owners by descent or succession of the First Additional the Original Decedent's interest in the property identified in Owner(s) by Descent or Succession sed on the foregoing, the Court determines the Original Deragraph 4 to be held as follows: Owner(s) by Descent or Succession	Decedent's fractional or percentage interest in Paragraph 4 above: Share of First Additional Decedent's Interest in Property (Fraction or Percentage) eccedent's interest in the property identified in Share of Original Decedent's Interest in	st	Formatted Table Formatted: Font: (Default) Arial, 9 pt Formatted: Font: 9 pt Formatted: Font: 9 pt Formatted: Font: (Default) Arial, 9 pt Formatted: Font: (Default) Arial, 9 pt
ased on the foregoing, the Court determines the Original Dearagraph 4 to be held as follows: Owner(s) by Descent or Succession	Share of Original Decedent's interest in Property Decedent's interest in Property Decedent's interest in Property Decedent's interest in Property Decedent's interest in the property identified in Decedent's Interest in Property	st	Formatted Table Formatted: Font: (Default) Arial, 9 pt Formatted: Font: 9 pt Formatted: Font: 9 pt Formatted: Font: (Default) Arial, 9 pt

The Court further finds:	
This judgment and decree shall be conclusive as to the right date of entry. If the judgment and decree affects title to real must be recorded and indexed in the office of the county cle is located in manner and in like effect as a deed of conveya the owners by descent or succession.	I property, a certified copy of the judgment and decree erk and recorder of each county in which real property
Date:	□Judge □Magistrate □Registrar

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Ī	□ District Court □ Denver Probate Court	
c	Court Address:	
ī	n the Matter of the Estate of [±] :	
_	Deceased	▲ COURT USE ONLY ▲
Α	Attorney or Party Without Attorney (Name and Address):	Case Number:
	Phone Number: E-mail:	
	FAX Number: Atty. Reg. #:	Division Courtroom
	PETITION FOR FORMAL PR FORMAL APPOINTMENT OF PER	
	****** Use this form if the dec	cedent left a will ******
	ne petitioner, an interested person pursuant to § 15-10-	201(27), C.R.S., makes the following statements:
1.		lationalis to Boundary
	Name:Re	
	Street Address:	
	City: State: Zi	p Code:
	Mailing Address, if different:	
	City: State: Zip Code:_	
	Primary Phone: Alternate	e Phone:
	Email Address:	
2.	The decedent,, died on	(date) at the age of years. The decedent
	was domiciled or resided in the City of	County of, State of
		
3.	Venue for this proceeding is proper in this county because	se the decedent:
	had his or her domicile or residence in this county on	the date of death.
	did not have his or her domicile or residence in Cold date of death.	orado, but had property located in this county on the
4.	This petition is filed within the time period permitted be decedent's death, or circumstances described in § 15-12	
5.	The Petitioner: has not received a Demand for Notice of Filings or Filings or Orders concerning Decedent. has received or is aware of a Demand for Notice of Filings or Orders or explanation.	·
	·	

6.	☐No court has appoint state or elsewhere.	nted a personal representative an	d no such appointm	ent proceed	ding is pending in this
		ed a personal representative or an			
		(Attach a statement expla	ning the circumstar	nces and ind	licating the name and
	has been finalized.)	al representative. Attach a certifie	a copy of the appoir	iting docume	ent ir the appointment
7.	petitioner is unaware of in Colorado that have r Or The date of the decede The dates of all codicili	closed in an attached explanation of any instrument revoking the will not been expressly revoked by a la ent's last will iss are	and is unaware of a ter instrument.	any prior wil	lls relating to property
		icils are collectively referred to a that it was validly executed.	as "the will". The	petitioner b	elieves that it is the
8.	☐The original will				
	was deposited w	ith this court before the decedent's	death (§ 15-11-515,	C.R.S.)	
	has been deliver	ed to this court since the decedent	's death (§ 15-11-51	6, C.R.S.)	
	is filed with this p				
	Other:				
	An e-filed copy of immediately.	of the will is filed with this petition	and the original w	ill must be	delivered to the court
	☐The will has been powill and of the stateme	robated in the State of nt probating it are filed with this pe	tition. (§ 15-12-402, (Authent C.R.S.)	icated copies of the
9. [Decedent's marital and f	amily status:			
	a) Did a spouse or part	tner in a civil union survive the dec			
	b) Did the decedent ha	ive a surviving parent?	□Yes		
	d) Does the decedent's	ove surviving children or other desc s surviving spouse or partner in a	civil union have surv	viving descer	ndants who
	e) Are all of the decede	nts of the decedent? ent's surviving descendants also d	escendants of the	□No	
	surviving spouse or pa		□Yes		
	f) Are any of the deced	lent's children minors?	□Yes	ЫNo	
	The names and addre	esses of the decedent's spouse,	partner in a civil u	ınion, child	ren, other heirs, and
	name and address If a minor child is li If a spouse, partne	onservator has been appointed for of the guardian or conservator. sted, list the child's parent(s), gual or in a civil union, or child has preduction action is included in the Instruction	dian, or conservato	r.	
Г	Name	Address or Date of	f Death	Age,	Relationship (e.g.
				only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
L				9 1	

Petitioner is 21 years of age or older and nominates himself or herself to be appointed as personal esentative.	
Petitioner is 21 years of age or older and nominates himself/herself to be appointed as co-personal	
representative along with the following as a co-personal representative.	
Name: The Nominee is 21 years of age or older.	
Street Address:	
City: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	
City: State: Zip Code: Primary Phone: Alternate Phone:	
Primary Phone: Alternate Phone: Email Address:	
Primary Phone: Alternate Phone:	
Primary Phone: Alternate Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal Representative.	
Primary Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal Representative. Name: The Nominee is 21 years of age or older.	
Primary Phone: Alternate Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal Representative. Name: The Nominee is 21 years of age or older. Street Address: City: State: Zip Code: Mailing Address, if different:	
Primary Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal Representative. Name: The Nominee is 21 years of age or older. Street Address: Zip Code: Mailing Address, if different: Zip Code:	
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Primary Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal Representative. Name: The Nominee is 21 years of age or older. Street Address: Zip Code: Mailing Address, if different: Zip Code:	
Primary Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal Representative. Name:	Formatted: Font: Bold
Primary Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal 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: Email Address: The nominee has priority for appointment because of: Statutory priority. (§ 15-12-203, C.R.S.)	Formatted: Indent: First line: 0"
Primary Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal 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: Email Address: The nominee has priority for appointment because of: Statutory priority. (§ 15-12-203, C.R.S.) Preasons stated in the attached explanation.	
Primary Phone: Alternate Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal Representative. Name: The Nominee is 21 years of age or older. Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Alternate Phone: Email Address: The nominee has priority for appointment because of: statutory priority. (§ 15-12-203, C.R.S.) Preasons stated in the attached explanation.	Formatted: Indent: First line: 0"
Primary Phone: Email Address: Or Petitioner nominates the following person be appointed as Personal 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: Email Address: The nominee has priority for appointment because of: Statutory priority. (§ 15-12-203, C.R.S.) Preasons stated in the attached explanation.	Formatted: Indent: First line: 0"

Page 3 of 5

All person(s) (other than those identified in Paragraph 11 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this petition.

All persons with prior or equal right to appointment have executed a required renouncement that accompanies

this application.

JDF 920SC RR69/189 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

Bond in the amount of \$ has been demanded.	
4. Petitioner states the following regarding the decedent's estate, if required by- (§ 1	5-12-604, C.R.S.)
Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$
5. The personal representative may receive compensation. 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 at	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 characteristics.	rging fees. (§ 15-10-602
There is a continuing obligation to disclose any material changes to the basis for cha	a published fee schedule and any other bases upor
There is a continuing obligation to disclose any material changes to the basis for charges. 16. The personal representative may compensate his, her, or its counsel. 17. 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 at	a published fee schedule and any other bases upor
There is a continuing obligation to disclose any material changes to the basis for charges. 16. The personal representative may compensate his, her, or its counsel. 17. 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 published fee schedule and any other bases upor tachment to this petition. *
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There is a continuing obligation to disclose any material changes to the basis for charges. 16. The personal representative may compensate his, her, or its counsel. 17. 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 attribute to the basis of compensation has not yet been determined. 18. There is a continuing obligation to disclose any material changes to the basis for charges.	a published fee schedule and any other bases upor tachment to this petition. *

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	er requests that the court formally admit the decedent's will to edent and formally appoint the nominee as personal representative	
without bond	with bond in the amount of	
in unsupervised administration	☐ in supervised administration (additional filing fee required)	
nd that Letters Testamentary be issue e confirmed. The petitioner also requ	ed to the personal representative or that previously issued Letters ests:	3
a setting aside of prior informal findings a setting aside of prior informal appoint	•	
	mont of porconal reprocentative.	
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Attorney Signature, (if any)	Date VERIFICATION
I declare under penalty of perjury under the law	v 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:

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

	enver Probate Court County, Colorado		
Court Address:			
In the Matter of the E	state of*:		
		▲ COURT USE ON	ILY 🛦
Attorney or Party With	out Attorney (Name and Address):	Case Number:	
Amonio, or rary viai	out / morney (Name and / marcos).	Gass (Valliss).	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division Courtroo	m
PETITION FOR	PERSONAL REPR	ACY AND FORMAL APPOINTME	ENT OF
	FERSONAL KEFK	LOUNTATIVE	
**	**** Use this form if the deceder	nt did not leave a will *******	
Γhe petitioner, an inte	rested person pursuant to § 15-10-	-201(27), C.R.S., makes the following s	statements:
I. Information about	the petitioner:		
Name:	Re	lationship to Decedent	
Street Address:			
City:	State: 2	7in Code:	
City:		Zip Code:	_
Mailing Address, if	different:		
Mailing Address, if o	different: Zip Code: _		
Mailing Address, if of City:Primary Phone:	different:Zip Code:Zip Code:Alternate Phone		
Mailing Address, if of City:Primary Phone:	different: Zip Code: _		
Mailing Address, if of City: Primary Phone: Email Address:	different: Zip Code: Zip Code: Alternate Phone		
Mailing Address, if of City: Primary Phone: Email Address: 2. The decedent,	different: Zip Code: Zip Code: Alternate Phone	9:	he deceder
Mailing Address, if of City: Primary Phone: Email Address: 2. The decedent,	different: Zip Code: Zip Code: Alternate Phone	e: (date) at the age of years. T	he deceder
Mailing Address, if of City: Primary Phone: Email Address: 2. The decedent, was domiciled or re	different: Zip Code: Zip Code: Alternate Phone, died on sided in the City of	e: (date) at the age of years. T County of, St	he deceder
Mailing Address, if of City: Primary Phone: Email Address: 2. The decedent, was domiciled or re	different: State: Zip Code: _ Alternate Phone , died on sided in the City of eeding is proper in this county because	e: (date) at the age of years. T County of, Some see the decedent:	he deceder
Mailing Address, if of City: Primary Phone: Email Address: 2. The decedent, was domiciled or re Wenue for this proce □ had his or her do	different: State: Zip Code: _ Alternate Phone Alternate Phone in the City of seeding is proper in this county because omicile or residence in this county on	e: (date) at the age of years. T County of, Some see the decedent: the date of death.	The deceder
Mailing Address, if of City: Primary Phone: Email Address: 2. The decedent, was domiciled or re Wenue for this proce □ had his or her do	different: State: Zip Code: _ Alternate Phone Alternate Phone in the City of seeding is proper in this county because omicile or residence in this county on	e: (date) at the age of years. T County of, Some see the decedent:	The deceder
Mailing Address, if of City: Primary Phone: Email Address: The decedent, was domiciled or re had his or her do did not have his date of death. This petition is filed	different: State: Alternate Phone Alternate Phone , died on sided in the City of eeding is proper in this county because omicile or residence in this county on or her domicile or residence in Color diviting the time period permitted by	e: (date) at the age of years. T County of, Some see the decedent: the date of death.	The deceder tate of
Mailing Address, if of City: Primary Phone: Email Address: The decedent, was domiciled or re had his or her do did not have his date of death. This petition is filed decedent's death, of The Petitioner: has not received	different: State: Alternate Phone Alternate Phone , died on sided in the City of eeding is proper in this county because micile or residence in this county on or her domicile or residence in Color di within the time period permitted be or circumstances described in § 15-12	ce the decedent: the date of death. brado, but had property located in this conty law. Three years or less have pass	The deceder tate of

		aware of a Demand for Notice of Filings or Orders cor Filings or Orders or explanation.	cerning Dec	cedent. See attached	
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.)				
7.	Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any unrevoked will relating to property located in Colorado.				
8.	Decedent's marital and	d family status:			
	a) Did a spouse or	partner in a civil union survive the decedent?	□Yes □		
	b) Did the deceder	nt have a surviving parent?	□Yes □	No	
		nt have surviving children or other descendants? lent's surviving spouse or partner in a civil union have		escendants who	
		nts of the decedent?	□Yes □	No	
	•	cedent's surviving descendants also descendants of the or partner in a civil union?	ne □Yes □	No	
	• .	ecedent's children minors?	☐Yes ☐		
	., / o a y o o a				
	◆ A sample of this se	er in a civil union, or child has predeceased the decedenction is included in the Instructions - JDF 907.			
	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.)	
10.	representative.	ars of age or older and nominates himself or hers	elf to be a	spouse, etc.)	
10.		ars of age or older and nominates himself or hers	elf to be a	spouse, etc.)	
	representative. Or F 922SC R96/189 PETITIC FORMAL APP	ars of age or older and nominates himself or hers ON FOR ADJUDICATION OF INTESTACY AND OINTMENT OF PERSONAL REPRESENTATIVE		spouse, etc.)	

Name:		The Nominee is 21 years of age or older.	
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if diffe	rent:		
City:	State: Zip 0	Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
Name:		appointed as personal representative The Nominee is 21 years of age or older.	
			_
		Zip Code:	
			_
	State: Zip		
Primary Phone:	A	Alternate Phone:	
Email Address:			
	ty for appointment becau	use of:	
statutory priority. (§			
ereasons stated in the	-attached explanation.		
Persons with prior or eq	ual rights to appointment	are as follows:	
	ced their rights to appoints accompany this peti	ntment or have been given notice of these proceedings. Ition.	Any
	ty for appointment becau	use of:	
	(§ 15-12-203, C.R.S.)		Formatted: Indent: Left: 0.25", No bullets or numbering
	the attached explanation	<u>on.</u>	
	or equal rights to appointr	ment are as follows:	
Persons with prior of			
Persons with prior of			
Persons with prior of			
Persons with prior of			
	than those identified in	Paragraph 10 above) with prior or equal right to appointr	nent

Page 3 of 4

Page 3

They have each renounced their rights to appointment or have Any required renouncements accompany this petition.	been given no	tice of these proceeding
12. Bond is not required by the will and no interested person demande	d that bond be	a filed (Skin #13 helow)
Bond is required by will or is being demanded by an interested person demanded.		
-		te #13 below.)
Bond in the amount of \$ has been	demanded.	
11.13. Petitioner states the following regarding the decedent's estate, if	required by. (§	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 including the rates and basis for charging fees for any extraordina which a fee charged to the estate will be calculated, are as stated below.	ry services, a	nd 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 C.R.S.)	basis for charg	ging fees. (§ 15-10-602
3.15. The personal representative may compensate his, her or its coun. The hourly rates to be charged, any amounts to be charged.	pursuant to a	
including the rates and basis for charging fees for any extraordina which a fee charged to the estate will be calculated, are as stated below.		
The basis of compensation has not yet been determined. There is a continuing obligation to disclose any material changes to the C.R.S.)	basis for charç	ging fees. (§ 15-10-602
- /		
4. No interested person demanded that bond be filed.		
Bond in the amount of \$ has been demanded.		
15.16. ☐ Unsupervised administration is requested.		
DF 922SC R96/189 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE		Page 4 of 4

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	ner requests that the court determine that the decedent died without dent and formally appoint the nominee as personal representative.
without bond	☐with bond in the amount of \$
in unsupervised administration	☐in supervised administration (additional filing fee required)
nd that Letters of Administration be so requests:	e issued or that previously issued Letters be confirmed. Petition
a setting aside of prior informal findir	ngs as to testacy.
a setting aside of prior informal appo	intment of personal Representative.
a setting aside of prior informal apportant	intment of personal Representative.
a setting aside of prior informal appoint other: By checking this box, I am acknown.	intment of personal Representative.
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a setting aside of prior informal appoint other: By checking this box, I am acknowled orm. By checking this box, I am acknowled orm. declare under penalty of perjury under executed on the day of (date) (month) (year)	vieldging I am filling in the blanks and not changing anything else on edging that I have made a change to the original content of this form. VERIFICATION The law of Colorado that the foregoing is true and correct. Executed on the day of (date) (month) (year)
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Executed on			(,,,,,,)	
	(date)	(month)	(year)	
at				
city or other	location, and sta	ite OR country)		
printed nam	0)			
	C)			

*Note:

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

	rer Probate Court County, Colorado	
ourt Address:	odunty, odiorado	
the Matter of the Esta	ata af	
the Matter of the Esta	ate or:	
eceased		▲ COURT USE ONLY ▲
	t Attorney (Name and Ac	ddress): Case Number:
hone Number:	E-mail:	
AX Number:	Atty. Reg. #:	Division Courtroom
		R INFORMAL APPOINTMENT
OF SPEC	IAL ADMINISTRAT	OR PURSUANT TO § 15-12-614, C.R.S.
e applicant, an interes	ted person pursuant to	§ 15-10-201(27), C.R.S., makes the following statements
Information about the	• •	
Name:	R	Relationship to Decedent
Street Address:		
City:	State:	Zip Code:
	erent:	
Mailing Address, if diffe	CI CI II.	
•		ip Code:
City:	State: Z	
City:	State: Z	Zip Code:
City:Primary Phone: Email Address:	State:Z	Zip Code: Alternate Phone:
City: Primary Phone: Email Address: The decedent,	, died on	Zip Code: Alternate Phone: (date) at the age of years. The decede
City: Primary Phone: Email Address: The decedent,	, died on	Zip Code:
City: Primary Phone: Email Address: The decedent, was domiciled or reside	, died on ed in the City of	Zip Code: Alternate Phone: (date) at the age of years. The decedence County of, the State of
City: Primary Phone: Email Address: The decedent, was domiciled or reside Venue for this proceed	State: Z, died on ed in the City of	Alternate Phone: (date) at the age of years. The decedenty because the decedent:
City: Primary Phone: Email Address: The decedent, was domiciled or reside Venue for this proceed had his or her domicile	State: Z, died on ed in the City of ding is proper in this cour	Alternate Phone: (date) at the age of years. The deceded County of, the State of nty because the decedent: county on the date of death.
City: Primary Phone: Email Address: The decedent, was domiciled or reside Venue for this proceed had his or her domicile	State: Z, died on ed in the City of ding is proper in this cour	Alternate Phone: (date) at the age of years. The decedenty because the decedent:
City:	, died on ed in the City of ting is proper in this cour cile or residence in this cour her domicile or residen d within the time period	Alternate Phone: (date) at the age ofyears. The decedCounty of, the State of nty because the decedent: county on the date of death.
City:	, died on ed in the City of ting is proper in this cour cile or residence in this cour her domicile or residen d within the time period	Alternate Phone:
City:	State: Z	Alternate Phone:

•	state or elsewhere. A court has appointed.	ted a personal representative and no such appoint d a personal representative or an appointment pro attach a statement explaining the circumstances a entative. Attach a certified copy of the appointing	ceeding is pend nd indicating th	ding in the State of _ e name and address
6	applicant is unaware of any	sclosed in an attached explanation and after the explanation in an attached explanation and after the expressly revoked by a later instrument.		
	The dates of all codicils The will and any codic	dent's last will is are cils are collectively referred to as "the will." The that it was validly executed.	ne applicant be	elieves that it is the
8	B.☐The original will:			
	was deposited w	ith this court before the decedent's death (§ 15-11-	-515, C.R.S.)	
	has been delivered	ed to this court since the decedent's death (§ 15-1	1-516, C.R.S.)	
	is filed with this a			
	An e-filed copy o immediately	f the will is filed with this application and the origination	al will must be o	delivered to the court
		obated in the State of t probating it are filed with this application. (§ 15-1		cated copies of the
ç	. Decedent's marital and fa	mily status:		
	a) Did a spouse or partr	ner in a civil union survive the decedent?	□Yes □I	No
	b) Did the decedent hav	e a surviving parent?	□Yes □I	No
		e surviving children or other descendants?	□Yes □I	
		surviving spouse or partner in a civil union have s		
	are not descendants		□Yes □I	No
	•	nt's surviving descendants also descendants of the		res 🗆 No
	f) Are any of the decede	artner in a civil union?	□Yes □I	
	r) Are any or the decede	ent's children minors?	La res Li	NO
	levisees are as follows: If a guardian or con name and address of the faminor child is lis	resses of decedent's spouse, partner in a civil neervator has been appointed for one of the per of the guardian or conservator. ted, list the child's parent(s), guardian or conserva in a civil union, or child has predeceased the dece	sons listed bel	ow, also provide the
	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.)

 Applicant requests appointment of a special administrator: to protect the decedent's estate prior to the appointment of a per reasons: because a prior appointment has been terminated as provided in § 1 to address claims as a public administrator. (§ 15-12-621(9), C.R.S.) Applicant is 21 years of age or older and nominates himself of dministrator. or Applicant nominates the following person be appointed as special actions. 	5-12-614(1)(a), C r herself to be a	R.S.	
Name: The Nominee is 2	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:			
		4	Formatted: Indent: Left: 0"
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3. The nominee has priority for appointment because of:		*	Formatted: Font: Bold
☐statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S			
reasons stated in the attached explanation.	,		
☐reasons stated in the attached explanation. ☐The persons with prior or equal right to appointment are		(name).	
<u> </u>		,	
The persons with prior or equal right to appointment are All persons with prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appoint the prior or	uted a required	,	Formatted: Font: Bold
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The persons with prior or equal right to appointment are All persons with prior or equal right to appointment have executed accompanies this application. 3-14 Applicant states the following regarding the decedent's estate. (§ 15) Estimated value of real estate	uted a required -12-604, C.R.S.)	,	
The persons with prior or equal right to appointment are All persons with prior or equal right to appointment have executed accompanies this application. 3-14 Applicant states the following regarding the decedent's estate. (§ 15)	uted a required	,	

TOTAL \$	
5. The special administrator may receive compensation.	Formatted: Font: Bold
☐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.)	
5. 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.*	
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☐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.*	
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(month)	(year)	(month)	(year)
at		at	
(city or other location, a	nd state OR country)	(city or other loo	cation, and state OR country)
(printed name)		(printed name)	
(0:		(0)	A a a l'a a a l'i a a a l
(Signature of Applicant)		(Signature of C	o-Applicant, if any)
Atto	rney Signature, (if any)		Date VERIFICATION
<u>/1110</u>	incy digitature, (ii arry)		<u> </u>
I declare under penalty	of perjury under the law of	of Colorado that the fo	regoing is true and correct.
Executed on the	_ day of,		
(date)	(month)	(year)	
at			
city or other location, a	nd state OR country)		
(printed name)			
(printed harne)			
(signature)			
(orginaturo)			

≛Note:

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

	District Court Denver Probate Court County, Colorado	
Со	urt Address:	
	the Matter of the Estate of:	Court use only Case Number: Division Courtroom
	ORDER FOR INFORMAL APPOINTMENT OF S	
-	n consideration of the Application for Informal Appointn (applicant) on	
THE	E COURT FINDS, DETERMINES, AND ORDERS:	
l. '	The applicant is an interested person and has filed a complete and	d verified application.
2.	The decedent died on (date).	
	The decedent was domiciled or resided in the City ofof	, County of, State
4.	Venue is proper in this county.	
5.	The application was filed within the time period permitted by law.	
3 .	The following person is qualified to serve and is appointed as spec	cial administrator:
	Name: The	
	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) upless otherwise ordered by	on will be issued and will expire on y the court. The powers and duties of the
	Special Administrator are limited. The Special Administrator manage the assets of the estate, to preserve them, to account for Representative.	Administration has the duty to collect and

Judge	■ Magistrate	Registrar
3 -		- 3

District Court Der Court Address:	over Probate Court County, Colorado	
In the Matter of the Es	tate of:	
		A 001177 1107 0111 V
Deceased		▲ COURT USE ONLY ▲
Attorney or Party Withou	ut Attorney (Name and Addres	s): Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
PETITION F		MENT OF SPECIAL ADMINISTRATOR
	PURSUANT TO	§ 15-12-614, C.R.S.
The petitioner, an intere	sted person pursuant to § 1	5-10-201(27), C.R.S., makes the following statements:
1. Information about the		
Name:		Relationship to Decedent
Street Address:		
City:	State:	Zip Code:
Mailing Address, if di	fferent:	
City:	State: Zip Co	ode:
Primary Phone:		Alternate Phone:
Email Address:		and the second second
2. The decedent,	, died on	(date) at the age ofyears. The decedent
was domiciled or resi	ded in the City of	, State of
Wonge for this proces	eding is proper in this county be	occurs the decodent
	nicile or residence in this count	
		Colorado, but had property located in this county on the
date of death.		
		tted by law. Three years or less have passed since the 15-12-108, C.R.S. authorize tardy probate or appointment.
5. The petitioner:		
		s or Orders and is unaware of any Demand for Notice of
Filings or Orders con	•	
	aware of a Demand for Notice f Filings or Orders or explanation	e of Filings or Orders concerning Decedent. See attached on
Domaina for Notice of	Timigo of Orders of explanati	on.

☐A c	r elsewhere.				
		(Attach	ntative or an appointment pr a statement explaining the	e circumstance:	s and indicating the
	and address of tment has beer		ative. Attach a certified cop	y of the appoir	iting document if the
the pe	titioner is unav	are of any instrument	ched explanation and after the revoking the will and is una essly revoked by a later instru	aware of any p	
or					
☐ The	e date of the de	cedent's last will is			
		sare	eferred to as "the will." Th	ne petitioner be	elieves that it is the
B. ☐The o	original will:				
	was deposited	with this court before the	e decedent's death (§ 15-11-	-515, C.R.S.)	
	has been delive	ered to this court since the	he decedent's death (§ 15-11	1-516, C.R.S.)	
	lis filed with this				
☐ im	An e-filed copy mediately.	of the will is filed with th	nis petition and the original w		
□The	will has been p	robated in the State of		Authentic	cated copies of the
will an	d of the stateme	nt probating it are filed	with this petition. (§ 15-12-40	02, C.R.S.)	
). Decede	nt's marital and	family status:			
a)	Did a spouse o	partner in a civil union	survive the decedent?		′es □No
b)	Did the deced	ent have a surviving par	ent?		′es □No
c)	Did the deced	ent have surviving child	ren or other descendants?		′es □No
d)	Does the dece	dent's surviving spouse	e or partner in a civil union ha	•	
		ndants of the decedent?			′es □No
		•	scendants also descendants		∕es □No
e)			nion'?		′es L⊒No
·	0 1	ise or partner in a civil u			. 🗖
·	0 1	decedent's children mir	nors?		′es □No
f) 10. List na	Are any of the ames and addra a guardian or ome and addres a minor child is	decedent's children min esses of decedent's sp onservator has been a s of the guardian or consisted, list the child's pare	pouse, partner in a civil uni	ion, children, h sons listed belo tor.	neirs and devisees. Dow, also provide the
f) 10. List na	Are any of the ames and addra a guardian or ome and addres a minor child is	decedent's children min esses of decedent's sp onservator has been a s of the guardian or consisted, list the child's pare er in a civil union, or child	pouse, partner in a civil uni ppointed for one of the per- servator. ent(s), guardian or conservat	ion, children, h sons listed belo tor.	neirs and devisees. Dow, also provide the

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Petitioner requests appointment of a special administrator to preser inistration for the following reasons: (§ 15-12-614(1)(b), C.R.S.)	rve the estate or	to secure its proper
initistration for the following reasons. (§ 13-12-014(1)(b), C.N.S.)		
. ☐ Petitioner is 21 years of age or older and nominates himself of	or herself to be a	ppointed as special
ministrator.		, , , , , , , , , , , , , , , , , , ,
Or		
Petitioner nominates the following person be appointed as special ac	dministrator.	
Name: The Nominee is 2	21 years of age or	older.
Street Address:		
City: State: Zip Code:		
Mailing Address, if different:		
Mailing Address, in different.		
City: State: 7in Code:		
City: State: Zip Code:		
City: Zip Code: Primary Phone: Alternate Phone:		
Primary Phone: Alternate Phone:		
Primary Phone: Alternate Phone: Email Address:		
Primary Phone: Alternate Phone: Email Address:		
Primary Phone: Alternate Phone: Email Address:		
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of:		
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of: Distatutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.		
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of:		
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of: attachards a statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.	3.)	
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of: 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	3.)	(name).
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of: 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 All persons with prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appointment have executed the prior or equal right to appoint the prior or equal righ	3.)	(name).
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of: □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 All persons with prior or equal right to appointment have executed accompanies this application.	S.) cuted a required	(name).
Primary Phone: Alternate Phone: Email Address: e nominee has priority for appointment because of: 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 All persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appointment have executed as a second content of the persons with prior or equal right to appoint the persons with prior or equal right to appoint the persons with prior or equal right to appoint the persons with prior or equal right to appoint the persons with prior or equal right to appoint the persons with prior or equal right to appoint the persons with prior or equal right to appoint the persons with prior or equal right to appoint the persons with persons	S.) cuted a required	(name).
Primary Phone:	S.) cuted a required tment should be m	(name).
Primary Phone:	S.) Suted a required tment should be m	(name).
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Primary Phone:	cuted a required tment should be m	(name).
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the day of(date)	Executed on the (date)	_day of] 	
ted on the day of			
are under penalty of perjury	Evenuted on the		
	under the law of Colorado that the foregoing i	is true and correct.	
	VERIFICATION		Formatted: No underline
checking this box, I am acl	cnowledging that I have made a change to the	e original content of this form.	
•	cknowledging I am filling in the blanks and i	not changing anything else on the	
nat Letters of Special Adn			
istrator to serve:	etitioner requests that the court formally		
	\$has been demanded.		
	ne will (if any) nor has any interested person d		
re is a continuing obligation	to disclose any material changes to the basis	for charging fees. (§ 15-10-602	
The basis of compensation	has not yet been determined.		
nich a fee charged to the es	tate will be calculated, are as stated below or	r in an attachment to this petition.	
cluding the rates and basi	harged, any amounts to be charged pursus for charging fees for any extraordinary set	ervices, and any other bases upon	
he special administrator ma	ay compensate his, her or its counsel.		
)			
	to disclose any material changes to the basis	for charging fees. (§ 15-10-602	
	has not yet been determined.		

(city or other location, and state OR country)	(city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)
Attorney Signature, (if any)	Date
	VERIFICATION
I declare under penalty of perjury under the law o	f Colorado that the foregoing is true and correct.
Executed on the	
at	=
(city or other location, and state OR country)	
(printed name)	
(signature)	

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

District Court Denver	Probate Court unty, Colorado	
Court Address:	urity, Colorado	
In the Matter of the Estate	of:	
Deceased		
	ttorney (Name and Address):	Case Number:
Altorney of Farty Williout A	willey (Name and Address).	Case Number.
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
		PRESENTATIVE'S SWORN STATEMENT
evidencing or affecti	lified, or authenticated copiong my authority to act as pers	
	VERIFIC	
I declare under penalty of pe	rjury under the law of Colorad	lo that the foregoing is true and correct.
Executed on the day (date)	of,,,	.,
at (city or other location, and st	ate OR country)	
(printed name)		
(signature)		

□ District Court □ Denver Probate Court	
County, Colorado Court Address:	
n 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. #: INFORMATION OF APP	Division Courtroom
IN ONMATION OF ALL	ONTHIENT
Important Noti	CO
e estate is being administered and serving it on all intereste terested persons have the right to obtain information about the 15-12-204, C.R.S.	
the heirs and devisees who have or may have an interest	in this estate:
the heirs and devisees who have or may have an interest The decedent died on	
·	
The decedent died on	_ (date).
The decedent died on The decedent left no will.	_ (date).
The decedent died on The decedent left no will.	_ (date).
The decedent died on The decedent left no will. The decedent left a will dated	_ (date) The dates of all codicils are
The decedent died on The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on	_ (date) The dates of all codicils are(date).
The decedent died on 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.	_ (date) The dates of all codicils are (date).
The decedent died on 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.	(date) The dates of all codicils are(date). onal representative 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. was appointed as personnel. No bond has been filed with this court.	(date) The dates of all codicils are(date). onal representative 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/or Personal Representative **VERIFICATION** I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. _ day of _ Executed on the _ (date) (month) (vear) (city or other location, and state OR country) (printed name) (signature) Attorney Signature, (if any) Date

CERTIFICATE OF SERVICE

rt one of the following: hand delivery,	first-class mail, cortified ma	pil o-service service or fa	<i>y</i>

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 De Court Address:	nver Probate Court _ County, Colorado	
In the Matter of the E	state of:	
Deceased		▲ COURT USE ONLY ▲
Attorney or Party With	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	DECEDENT'S ESTATE	INVENTORY

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.

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

Schedule 1 – Real Estate (State name in which title is held and list complete addresses.) None			R	Type of Property (Home, ental, 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 Fur Investment Accounts (State name in which title is held.) None	nds, Secui	rities and	5	lumber of Shares or Account Number t 4-digits only)	Value	
					\$	
Total (also enter this total on the Inventory	Summary	on page 1)			\$	
Schedule 3 – Mortgage, Notes, Cash, a Checking, Savings, Certificates of Deposit at Savings Accounts (State name in which title is held.)	and Bank nd Health	Type o		Account Number (last 4- digits only)	Balance	
					\$	
	_		_	-		
			_			
Total (also enter this total on the Inventory	Summary	on page 1))		\$	
	•					
			_			
Schedule 4 – Life Insurance (Include only those items payable to the estate.) None		cy # digits)		Net Procee Payable t		
			-			
Total (also enter this total on the Inventory	Summarv	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	= 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 2	entoried Assets (also enter this to	otal on the	\$

	VERIFICATION	
declare under penalty of perjury under th	ne law of Colorado that the foregoing is true and correct.	
Executed on the day of (date)	Executed on the day of (date)	
(month) (year)	(month) (year)	
at city or other location, and state OR count	at (city or other location, and state OR country)	
(printed name)	(printed name)	-
	(printed name)	
Signature of Personal Representative)	(Signature of Co-Personal Representative, if any) VERIFICATION	
	(Signature of Co-Personal Representative, if any)	
declare under penalty of perjury under th	(Signature of Co-Personal Representative, if any) VERIFICATION The law of Colorado that the foregoing is true and correct.	
declare under penalty of perjury under th	(Signature of Co-Personal Representative, if any) VERIFICATION The law of Colorado that the foregoing is true and correct.	
declare under penalty of perjury under the day of(month)	(Signature of Co-Personal Representative, if any) VERIFICATION ne law of Colorado that the foregoing is true and correct. (year)	
declare under penalty of perjury under the day of	(Signature of Co-Personal Representative, if any) VERIFICATION ne law of Colorado that the foregoing is true and correct. (year)	
L declare under penalty of perjury under the day of (month) at (city or other location, and state OR count (printed name)	(Signature of Co-Personal Representative, if any) VERIFICATION ne law of Colorado that the foregoing is true and correct. (year)	
Executed on the day of	(Signature of Co-Personal Representative, if any) VERIFICATION ne law of Colorado that the foregoing is true and correct. (year)	
Executed on the day of	(Signature of Co-Personal Representative, if any) VERIFICATION ne law of Colorado that the foregoing is true and correct. (year) try)	
declare under penalty of perjury under the day of (month) at city or other location, and state OR count (printed name) (signature) Attorney Signature, (if any)	(Signature of Co-Personal Representative, if any) VERIFICATION ne law of Colorado that the foregoing is true and correct. (year) Try) Date CERTIFICATE OF SERVICE	i servi
Executed on theday of	(Signature of Co-Personal Representative, if any) VERIFICATION ne law of Colorado that the foregoing is true and correct. (year) (year) Date	

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^{*}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 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
□INTERIM □FINAL ACC	
FOR PERIOD: FROM PURSUANT TO C.R.P	TO .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	
Total Net \	/alue (Total Gross Value minus Liens and Encumbrances)	

Detail Listing of Funds Received or Collected During Accounting Period

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

Date	Description of Funds Received or Collected	Amount
		Y-1
age of		\$
otal		\$

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
		_
111		
10		
(1)		
- 10		
10		
rage of		\$
otal		\$

		VERIFICATION	
l declare under penalt	y of perjury under the law of	f Colorado that the foregoing	ing is true and correct.
Executed on the	day of	Executed on the	day of
(date	9)	<u>(C</u>	<u>late)</u>
(month)	(year)	(month)	(year)
at		at	
(city or other location,	and state OR country)	(city or other locat	ion, and state OR country)
(printed name)		(printed name)	

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(Signature of Personal Representative any) VERIFICATION	e) (Signature of Co-Personal Represe	ntative, if
Attorney Signature, (if any)	<u>Date</u>	
Executed	on theday of,,,,,,,,,,	and corr
at (cit	ty or other location, and state OR country)	
	(printed name)	
	(signature)	

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In the Matter of the Estate of			
Deceased		▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Nam	e and Address):	Case Number:	
FAX Number: Atty	nail: /. Reg. #:	Division Courtroom	
NOTICE TO CREDITORS BY	PUBLICATION PURSU	ANT TO § 15-12-801, C.R.S.	Formatted: Font: (Default) Arial
ľ	NOTICE TO CREDITORS		
Estate of,	Deceased Case No	ımber	
All persons having claims against the epresentative or to	above named estate are requ	uired to present them to the personal	
☐ District Court of ☐ Denver Probate Court of the City are			
on or before(o	•	ever harred	Formatted: Font: Bold
	auto,, or the claims may be for	over barrou.	Pormacted. Font. Bold
	Type or Print nam	e of Person Giving Notice	
	Address		
Publish only this portion of form	City, State, Zip C	Code	
Insert date not earlier than four month of Decedent's death, whichever occurs		cation or the date one year from date	
Name of Newspaper:			
	havra Nation among a week for t	consecutive calendar weeks.	
nstructions to Newspaper: Publish the al	bove notice once a week for s		
nstructions to Newspaper: Publish the al	sove Notice once a week for 3		

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 of Decedent's death, whichever occurs fir	from the date of first publication or the date one year from date st.
	VERIFICATION
I declare under penalty of perjury under the la	VERIFICATION aw of Colorado that the foregoing is true and correct.
I declare under penalty of perjury under the la Executed on the day of(month)	aw of Colorado that the foregoing is true and correct.
	aw of Colorado that the foregoing is true and correct.

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:	
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 TO CREDITORS PURSUANT TO §	
	·
NOTICE TO C	CREDITORS
All persons having claims against the above named or representative or to the court identified above on or before may be forever barred.	
Date:	
	Signature of Personal Representative or Attorney
Ē	Print Name of Personal Representative
Ā	Address
ō	City, State and Zip Code
VERIEIC	ATION
VERIFIC	
declare under penalty of perjury under the law of Colorac	•
Executed on the day of,(year)	.,
at (city or other location, and state OR country)	
(printed name)	
signature Signature of Person Giving Notice or Attorney for	or Person Giving Notice)

	Relationship to Decedent, Ward,	
Name and Address	or Protected Person	Manner of Service*
one of the following: hand del	ivery, first-class mail, certified mail, e-service, or	r fax.
t one of the following: hand del	ivery, first-class mail, certified mail, e-service , or	r fax.

CERTIFICATE OF SERVICE

**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.).

Court Address:	County, Colorado		
In the Matter of the E	state of:		-
Deceased			▲ COURT USE ONLY ▲
	out Attorney (Name and Addre	ess):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division Courtroom
	NOTICE OF DISAL PURSUANT TO		
The personal representa is follows:	ative of this estate disallows th	ne claim presente	d on (date
_			
■all of your claim.			(total amount of claim
_	(disallowed) of your claim in t	the amount of \$	total amount of claim
proceeding within 63 portion being forever b	days after the mailing of parred.	this notice will	Ilowance of Claims or commencing result in your claim or the disallow
oroceeding within 63 portion being forever b	days after the mailing of parred.	Signature of F	result in your claim or the disallow
oroceeding within 63 portion being forever b	days after the mailing of parred.	Signature of F	result in your claim or the disallow
oroceeding within 63 portion being forever b	days after the mailing of parred.	Signature of F	result in your claim or the disallow
oroceeding within 63 portion being forever b	days after the mailing of parred.	Signature of F	result in your claim or the disallow Personal Representative f Personal Representative
proceeding within 63	days after the mailing of parred.	Signature of F Print Name of Address	result in your claim or the disallover claim or the di
proceeding within 63 portion being forever to Date: declare under penalty of the declare under penalty	ver	Signature of F Print Name of Address City, State an Phone Number	result in your claim or the disallow Personal Representative f Personal Representative d Zip Code er
proceeding within 63 portion being forever to Date: Date: declare under penalty of	days after the mailing of parred.	Signature of F Print Name of Address City, State an Phone Number	result in your claim or the disallow Personal Representative f Personal Representative d Zip Code er

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CERTIFICATE OF SERVICE	
late), a copy of this (nam	ne of document) was se
Relationship to Decedent, Ward, or Protected Person	Manner of Service
v, first-class mail, certified mail, e-service, or	fax.
Signature	
	Relationship to Decedent, Ward, or Protected Person

	er Probate Court ounty, Colorado	
Court Address:	ounty, obiorado	
In the Matter of the Estat	e of <u>:</u>	
Deceased		▲ COURT USE ONLY ▲
	Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom JRSUANT TO § 15-12-806, C.R.S.
Information about the Name:		☐Personal Representative
•	· ·	
<u> </u>	rent:	
• 1	State: Zip Code:	
•	Alternate Phone: _	
Each claim listed below has not been paid.	is valid, was presented within the tim	e for presenting claims as provided by law, a
Claim		Amount
·		Amount
·		Amount
Claim		Amount
Claim A copy of each written of By checking this box, I am. By checking this box, I am.	m acknowledging that I have made a	
Claim A copy of each written of By checking this box, I am. By checking this box, I am.	am acknowledging I am filling in the made a common macknowledging that I have made a common made a c	blanks and not changing anything else on change to the original content of this form.
Claim A copy of each written of By checking this box, I form.	am acknowledging I am filling in the	blanks and not changing anything else on change to the original content of this form.
Claim A copy of each written of By checking this box, I am. By checking this box, I am.	am acknowledging I am filling in the made a common macknowledging that I have made a common made a c	blanks and not changing anything else on change to the original content of this form.
Claim A copy of each written of the copy of each written of e	am acknowledging I am filling in the macknowledging that I have made a construction in the signature signature.	blanks and not changing anything else on change to the original content of this form.
Claim A copy of each written of the copy of each written of each written of the copy of each written of each writ	am acknowledging I am filling in the macknowledging that I have made a description Signature VERIFICATION	blanks and not changing anything else on change to the original content of this form.

Page 1 of 2

(date)	(month)	(year)	
at city or other location, an	d state OR country)		
printed name)			
signature)			
Attorney Signature, (if an	y)	Date	
certify that onas follows on each of the	following: (date)	RTIFICATE OF SERVICE , a copy of this (namediationship to Decedent, Ward,	
Name and	Address	or Protected Person	Manner of Service*
	- 11		
Insert one of the following	ng: hand delivery, firs	t-class mail, certified mail, e-service, or	fax.
		Signature	

☐District Court ☐Denver		
court Address:	ounty, Colorado	
	mination of Heirs or Devisees or Both	
nd of Interests in Proper	ty of:	
<u> </u>		▲ COURT USE ONLY ▲
eceased ttorney or Party Without A	attorney (Name and Address):	Case Number:
nomey or rang rranear.	internet (internet and internet).	- Cass Hambon
hone Number:	E-mail:	
AX Number:	Atty. Reg. #: THE DETERMINATION OF HEIRS	Division Courtroom
PETITION FOR	AND OF INTERESTS IN PRO	
	72 0220	
	ed person entitled to file this petition in	accordance with pursuant to § 15-12-
J4 <u>1302(</u> 1), C.R.S., makes	the following statements:	
Information about the p		
Name:	Relationship to	o Decedent
Street Address:		
City:	State: Zip Code:	
Mailing Address, if different	E-1	
	State: Zip Code:	
Primary Phone:	Alternate Phone:	
Email Address:		
The petitioner:		
is an interested person	on. The interest is as follows:	
_	wner by descent or succession as defined by	
	<u>lleged heir or devisee of a decedent addres</u>	
	rson claiming an ownership interest derived 5-12-1301(2), C.R.S. or from an alleged h	
this petition; or	5 12 1501(2), 6.1x.5. Or from an aneged fi	on or devisee of a decedent addressed III
	be affected by the ownership of property t	that is the subject of this petition based on
the following:		. has an
interest in the property th	nat is the subject of this petition. The intere	
	by inheritance as defined by § 15-12-1301	(2), C.R.S.
Other:		
The property that is the s	subject of this petition is (including legal des	scription if real property):
	Description of Property	Location of Property
,	(ONLY IF KNOWN, petitioner may in	
	fractional or percentage ownersh	iip)

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JDF 948SC R9346/189 PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, Page 1 of 7Page 4 of 36 AND OF INTERESTS IN PROPERTY

	Property 1	
	Property 2 (if any)	
	Property 3 (if any) Property 4 (if any)	
	Property 4 (ii arry)	
4.	This petition also covers any other property owned by the Original Decedent (as defined below) at the time of his or her death or that the Original Decedent was entitled to at the time of his or her death. This petition does not cover any other property owned by the Original Decedent. This petition concerns the following decedent(s), who are related by successive interests in the property	Formatted: Indent: Left: (numbering
	described in Paragraph 3 above if there is more than one decedent:	
	(name of each	
	decedent). The decedent with the originating property interest will be referred to herein as the Original	
	<u>Decedent; each other decedent will be referred to as an Additional Decedent. The information in Paragraph 5</u>	
	through 13 is provided for the Original Decedent and each Additional Decedent.	
_		Formatted: Line spacing:
	each decedent covered by this petition, starting with the Original Decedent and continuing in ordereach Additional Decedent (if any), complete items 5 through 13. (Note: Use additional pages if	Formatted: Font: Bold
	cessary.)	Formatted: Indent: Left: (stops: 0.25", Left
	Original Personant	Formatted: Font: Bold
	Original Decedent - [name]:	Formatted: Font: Bold
5a.	The Original Delecedent, at the age of (date)	Formatted: No bullets or
	at(place of death).	Formatted: Font: Bold
62	One year or more has passed since the date of the Original Decedent's death.	Formatted: Indent: Left: (stops: 0.25", Left
oa.	One year of more has passed since the date of the original Decedent's death.	Formatted: Font: Bold
<u>7a.</u>	Administration of the Original Decedent's estate has not been granted or commenced in any jurisdiction. Administration of the Original Decedent's estate has been granted or commenced, but the estate has	Formatted: Indent: Left: (bullets or numbering
	been settled without a determination of the descent or succession of all or a portion of the Original Decedent's	Formatted: Indent: Left: (numbering
	property.	
3.	<u>8a. The Original Decedent was last</u> -domiciled or resided in the City of County of	Formatted: Indent: Left: (bullets or numbering
	, State of,	Formatted: Font: Bold
		Formatted: No underline
<u>9a.</u>	The Original Decedent died without a Will.	
	The Original Decedent died with a Will. The date of the Original Decedent's last Will is	
	The dates of all codicils are The Will and any codicils are referred to as the Will.	
	The Will was admitted to probate in (county and Court), State of , in	
	Case No. , on (date). Certified copies of the Will and the order admitting the Will to probate are filed with this pPetition. (§ 15-12-1302(4)(a), C.R.S.)	

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numbering

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(Court). The Ppetitione executed. Except as ma diligence, the Ppetitione Wills relating to propert certified copy of the Will along with an explanatio ☐ The Will has not been p lost, destroyed, or other Will and that it was valid	obated. The Will has been lodged in r believes that is the Original Deceden y be disclosed in an attached explanation r is unaware of any instrument revoking y in Colorado that have not been express is attached or, if certification is not poss n as to why certification was not possible. robated and the original Will has not bee wise unavailable. The Ppetitioner believe ly executed. Except as may be disclosed ble diligence, the Ppetitioner is unaware	and after the exercise of reasonable the Will and is unaware of any prior saly revoked by a later instrument. A lible, a copy of such Will is attached, (§ 15-12-1302(4)(b), C.R.S.) en lodged with any Court. The Will is that is the Original Decedent's last in an attached explanation and after
and is unaware of any p	rior Wills relating to property in Colorado t copy of the Will is attached or, if a copy if	that have not been expressly revoked
C.R.S., including owner(s) by de- person claiming an ownership in heir or devisee in any property the the Original Decedent.	and relationship of all interested persiscent or succession, an alleged heir onterest derived from an owner by deside descent or succession of which is to concerns more than one decedent related to	r devisee of a decedent, any other cent or succession, or an alleged be determined by this petition for
4. Jurisdiction is proper because	the decedent died leaving an interest in interest in personal property, wherever I	in real property in Colorado or died
	proper in this county because the decedent property situated in this county.	ent-was-domiciled or resided in this
7. Administration of the decede	nt's estate has not been granted in Colora	ido, but the estate has been settled
8. The decedent died without a	escent or succession of all or a portion of	the decedent's property.
The decedent's died with a w The date of the decedent's The dates of all codicils are The will and any codicils are (co	vill. Information regarding the will is as foll last will is	nitted to probate in on (date).
9. This petition concerns the description	ent or succession of the decedent's intere	st in the following property:
Description of Property	Location of Property	Decedent's Interest
partner in a civil union, childr	relationship of all interested person ten, owners by inheritance, heirs, and d the DETERMINATION OF HEIRS OR DEVISEES OF PROPERTY	levisees.

•	If a guardian or conservator has been appointed for one of the persons listed below, also provide the
	name and address of the quardian 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>Original_decedentDecedent</u>, include the
 date of death.
- See additional instructions below.

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

11a.— This Ppetition concerns the descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above.

12a.— The owners by descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above:

Owner(s) by Descent or Succession	Share of Original Decedent's Interest in Property (Fraction or Percentage)

13a.— The relief sought by this petition is not inconsistent with any previous administration of the Original Decedent's property.

First Additional Decedent (if any) - [name]:

5b. The First Additional Decedent,(name), at the age of years,died on(date), at(place of death).

6b. One year or more has passed since the date of the First Additional Decedent's death.

7b. Administration of the First Additional Decedent's estate has not been granted or commenced in any jurisdiction.

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The First Additional Decedent died without The First Additional Decedent died with a The dates of all codicions. The Will and any codicils are referred to The Will was admitted to probate in Case No.	Will. The date of the First Ad ls are o as the Will.	lditional Decede	ent's last Will is		
The First Additional Decedent died with a . The dates of all codici . The Will and any codicils are referred to The Will was admitted to probate in Case No. , on	Will. The date of the First Ad ls are o as the Will.	lditional Decede	ent's last Will is		
. The dates of all codici . The Will and any codicils are referred to The Will was admitted to probate in Case No. , on	ls are o as the Will.	Iditional Decede	ent's last Will is		
. The Will and any codicils are referred to The Will was admitted to probate in Case No. , on	o as the Will.				
The Will was admitted to probate in Case No. , on					
Case No. , on	(county and				
				<u>in</u>	
admitting the will to probate are filed			the Will and the ord	<u>er</u>	
The Will has not been probated. The		1302(4)(a), C.K	.3.)		
(Court). The Ppetitioner believes that		dent's last Will :	and that it was valid	lv	
executed. Except as may be disclose					
diligence, the Ppetitioner is unaware					
Wills relating to property in Colorado					
certified copy of the Will is attached along with an explanation as to why of				u,	
The Will has not been probated and				is	
lost, destroyed, or otherwise unav			_	_	
Decedent's last Will and that it was					
explanation and after the exercise					
instrument revoking the Will and is ur not been expressly revoked by a lat	71				
available, the contents of the Will are			ca or, ii a copy ii ii	<u>ot</u>	
-List names, addresses, and relations	ship of all interested perso	ons as defined	d in § 15-12-1301(*),	
.R.S., including owner(s) by descent o					
ther person claiming an ownership inte lleged heir or devisee in any property th					
etition for First Additional Decedent.	e descent of succession of	WIICH IS to be	e determined by th	15	
If a Guardian or Conservator has been	appointed for one of the pe	ersons listed be	elow, also provide the	<u>ne</u>	
name and address of the Guardian or C					
If a minor child is listed, list the child's pa If a spouse, partner in a civil union, or			Doodont include th		
date of death.	criliu rias predeceased trie r	iist Additional L	Decedent, include ti	<u>ie</u>	
See additional instructions below.					
Name Addres	ss (or date of death)	Age,	Relationship	1.	Formatted Table
		only if	(e.g. spouse,	1	C C C C C C C C C C C C C C C C C C C
		Minor	partner in a civil		Formatted: Centered
			union, child, brother,		
			guardian for		
			spouse, etc.)		
			spouse, etc.)		
			spouse, etc.)		

Administration of the First Additional Decedent's estate has been granted or commenced, but the estate has been settled without a determination of the descent or succession of all or a portion of the First Additional

JDF 948SC R9346/189 PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, Page 5 of 7Page 5 of 36 AND OF INTERESTS IN PROPERTY

Decedent's property.

11b. —This Ppetition concerns the descent or succession of the Fir percentage interest in the Original Decedent's interest in the property in 12b. —The owners by descent or succession (including fractional or per Decedent's fractional or percentage interest in the Original Decedent.	dentified in Paragraph 3 above. centage interest) of the First Additional	
Owner(s) by Descent or Succession	Share of First Additional Decedent's Interest in Property (Fraction or Percentage)	Formatted Tab
3b.— The relief sought by this petition is not inconsistent with an Additional Decedent's property.	y previous administration of the First	
Jurisdiction is proper because the Original Decedent and each Additional property in Colorado or died domiciled in Colorado leaving an located. Venue for this proceeding is proper in this county because the O	nterest in personal property, wherever	

Formatted Table

Share of Original

Decedent's Interest in <u>Property</u> (Fraction or Percentage)

Petitioner requests that after notice and any required hearing, the court enter judgment and decree determining that the petitioner has standing to bring this action and determining the heirs or devisees of the decedent Original Decedent and each Additional Decedent, or both, the owners by inheritance descent or succession of the property, a description of the property and any other pertinent facts.

Decedent) was (were) domiciled or resided in this county on the date of death or left property situated in this

16. Based on the foregoing, the Ppetitioner requests that the Court determine the Original Decedent's interest in

the property identified in Paragraph 3 to be held as follows:

Owner(s) by Descent or Succession

(including address)

county.

1

	By checking this	s box, I am	acknowledging	I am fi	illing in	the	blanks	and no	t changing	anything	else	on t	he
form	<u>-</u>												

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

JDF 948SC R9346/189 PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, Page 6 of 7Page 6 of 36 AND OF INTERESTS IN PROPERTY

		VERIFICATION	
I declare under penalty	of perjury under the law o	f Colorado that the foreg	oing is true and correct.
Executed on the (date)	day of	Executed on the	day of (date)
(month)	(year)	(month)	(year)
at		at	
(city or other location, ar	nd state OR country)		ation, and state OR country)
(printed name)		(printed name)	,
(Signature of Petitioner)		(Signature of Co	-Petitioner, if any)
I declare under penalty	of perjury under the law o	f Colorado that the foreg	oing is true and correct.
Executed on the			
-(date)	(month)	(year)	
at		_	
(city or other location, ar	nd state OR country)		
(printed name)			
(signature)			

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Instructions for each paragraph 10:

Attorney Signature, (if any)

• Include any statements regarding legal disability or other incapacity required by C.R.P.P. 12, and -§-15-12-1302(23)(ed)(IX), 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.) If the name or address of any interested person is unknown, include a statement detailing the reasonable, diligent efforts made to determine the name and/or address of such interested person. (§ 15-12-1302(3)(e), C.R.S.) Attach additional pages if necessary.

Date

JDF 948SC R9346/189 PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, Page 7 of 7Page 7-of 36 AND OF INTERESTS IN PROPERTY

Court Address: In the Matter of the Determination of Heirs and of Interests in Property of:	s or Devisees or Both	▲ COURT USE ONLY ▲	
DeceasedIn the Matter of the Estate of:			Formatted: Font: (Default) Arial, 10 pt, Bold
			Formatted: Normal
Deceased			
Attorney or Party Without Attorney (Name an	nd Address):	ase Number:	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	D	ivision Courtroom	
NOTICE OF HEARING TO INTERE	STED PERSONS AND C ENT OR SUCCESSION NT TO § 15-12-1303, C.R		
PURSUAI	NI 10 9 15-12-1303, C.N		
aving the following property (including legal of	description if real property)		
aving the following property (including legal of	description if real property).		Formatted Table
aving the following property (including legal of the following property (including legal of the following property 1	description if real property):		Formatted Table
Descriperty 1 roperty 2 roperty 3	description if real property):		Formatted Table
Descript 1 roperty 2 roperty 3 roperty 4 he hearing on the petition will be held at the	cription of Property e following time and location of	Location of Property r at a later date to which the hearing	Formatted Table
roperty 1 roperty 2 roperty 3 roperty 4 The hearing on the petition will be held at the heavy be continued:	e following time and location or	Location of Property r at a later date to which the hearing	Formatted Table

	Signature of Person Giving N	lotice or Attorney
By checking this box, I am acknowledg	ing I am filling in the blanks and not changin	g anything else on the for
By checking this box, I am acknowledg	ing that I have made a change to the origina	al content of this form.
	VERIFICATION	
declare under penalty of perjury under the	e law of Colorado that the foregoing is true a	and correct.
Executed on the day of		
Executed on the day of(month)	(year)	
at		
city or other location, and state OR country	ry)	
(printed name)		
(printed riame)		
(sSignature of Person Giving Notice or Att	orney for Person Giving Notice)	
	orney for Person Giving Notice)	
	orney for Person Giving Notice)	
(s <u>Signature of Person Giving Notice or Att</u>	CERTIFICATE OF SERVICE	
(sSignature of Person Giving Notice or Att		e of document) was serve
(sSignature of Person Giving Notice or Att	CERTIFICATE OF SERVICE	
(sSignature of Person Giving Notice or Att	CERTIFICATE OF SERVICE ate), a copy of this (nam	e of document) was serve Manner of Service*
(sSignature of Person Giving Notice or Att	CERTIFICATE OF SERVICE ate), a copy of this (nam Relationship to Decedent, Ward,	
(sSignature of Person Giving Notice or Att	CERTIFICATE OF SERVICE ate), a copy of this (nam Relationship to Decedent, Ward,	
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(sSignature of Person Giving Notice or Att	CERTIFICATE OF SERVICE ate), a copy of this (nam Relationship to Decedent, Ward,	
(sSignature of Person Giving Notice or Att	CERTIFICATE OF SERVICE ate), a copy of this (nam Relationship to Decedent, Ward,	
Certify that on (das follows on each of the following: Name and Address	CERTIFICATE OF SERVICE ate), a copy of this (nam Relationship to Decedent, Ward, or Protected Person	Manner of Service*
Certify that on (das follows on each of the following: Name and Address	CERTIFICATE OF SERVICE ate), a copy of this (nam Relationship to Decedent, Ward,	Manner of Service*

JDF 949SC R96/189 NOTICE OF HEARING TO INTERESTED PERSONS AND OWNERS BY INHERITANCE DESCENT OR

Page 2 of 3Page 2 of 2

• You must answer the petition on or before the hearing date and time specified above.

with the court and served on the Petitioner and any required filing fee must be paid.

a decree without a hearing.

Within the time required for answering the petition, all objections to the petition must be in writing, filed

The hearing must be limited to the petition, the objections timely filed, and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter

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Note:

- 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 mailon or before the hearing date and time specified above.
- or before the hearing date and time specified above.

 Within the time required for answering the petition, all objections to the petition must be in writing, and filed with the court and served on the Petitioner and any required filing fee must be paid.
- The hearing must be limited to the petition, the objections timely filed, and the parties answering the
 petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter
 a decree without a hearing.

Court Address:	_ County, Colorado		
In the Matter of the Dand of Interests in P	etermination of Heirs or Devisees or Bot operty of:	COURT USE ONLY	
Deceased In the Matt	er of the Estate of:	4	Formatted: Font: (Default) Arial, 10 pt, Bold
			Formatted: Normal
Deceased			
Attorney or Party With	out Attorney (Name and Address):	Case Number:	Formatted Table
,			Tornated rapic
Phone Number	E-mail:		
FAX Number:	Atty. Reg. #:	Division Courtroom	
	PURSUANT TO § 15-12-13		Formatted Foots 10 mt
	ons and owners by inheritance descent on the inheritance descent or succession):	r succession (List all names of interested	Formatted: Font: 10 pt
		r succession (List all names of interested	Pormatted: Polit: 10 pt
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A petition has been file lescription if real prope	d alleging that the above decedent(s) died	leaving the following property (including legal	
persons and owners b	d alleging that the above decedent(s) died	leaving the following property (including legal	
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Property 1 Property 2 Property 2 Property 4 Property 4 Property 4 Property 4 Property 4	d alleging that the above decedent(s) died rty): Description of Property ition will be held at the following time and I	Location of Property Location of Property cocation or at a later date to which the hearing	
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Property 1 Property 2 Property 3 Property 4 The hearing on the petnay be continued: Date: Address:	d alleging that the above decedent(s) died rty): Description of Property ition will be held at the following time and I	leaving the following property_(including legal Location of Property cocation or at a later date to which the hearing	

•	You must answer the petition on or before the hearing date and time specified above.		
•	Within the time required for answering the petition, all objections to the petition must be in writing, filed with		
	he court and served on the petitioner and any required filing fee must be paid.		
•	The hearing shall be limited to the petition, the objections timely filed and the parties answering the petition is a timely manner. If the petition is not answered and no objections are filed, the court may enter a decre		
	without a hearing.		
	You must answer the petition within 35 days after the last publication of this notice.		
	 Within the time required for answering the petition, all objections to the petition must be in writing and file 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. 		
Da			
Pι	Signature of Person Giving Notice		
	Type or Print name of Person Giving Notice		
	Address		
	City, State, Zip Code		
	uctions to Newspaper: Publish the above notice once a week for 3 consecutive calendar weeks.		
	uctions to Newspaper: Publish the above notice once a week for 3 consecutive calendar weeks.		
Ins			
Ins	e of Newspaper Signature of Person Giving Notice or Attorney for Person Giving Notice		
Nai	uctions to Newspaper: Publish the above notice once a week for 3 consecutive calendar weeks.		
Nai Pul 3 c	sish the above notice once a week for		
Ins Nai	uctions to Newspaper: Publish the above notice once a week for 3 consecutive calendar weeks. Signature of Person Giving Notice or Attorney for Person Giving Notice ish the above notice once a week for Type or Print name of Attorney for Person Giving Notice Type or Print name of Attorney for Person Giving Notice By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the		
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Pull 3 c	Signature of Person Giving Notice or Attorney for Person Giving Notice Signature of Person Giving Notice or Attorney for Person Giving Notice Type or Print name of Attorney for Person Giving Notice Sy checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the Sy checking this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION		

JDF 950SC R96/198 NOTICE OF HEARING BY PUBLICATION TO INTERESTED PERSONS AND OWNERS BY DESCENT OR SUCCESSION Page 2 of 2

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at (city or other location, and state OR country)			
(printed name)			
(sSignature of Person Giving Notice or Attorney for	r Person Giving Notice	2)	

Note:

- 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 3_consecutive weeks with the last date of the publication being at least 44-35_days before the date of the hearing pursuant to § 15-40-401(4)(e)12-1303(3), 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.

☐District Court ☐Denve		
Co Court Address:	ounty, Colorado	
Bourt Address.		
n the Matter of the Estate		
in the Matter of the Estate	e or:	
Deceased		▲ COURT USE ONLY ▲
	Attorney (name and address):	Case Number:
	,	
Phone Number:	E-mail:	
AX Number:	Atty. Reg. #:	Division Courtroom
APPLICATION F		T OF SUCCESSOR PERSONAL
/	REPRESENTATIV	—
(THIS	FORM MAY NOT BE USED WITH SUPER	VISED ADMINISTRATION)
oplicant makes the follow	ving statements:	
Information about the		
Name:	Relationship to De	ecedent
Street Address:		
City:	State: Zip Cod	de:
Mailing Address, if differ	ent:	
City:	State: Zip Code:	<u> </u>
Primary Phone:	Alternate	e Phone:
Letters Testamentary	of Administration were issued on	(date).
Administration is unsupe	ervised.	
The previously appoints	d nersonal representative	(name) has:
tendered a resignatio		(Harrie) Has.
	(date of death).	
	ler of the court issued on	(date).
_		
Applicant:		
	mand for notice and is unaware of any	domand for notice of any probate or
has not received a de	emand for notice and is unaware of any concerning the decedent that may hav	
has not received a de appointment proceeding	emand for notice and is unaware of any g concerning the decedent that may hav ware of, a demand for notice. See attach	e been filed in this state or elsewhere.

	The nominee is 21 years of age or older and has priority for appointment because of: ☐nomination by will.
	nomination by with priority.
	□statutory priority.
	□other:
	Those persons having prior or equal rights to appointment have renounced their rights to appointment or hav received notice of these proceedings, pursuant to § 15-12-310, C.R.S. Any required renouncement 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.
	There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-60: R.S.)
3.	*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 the application. *
	☐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.)
).	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:
וחר	951SC R96/189 APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE — Page 2

			essor personal representative to serve issued to the successor personal
form.			nd not changing anything else on the the original content of this form.
		VERIFICATION	
I declare under penalty	of perjury under the la	w of Colorado that the foregoi	ng is true and correct.
Executed on the(date)	_day of	Executed on the (d	day of ate)
(month)	(year)	(month)	(year)
at(city or other location, ar	nd state OR country)		on, and state OR country)
(printed name)		(printed name)	
(Signature of Applicant)		(Signature of Co-A VERIFICATION	applicant, if any)
Executed on the	_day of		ng is true and correct.
-(date)	(month)	(year)	
(city or other location, ar	nd state OR country)		
(printed name)			
(signature)			
Attorney Signature, (if a	ny)	Date	_

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ourt Address:	ver Probate (County, Colo				
the Matter of the Est	ate of:				
Deceased			▲ COURT USE	ONLY 🛦	
ttorney or Party Withou	t Attorney (N	lame and Address):	Case Number:		
hone Number: AX Number:		E-mail: Atty. Reg. #:	Division: Cour	troom:	
		L SETTLEMENT PURSUANT			
Heirship:	ed or determ	esolved or notice has been given ination of heirship is not requeste his time. Complete Schedule of He	ed.	solved claims.	
_		dditional pages if needed.)	Observed by test of	Balada adda	
Name of Heir	Age if minor	Address of Heir	Share of Intestate Estate(*Complete this column only if there is intestate property.)	Relationship to Decedent	Formatted: Centered
i e		additional pages if needed) ddress of Person Receiving	Description of D	istribution	Formatted: Centered
Name of Person		Distribution	Description of D	istribution	Formatted: Centered
Name of Person Receiving Distribut					
			1, 1		

notice of a hearing without appearan necessary; adjudicate the final settleme	d by law or by the court, the personal representative requests, after ce pursuant to C.R.P.P. 24 that the court determine heirship, if nt and distribution of the estate; direct the personal representative to ate as set forth in the Schedule of Distribution, Section 4, above; and
	a filing final receipts or evidence of distribution, that the court e and any surety on the personal representative's bond.
☐ By checking this box, I am acknowledg form.	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.
	VERIFICATION
I declare under penalty of perjury under the	aw of Colorado that the foregoing is true and correct.
Executed on the day of (date)	Executed on the day of(date)
(month) (year)	(month) (year)
at (city or other location, and state OR country)	at (city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)
Attorney Signature, (if any)	Date VERIFICATION
I declare under penalty of perjury under the	aw of Colorado that the foregoing is true and correct.
Executed-on-theday-of(month)	
at (city or other location, and state OR country)	
(printed name)	
(signature)	

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District Court Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Deceased Attorney or Party Without Attorney (Name and Address):	Case Number:
Automosy of Farty Willout Automosy (Name and Address).	Case Humber.
Phone Number: E-mail:	- 0 ()
FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE OF HEARING WITHOUT APPEARA	NCE ON PETITION FOR FINAL
SETTLEMEN	
****** Attendance at this hearing is not re	equired or expected. ******
hearing without appearance on the Petition for Final Settlemen me, and location or at a later date to which the hearing may be o	continued.
Date: (Select a future date -n-	a loca than 1.4 days from comics)
(Coloct a fatal coate in	o less than 14 days from service)
ime: 8:00 a.m.	o less than 14 days from service)
	o less than 14 days from service)
ime: 8:00 a.m. Address:	o less than 14 days from service)
ime: 8:00 a.m. Address:	e of Person Giving Notice or Attorney
ime: 8:00 a.m. Address:	e of Person Giving Notice or Attorney
Cime: 8:00 a.m. Address: Date:	TICE***** rights and interests within the time and in the ppropriateness of claims paid, the compensation outlon of estate assets. The court will not review
Address: Signature ***** IMPORTANT NO Interested persons have the responsibility to protect their own Interested persons have the Colorado Probate Code, including the a Interested personal representatives, attorneys, and others, and the distril	rights and interests within the time and in the propriateness of claims paid, the compensation oution of estate assets. The court will not review to do so by an interested person. a specific written objection with the court on or the person requesting the court order and the able on the Colorado Judicial Branch website take action on the petition without further notice thin 14 days after filing the objection, contact the mely set the objection for an appearance hearing riate.
****** IMPORTANT NO nterested persons have the responsibility to protect their own nanner provided by the Colorado Probate Code, including the a of personal representatives, attorneys, and others, and the distril or adjudicate these or other matters unless specifically requested only interested person wishing to object to the petition must file nefore the hearing and must furnish a copy of the objection to nersonal representative. JDF 722 (Objection form) is available www.courts.state.co.us). If no objection is filed, the court may or hearing. If any objection is filed, the objecting party must, with ourt to set the objection for an appearance hearing. Failure to tiles required will result in further action as the court deems approp	TICE**** rights and interests within the time and in the ppropriateness of claims paid, the compensation oution of estate assets. The court will not review to do so by an interested person. a specific written objection with the court on or of the person requesting the court order and the table on the Colorado Judicial Branch website take action on the petition without further notice thin 14 days after filing the objection, contact the mely set the objection for an appearance hearing riate.
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VERIFICATION

I declare under penalty of perjury under the I	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)		
(sSignature of Person Giving Notice or Attorn	ney)	
CI I certify that on (date motion/petition was served as follows on each	ERTIFICATE OF SERVICE a), a copy of this notic	e along with the
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, fi	rst-class mail, certified mail, e-service , or	r fax.
	Signature	

	District Court Denver Probate Court County, Colorado	
c	ourt Address:	
Īr	n the Matter of the Estate of:	
		A COURT USE ONLY
	ttorney or Party Without Attorney (Name and Address):	Case Number:
	morney of Farty Williout Attorney (Name and Address).	Case Number.
ı	hone Number: E-mail:	
F	AX Number: Atty. Reg. #:	Division Courtroom
	STATEMENT OF PERSONAL R CLOSING ADMINISTRATION PURSUAN	
	CECOMO ADMINIOTRATION I CROOM	11 10 310 12 1000, 0.14.5.
I, _	(personal representative), state the following:
1.	Six months have passed since the original appointment of a gat least one year has passed since the decedent's death.	general personal representative for this estate or
2.	The date of the original appointment was	
3.	Except as may be disclosed on an attached explanation, the has fully administered this estate by making payment, settle expenses of administration; federal and state estate taxes; in decedent's estate's federal and state income taxes. The as persons entitled to receive such assets in the amount and in claims are listed on an attached explanation as remaining ur distributions were made subject to possible liability with the detail other arrangements to accommodate outstanding liability.	ement, or other disposition of: all lawful claims; wheritance taxes and other death taxes; and the usets of the estate have been distributed to the the manner to which they were entitled. If any discharged, the explanation states whether the agreement of the distributees or must state in
4.	The undersigned has sent a copy of this statement to all districlaimants whose claims are neither paid nor barred, and undersigned's administration to the distributees whose interest	has furnished a full account in writing of the
5.	No court order prohibits the informal closing of this estate. Ad	ministration of this estate is not supervised.
rep	is statement is filed for the purpose of closing this presentative will terminate one year after this statement olving the undersigned are then pending.	
	By checking this box, I am acknowledging I am filling in the	blanks and not changing anything else on the
for	<u>m.</u>	
	By checking this box, I am acknowledging that I have made a	change to the original content of this form.
JDF	965SC R96/189 STATEMENT OF PERSONAL REPRESENTATIVE CLC	SING ADMINISTRATION Page 1 of 3 Page 1 of

		VERIFICATION	
declare under pena	Ity of perjury under the I	aw of Colorado that the foregoi	ng is true and correct.
xecuted on the (da		Executed on the (d	day of late)
(month)	(year)	(month)	(year)
at city or other location	, and state OR country)	at at(city or other location	, and state OR country)
printed name)		(printed name)	
Signature of Person	al Representative)	(Signature of Co-Pers	sonal Representative, if any)
		VERIFICATION	
— (d a at	day of	(year)	
(signature)			
certify that on as follows on each o	(date	ERTIFICATE OF SERVICE e), a copy of this	(name of document) was se
	and Address	Relationship to Deceden or Protected Perso	

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Page 2 of 3

Page 2 of

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Signature			

County, C	e Court Colorado	- 1	
Court Address:			
n the Matter of the Estate of:			
Deceased		▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney ((Name and Address):	Case Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom	
STATEM	IENT OF PERSONAL REI LL ESTATE PURSUANT	PRESENTATIVE	
OLOGINO OMA		10 3.0 12 120-1, 0111.0	
	(personal representative),	state the following:	
personal property held by or in th	ne possession of the decedent as of administration, reasonal	d encumbrances, did not exceed the value of as fiduciary or trustee, exempt property, family ble funeral expenses, and reasonable and ne decedent.	
,	•	g and distributing it to the persons entitled.	
claimants to whom the undersign	ned is aware whose claims are	utees of this estate and to all creditors or other e neither paid nor barred and has furnished a distributees whose interests are affected.	
claimants to whom the undersigned full account in writing of the undersigned the undersigned full account in writing of the undersigned full account in writing of the undersigned full account in writing and the undersigned full account in writing account in wr	ned is aware whose claims are rsigned's administration to the		
claimants to whom the undersigned full account in writing of the under No court order prohibits the information in the statement is filed for the expresentative will terminate one	ned is aware whose claims are risigned's administration to the mal closing of this estate. Adm purpose of closing this es by year after this statement	e neither paid nor barred and has furnished a distributees whose interests are affected.	
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ed name)	(printed name)	
nature of Personal Representative)	(Signature of Co-Personal Re	epresentative, if any)
clare under penalty of perjury under the lav		e and correct.
ecuted on the day of,		
(date) (month)	(year)	
y or other location, and state OR country)	_	
nted name)		
mature)		
Hataroj		
rtify that on (date),	RTIFICATE OF SERVICE a copy of this (na	ame of document) was s
rtify that on (date), follows on each of the following:	a copy of this (na Relationship to Decedent, Ward,	-
rtify that on (date), follows on each of the following:	a copy of this (na Relationship to Decedent, Ward,	-
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ortify that on (date), follows on each of the following: Name and Address	a copy of this (na Relationship to Decedent, Ward, or Protected Person	Manner of Service
ortify that on (date), follows on each of the following: Name and Address	a copy of this (na	Manner of Service
ertify that on (date), follows on each of the following:	a copy of this (na Relationship to Decedent, Ward, or Protected Person	Manner of Service
ortify that on (date), follows on each of the following: Name and Address	a copy of this(na Relationship to Decedent, Ward, or Protected Person	Manner of Service

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	
VERIFIED APPLICATION FOR CERTIFI PURSUANT TO § 15-12-1		Formatted: Font: (Default) Arial
,, as the	personal representative surety state:	
The appointment of this estate has terminated.	(name) as personal representative of	
2. The personal representative has fully administered this es	state according to law.	
3. No action concerning this estate is pending in any court. request that the registrar issue a certificate stating that this estate evidencing discharge of any lien on any property given to secure ieu of bond or any surety.	ate appears to have been fully administered and the obligation of the personal representative in	
request that the registrar issue a certificate stating that this estate evidencing discharge of any lien on any property given to secure ieu of bond or any surety. By checking this box, I am acknowledging I am filling in the form.	the obligation of the personal representative in blanks and not changing anything else on the	Formatted: Font: 10 pt
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(Signature of Personal Repres	entative)	(Signature o	of Co-Personal Representative, if an
Attorney Signature, (if any)		Date VERIFICATION	
I declare under penalt	y of perjury under t	he law of Colorac	do that the foregoing is true and cor
Ex	ecuted on the	day of	, , , , , , , , , , , , , , , , , , ,
	-(date)	(month)	(year)
	at(city or other lo	ocation, 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 and Address):	Case Number:		
Phone Number: E-mail:			
FAX Number: Atty. Reg. #.: RESPONSE TO NOTICE AND ORDER CLOSIN	Division Courtroom		
rsonal representative requests that the estate remain open for	r the following reasons:		
ne personal representative requests that the estate remain open for the personal representative requests that the estate remain open ate: Signate By checking this box, I am acknowledging I am filling in the	en until(date).	=	Formatted: Font: 10 pt
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(sSignature of Personal Representative or Attorney)

Note:

 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.

Court Address:	unty, Colorado	
n the Matter of the Estat	e of:	
		▲ COURT USE ONLY ▲
Deceased	Attaman (Nama and Address)	Case Number:
Allorney or Party Williout	Attorney (Name and Address):	Case Number.
Phone Number:	E-mail:	
AX Number:	Atty. Reg.#:	Division Courtroom
PETITION T	O RE-OPEN ESTATE PURSU	ANT TO § 15-12-1008, C.R.S.
e petitioner makes the	e used to re-open an estate closed pure state closed pure following statements:	10 12 1000, 0.11.0.
Information about the	petitioner:	
Name:	Relatio	nship to Decedent
Street Address:		
City:	State: Zip Co	ode:
Mailing Address, if diffe	rent:	
City:	State: Zip Code:	
Primary Phone:	Alternate	Phone:
Email Address:		
	ettled and the personal representativent has been filed with the court.	ve has been discharged or one year has passo
Petitioner desires to re-	open the estate:	
The state of the s	. Installer alamatica al ana	
to distribute property	briefly described as:	
to distribute property	or briefly described as:	
to distribute property	r briefly described as:	
to distribute property	r briefly described as:	
to distribute property	r briefly described as:	
other:	r briefly described as:	
	r briefly described as:	
	r briefly described as:	
	orieny described as:	
	orieny described as:	
other:	e following person to be appointed as	personal representative:

JDF 990SC R96/189 PETITION TO RE-OPEN ESTATE PURSUANT TO §15-12-1008, C.R.S. Page 4 of 3 Page 1 of 4

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ty:	State:Zip Code:	Primary	Phone:	
Alte	ernate Phone:			
•	ously-appointed personal repre			
	d personal representative is ur		nd the nominee is 21	
	ne nominee has priority for appo	ointment because of:		
Nomination by the wi				
Statutory priority. (§ 7				
reasons stated below	ľ.			
1.0				
	rights to appointment have re			
en notice of these procee	dings. Any required renounce	ements accompany this pet	ition.	
The nersons to receive d	istribution house shanged, as id-	lantified halous		
	istribution have changed, as ide			
Name	Address or Date of	J 3 - 7	Relationship (e.g.	
		only if Minor	spouse, partner in a civil union,	
		Willion	child, brother,	
			guardian for	
			spouse, etc.)	
The persons to receive	distribution have not changed	I from the original proceeding	s. Distribution is as	
follows:	alouiou navo not onangou	and original procedurity	,o. 2.0	
Name of Person	Address of Person Receiv	ving Distribution	Description of	Formatted: Centered
eceiving Distribution			Distribution	
	may receive compensation.			
	charged, any amounts to be			
	sis for charging fees for any e			
nicn a fee charged to troplication.	ne estate will be calculated,	are as stated below or in a	n attachment to this	
phication.				

Dr. bankaran da da da da	and the second s	
including the rates and basis for charg	ny amounts to be charged pursuant to a published fee schedule, ging fees for any extraordinary services, and any other bases upon ill be calculated, are as stated below or in an attachment to this	
☐The basis for compensation has not y	yet been determined.	
the personal representative identifie court: lissue Letters of Administration. lissue Letters Testamentary. lupon reporting to the court that the representative and re-close the estate.	iter such notice as it may direct, re-open the estate and appointed in section 4 above. In addition, the petitioner requests the eabove purposes have been accomplished, discharge the personal	Formatted: Numbered + Level: 1 + Numbering Style: 1, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
Other:		
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(year)		
e OR country)		

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 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. 2019 is \$68,000; 2017 and 2018; is \$66,000; Y.O.D. 2016, 2015, and 2014; is \$64,000; and Y.O.D. 2013; is \$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

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7. The property must be paid or delivered as described in the following table and then the property will 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.

Executed on the day of (date) (mont	1. \ ()			
-(date) (mont	n) (year)			
at				
city or other location, and state OR cour	ntry)			
(printed name)				
signature)				
,	dged before me in the C	County of	, State	2
The foregoing instrument was acknowled	dged before me_in the C thisday of	County of	, State	_
The foregoing instrument was acknowled	7	, 20	,	ed Fiduciary. N
The foregoing instrument was acknowled of	7	, 20 Notary Publi	, by the Propose	ed Fiduciary. N
The foregoing instrument was acknowled of	this day of	, 20 Notary Publi	, by the Propose	od Fiduciary. N
The foregoing instrument was acknowled of	this day of FICATION AND ACKNO (name) swear/at	Notary Publi WLEDGMEN ffirm under oa	, by the Propose	ed Fiduciary. N
My Commission Expires:	FICATION AND ACKNO (name) swear/at RTY BY AFFIDAVIT PUB	Notary Public DWLEDGMEN ffirm under oa RSUANT TO	, by the Propose	ed Fiduciary. N
The foregoing instrument was acknowled of	FICATION AND ACKNO (name) swear/at RTY BY AFFIDAVIT PUB	Notary Public DWLEDGMEN ffirm under oa RSUANT TO	, by the Propose	ed Fiduciary. N

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Subscribed and affirmed, or sworn to before me in the County of			, State of
, this	day of	, 20	
My Commission Expires:			
		Notary Public/Clerk	

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□ 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
PETITION FOR TRANSFER OF LODGED WILL PURS	UANT TO § 15-11-516(2), C.R.S.
The petitioner makes the following statements:	
1. I,(petitioner), am an inter	rested person.
2. The original of an instrument purporting to be the decedent's	•
(date).	-
3. Venue is not proper in this court.	
4. The decedent died on (da	ate).
he petitioner requests that the will be transferred to the followi	ing court for the following reason(s):
lame of Court: Sta	ate:
Name of Court: Sta	ate:
Name of Court:Standard Standard	urisdiction of the court identified above.
Name of Court: Standard Mailing Address: Standard Mailing Mailin	urisdiction of the court identified above. erty of the decedent was located within the ot changing anything else on the form.
Name of Court:Standard Standard	urisdiction of the court identified above. erty of the decedent was located within the ot changing anything else on the form.
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(signature)		
Attorney Signature, (if any)	Date	

- 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		of Orleands		
Court Address:	Co	ounty, Colorado		
In the Interest of:				
Respondent/Minor			▲ co	OURT USE ONLY
Attorney or Party Without	Attorney (Name and	Address):	Case Numb	er:
Phone Number: FAX Number:		Reg. #:	Division	Courtroom
	PROBATE	CASE INFORMAT	ION SHEET	
Full name of respondent/min	nor (ward/protecte	ed person):		
Date of birth:	(Social Security Numbe	r (last 4 digits only)	1:
Full name of guardian/conse	ervator (including o	co-guardian/co-conser	vator or successor	guardian/conservator):
Date of birth:		Social Security Number	er (last 4 digits only):
Full name of guardian/conse	ervator (including	co-guardian/co-conser	vator or successor	guardian/conservator):
Date of birth:		Social Security Number	er (last 4 digits only	r):
☐By checking this box, I am a☐By checking this box, I am a				
		VERIFICATION		
declare under penalty of pe	erjury under the la	w of Colorado that the	foregoing is true a	nd correct.
Executed on the day (date)	y of	Executed on	the day of (date)	
(month)				year)
at	toto OP country	at	ar location, and stat	o OD country)

(printed name)	(printed name)
(Signature of Guardian/Conservator/Successor)	(Signature of Co-Guardian/Co-Conservator/Successor, if any)

- 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 prior to issuance of Letters or whenever there is a change of the Fiduciary. For parties that do not have a Social Security Number, please note "none".

□ District Court □ Denver P			
Court Address:	ity, Golorado		
☐ In the Interest of:			
☐In the Matter of the Estate	e of:	▲ co	URT USE ONLY
Attorney or Party Without Attorney	orney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:		
FAX Number:		Division	Courtroom
	NOTICE OF HE	ARING	
A hearing onthe following date, time, and loc		(name	of pleading) will be held a
_			
Date:	Time:	Courtroom or Divis	ion:
The hearing will take approximate the hearing will take approximate.		rs □ minutes.	
form. By checking this box, I am a			
	VERIFICAT	ION	
declare under penalty of perju	ry under the law of Colorado tl	hat the foregoing is true a	nd correct.
Executed on the day of (date)	f,,		
(date)	(month) (year)		
at (city or other location, and state	OR country)		
(printed name)			

CERTIFICATE OF SERVICE (date), a copy of this

Nomes and Add	Relation	onship to Decedent, Ward	d, Mannar of Samilas
Name and Addr	ess	or Protected Person	Manner of Service
ert one of the following: ha	ind delivery, first-class ma	ail, certified mail, e-service	e, or fax.

□District Court □Denver Probate Court	
Court Address:	
☐ In the Interest of: ☐ In the Matter of the Estate of:	
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
NOTICE OF HEARING WITHOUT APPEARANCI ****** Attendance at this hearing is not requ	
To all interested persons:	and or expected.
A hearing without appearance on	(name of
motion/petition and proposed order) is set at the following date, time,	, and location:
Date: (Select a future date no less than	n 14 days from service)
Time: 8:00 a.m.	
Address:	
***** IMPORTANT NOTIC	CE****
Any interested person wishing to object to the requested action so proposed order must file a written objection with the court on or before objection to the person requesting the court order. JDF 722 (Objection Branch website (www.courts.state.co.us). If no objection is filed, the without further notice or hearing. If any objection is filed, the object objection, contact the court to set the objection for an appearance han appearance hearing as required will result in further action as the	ore the hearing and must furnish a copy of the on form) is available on the Colorado Judicial court may take action on the motion/petition ting party must, within 14 days after filing the learing. Failure to timely set the objection for
\square By checking this box, I am acknowledging I am filling in the blacking.	anks and not changing anything else on the
By checking this box, I am acknowledging that I have made a cha	ange 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
	iorogonig io trao aria corroct.
Executed on the day of,,, (date) (month) (year)	
at	
city or other location, and state OR country)	
printed name)	
Signature of Person Giving Notice or Attorney for Person Giving Not	tice)

ertify that on	(d	ate), a copy of this notice ach of the following:	ce along with the
otion/petition was served a	as follows on e		
Name and A	ddress	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
sert one of the following:	hand delivery	r, first-class mail, certified mail, e-service , c	ur fav

☐ District Court ☐ Denve				
Court Address:	County, Colora	do		
4				
☐In the Interest of:				
☐In the Matter of the Es	tate of:			
			▲ cc	OURT USE ONLY
Attorney or Party Without	Attorney (Name and Address)	:	Case Numb	er:
Phone Number:	E-mail:			
	Atty. Reg. #:		Division	Courtroom
NOTICE O	F HEARING BY PUBLICATION	ON PURSUANT	TO § 15-10-	401, C.R.S.
To:				
	:			
	(
will be held at the following	time and location or at a later	date to which the	e hearing ma	y be continued:
Date:	Time:	Courtro	om or Divisi	on:
Address:				
		_		
The hearing will take approx	kimatelydays 🗖	hours Uminutes	3.	
Publish only this port	ion of form.			
	_	Type or Print nar	ne of Person	Giving Notice
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3
	7	Address		
	Ō	City, State, Zip C	ode	
Name of Newspaper:				
Instructions to Newspaper:	Publish the above Notice on	ice a week for 3	consecutiv	e calendar weeks.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the rm.
By checking this box, I am acknowledging that I have made a change to the original content of this form.
VERIFICATION
declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.
venuted on the day of
recuted on the day of,, (date) (month) (year)
ity or other location, and state OR country)
ing or current resources, and state of the search y
rinted name)
miled hame)
in the second of the National Attacks of the Parish Of the National
ignature of Person Giving Notice or Attorney for Person Giving Notice)

- 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 3 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 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 Denver Probate Court County, Colorado	
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:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
PERSONAL SERVICE AFFIC	DAVIT
I declare under oath that I am 18 years or older and not a	a party to the action and that I served
(n) in	,
(person) in	
(date) at (time) at the following lo	ocation:
□ By identifying the documents, offering to deliver them to a perso □ minor, or □ interested person in this case who refused servi conspicuous place. I have charged the following fees for my services in this matter: □ Private process server	• • •
Sheriff,County Fee \$Mileage \$	
☐ By checking this box, I am acknowledging I am filling in the blatform.	anks and not changing anything else on the
By checking this box, I am acknowledging that I have made a char	nge to the original content of this form.
VERIFICATION AND ACKNOWLE	EDGMENT
	under oath, that I have read the foregoing
PERSONAL SERVICE AFFIDAVIT and that the statements set forth t knowledge.	therein are true and correct to the best of my

Printed name		Signature	
Subscribed and affirmed, or swor	n to before me in the Col	•	, State of
My Commission Expires:		Notary Public/Clerk	

☐ District Court ☐ Denver Prol		- 1	
Court Address:	Colorado		
☐In the Interest of:			
☐ In the Matter of the Estate	of:		
		▲ cou	JRT USE ONLY
Attorney or Party Without Attorn	ney (Name and Address):	Case Numb	er:
Phone Number: E-ma	ail:		
	Reg.#:	Division	Courtroom
	IRREVOCABLE POWER OF LERK OF COURT AS AGEN		PROCESS
Colorado. This power of attorne capacity and that affect or perta affected by my disability and it w	ain to the above captioned r	natter. This power o charge.	d to me in my fiduciary f attorney must not be
I	(name) swea	r/affirm under oath, th	nat I have read the
foregoing IRREVOCABLE POW			
FOR SERVICE OF PROCESS a my knowledge.	and that the statements set for	rth therein are true ar	nd correct to the best of
Printed name	Si	gnature	Date
Subscribed and affirmed, or swo	rn to before me in the County		, State of
	uay ui		
My Commission Expires:		N. (D. I.I. (O.)	
		Notary Public/Clerk	

 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 in writing.

District Court Denver Probate Court County, Colorado 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:
Phone Number: E-mail: FAX Number: Atty. Reg. #: OBJECTION TO A HEARING WITHOU	Division Courtroom JT APPEARANCE
, filed on (date), which is (date). The grounds for my objection are as follows:	set for a hearing without appearance on
In accordance with C.R.P.P. 24, I will immediately serve a copy the motion or petition. I understand that I must contact the court within 14 days after filir appearance hearing. If I fail to do so, I understand that the coappropriate.	ng this objection to set this matter for an
 □ By checking this box, I am acknowledging I am filling in the form. □ By checking this box, I am acknowledging that I have made a contract of the form. 	
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the	ne foregoing is true and correct.
Executed on the day of,, (year)	3 3 3 3 3 3 3 3 3 3
at (city or other location, and state OR country)	

(printed name)		
(signature)		
	CERTIFICATE OF SERVICE	o along with the
I certify that on (da motion/petition was served as follows on ea	ach of the following:	e along with the
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-served, or	fax.
	Signature	

Court Address		y, Colorado			
☐In the Inter	est of:				
	er of the Estate	A COURT	LISE ONLY		
Attorney or Pa	rty Without Attor	ney (Name and Address):		Case Number:	
	·				
Phone Numbe	r:	E-mail:			
FAX Number:		Atty. Reg. #:	Division	Courtroom	
		CLAIM			
ame of Claima	ant:				
treet Address:					
ity:	State:	Zip Code:			
lailing Address	s, if different:				
itv.	State:	Zip Code:			
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rimary Phone: Iternate Phone Iaim is made a Date(s) Obligation	e:against this estate	e, itemized as follows:		Amoun	

VERIFICATION

Executed on the				that the foregoing is true and correct.
(da	day of ate)	(month)	(year)	
at (city or other location	n, and state O	R country)		
(printed name)				
(signature)				
			RECEIPT	
I,	, received	a copy of this	claim on	(date).
				gnature of: Personal Representative
			_	Conservator

Decedent Estate Action

Note:

- 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 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 Court Address:	Denver Probate Court County, Colorado		
☐In the Interest o			
☐In the Matter of	the Estate of:		
		▲ COUR ⁻	USE ONLY
Attorney or Party W	ithout Attorney (Name and Address):	Case Numbe	r:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #: WITHDRAWAL OR SATISFACTION OF CLAIM	Division	Courtroom
☐withdraw the c☐acknowledge f	claim. that the claim has been satisfied. Type or Description of Claim or Se	ervice	Amount
Obligation Incurred			
		Total	\$
	ox, I am acknowledging I am filling in the blanks and no x, I am acknowledging that I have made a change to t	ot changing anything	else on the form.
	VERIFICATION		
I declare under pena	Ity of perjury under the law of Colorado that the f	oregoing is true an	d correct.
Executed on the(da			

al
(city or other location, and state OR country)
(printed name)
(signature)

District Court Denver Probate Court County, Colorado 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	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division	Courtroom
RECEIPT AND REL		Odditiooni
Received from	,	Representative
Conservator		
☐Partial ☐Full 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: *		
<u>_</u>		
The following securities: *		

Other (describe): *	
☐I grant a partial release and sabove partial distribution.	satisfaction to the estate and to the fiduciary and any successor as to the
	ase and satisfaction to the estate and to the fiduciary and his or her nnection with my interest in the estate.
	owledging I am filling in the blanks and not changing anything else on the form. owledging that I have made a change to the original content of this form.
*Attach additional sheets as n	ecessary.
Date	Signature of Person Acknowledging Signing Receipt and Release
	Print Name
	VERIFICATION
I declare under penalty of perjur	y 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 □ Denver Pro		
Court Address:	y, Colorado	
In the Matter of the Trust cre	ated by:	
Settlor		▲ COURT USE ONLY ▲
Attorney or Party Without Attor	ney (Name and Add	ress): Case Number:
Phone Number: E-r	mail:	Division Courtroom
	y. Reg.#:	
	TRUST REGIST	TRATION STATEMENT
	Imp	ortant Notice
The court will not routinely re	wiew or adjudicate	matters unless it is specifically requested to do so by
		interested persons, including beneficiaries and creditors, ha
he responsibility to protect the	ir own rights and in	terests in the estate or trust in the manner provided by the
		eading with the court by which the estate or trust is being
administered and servind it on a	III Interestea persons	pursuant to § 15-10-401, C.R.S.
	-	
	•	
The name of the trust is:		
The name of the trust is:	stee:	
The name of the trust is: Information about the trus	etee:	
The name of the trust is: Information about the trus Name: Street Address:	etee:	
The name of the trust is: Information about the trus Name: Street Address:	stee: State:	Zip Code:
The name of the trust is: Information about the trus Name: Street Address: City:	stee: State:	Zip Code:
The name of the trust is: Information about the trust Name: Street Address: City: Mailing Address, if different:	State:State:	Zip Code:
The name of the trust is: I. Information about the trust Name: Street Address: City: Mailing Address, if different: City:	State:State:	Zip Code: Zip Code: Alternate Phone:
The name of the trust is: I. Information about the trust Name: Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address:	State:State:	Zip Code: Zip Code: Alternate Phone:
The name of the trust is: Information about the trust Name: Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address: The records of this trust are	State: State: State: kept at the principal	Zip Code: Zip Code: Alternate Phone: place of administration, which is in
The name of the trust is: I. Information about the trust Name: Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address:	State: State: State: kept at the principal	Zip Code: Zip Code: Alternate Phone: place of administration, which is in
The name of the trust is: I. Information about the trust Name: Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address: The records of this trust are	State: State: State: kept at the principal	Zip Code: Zip Code: Alternate Phone: place of administration, which is in
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The name of the trust is: I. Information about the trust Name: Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address: The records of this trust are (City and) This trust has not been registered of the content of	State: State: State: State: stept at the principal and County) at the followed	Zip Code: Zip Code: Alternate Phone: place of administration, which is in

4.	This is			
	☐a testamentary trust established by the	will of		
	The will was admitted to probate on		(date), in	(name o
	court) in the State of	in case nur	mber:	
	☐an <i>inter vivos</i> trust established by		(settlor)	dated
	The trustee is		<u> </u>	
5.	If multiple trusts are registered on this dat	te, provide addit	ional identifying information:	
	By checking this box, I am acknowledging I am By checking this box, I am acknowledging that			
cou	e undersigned trustee acknowledges thurt in any proceeding relating to this treature trustee must comply with § 15-5-206(3)	rust. Within 60		
		VERIFICAT		
I de	eclare under penalty of perjury under the la	w of Colorado ti	hat the foregoing is true and o	correct.
Exe	ecuted on the day of(month)	.,, (year)		
at_	y or other location, and state OR country)			
(CIt	y or other location, and state OR country)			
(pri	nted name)			
(Sig	gnature of Trustee)			
ŀ	INFORMAT t is not necessary that this portion of the fo		T REGISTRATION ed on the copy of the stateme	nt filed with the court.
To:				

described in the above Trust Registration Statement.	
Upon reasonable request, you may be entitled to additional ir pursuant to § 15-5-813, C.R.S.	nformation about this trust and its administration
Date:	Signature of Trustee

You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the trust(s)

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

□ District Court □ D	 enver Probate Court		-1-	
	County, Colorado)	711	
Court Address:				
In the Matter of the T	rust Created by:			
	,			
Settlor			▲ Co	OURT USE ONLY
Attorney or Party With	out Attorney (Name a	and Address):	Case Numb	per:
Phone Number:	E-mail:		01 0 -	
FAX Number:	Atty. Reg.#:		Division	Courtroom
	AMENDED TR	UST REGISTRATION	ON STATEMEN	IT
		Important Notice		
The count will need need	daak aantan aa ad		- it is seesitiss!!	requested to do so by a
beneficiary, creditor, or the responsibility to pro	other interested perso stect their own rights by filing an approp	on. All interested persons and interests in the exprisite pleading with the	ons, including bene estate or trust in the court by which	eficiaries and creditors, have the manner provided by the the estate or trust is being
administered and servin	g it on all interested p	persons pursuant to 3		
The name of the trust is	:			
The following amendme		filed Trust Registration	Statement for this	trust filed on
	(trustee) is	no longer a trustee.		
The successor trustee is	3:			
Name:				
Street Address:				
City:				
Mailing Address, if differ	ent:			
City:				
Primary Phone:				
Email Address:				
☐the principal place of	administration has b	een changed to the follo	owing address:	
Address:				
City:				
☐This trust has termina	ated.			

☐The registration of this trust is transferred to this court from (name	e of
court) in the State of Colorado. This trust was previously registered under Registra	ition
No Attached is a court certified copy of the original Trust Registration Statement and	any
Amended Trust Registration Statement filed prior to this amendment.	
By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.	
By checking this box, I am acknowledging that I have made a change to the original content of this form.	
The undersigned trustee or successor trustee acknowledges the existence of this trust and submit the jurisdiction of this court in any proceeding relating to this trust. Within 60 days of registration, trustee represents that the trustee must comply with § 15-5-206(3), C.R.S.	
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.	
Executed on the,,	
Executed on the day of,, (date) (month) (year)	
at	
(city or other location, and state OR country)	
(printed name)	
(Signature of Trustee/Successor Trustee)	
INFORMATION OF TRUST REGISTRATION It is not necessary that this portion of the form be completed on the copy of the statement filed with the cour	 t.
То:	
	_
You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the described in the above Trust Registration Statement.	trust
Upon reasonable request, you may be entitled to additional information about this trust and its administration pursuant to § 15-5-813, C.R.S.	ıtion
Data:	
Date: Signature of Trustee	_

- File this registration statement in the county where the trust is being administered pursuant to § 15-5-205(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and C.R.P.P. 70.
- The requirements of § 15-5-205(1), 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 Court Address:	Probate Court County, Colorade	0	
☐In the Interest of:			
☐In the Matter of the Esta	ite of:		
		A	
Attorney or Party Without At	torney (Name and Address):	Case Numb	RT USE ONLY
, morney of r arry vranear ra	terrie) (rame and radiose).	Oddo IVallis	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	REQUEST FOR MINOR C PURSUANT TO C.F		
l,	(name), file	ed	
(name of documents	s) on	(date) and due to a	clerical error, a
correction is necessary as fol	ows:		
	cknowledging I am filling in the blant knowledging that I have made a ch		
	VERIFICATION		
I declare under penalty of per	jury under the law of Colorado th	nat the foregoing is true a	and correct.
Executed on the day (date)	of,, (year)		
at			
at (city or other location, and sta	te OR country)		
(printed name)			
(Signature of Attorney or Part			

CE	RTIFICATE OF SERVICE	
I certify that on (d served as follows on each of the following:	ate), a copy of this	(name of document) was
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-servi	ce, 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 Denve		
Col	C urt Address:	ounty, Colorado	01
			41
In t	the Interest of:		
			11 121
 Wa	ard/Protected Person		COURT USE ONLY
		Attorney (Name and Address):	Case Number:
			11
	one Number: X Number:	E-mail: Atty. Reg. #:	Division Courtroom
170		·	COLORADO TO ACCEPT
	□GUARD	IANSHIP CONSERVAT	TORSHIP FROM SENDING STATE
The auth rela	nority to act (Order of ting to a Guardiansh	servator petitioner, hereby s Appointment, Letters) and the ip □Conservatorship, as iden	ubmits certified copies of any documents evidencing Provisional Order of Transfer from the sending state tified below:
Sen	odina Court Caso #:		
••••	iding Court Case #		
	7	guardian and/or conservato	or:
1.	Information about the	guardian and/or conservato	
1.	Information about the		
1.	Information about the Name:Street Address:	guardian and/or conservato	
1.	Information about the Name: Street Address: City:	guardian and/or conservato	e:
1.	Information about the Name: Street Address: City: Mailing Address, if diffe	e guardian and/or conservato	e:
1.	Information about the Name: Street Address: City: Mailing Address, if diffe	e guardian and/or conservato State: Zip Coderent:	e: e:
1.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone:	e guardian and/or conservator State: Zip Coderent: Zip Coderent	e: e:
1.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address:	e guardian and/or conservator State: Zip Coderent: Zip Coderent: Zip Coderent: Alternate Phone:	e: e:
1.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: Information about the	e guardian and/or conservator State: Zip Coderent: State: Zip Coderent: Alternate Phone:	e: e:
1.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: Information about the Name:	e guardian and/or conservator State: Zip Code erent: Zip Code Alternate Phone: e ward/protected person:	e: e:
 2. 	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: Information about the Name: Street Address:	guardian and/or conservator State: Zip Coderent: Zip	e: e:
2.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: Information about the Name: Street Address: City:	state: Zip Coderent: Z	e: e: e:
2.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: Information about the Name: Street Address: City: Mailing Address, if diffe	state: Zip Coderent: State: Zip Coderent:	e: e:
2.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: Information about the Name: Street Address: City: Mailing Address, if diffe City:	state: Zip Coderent: State: Zip Coderent:	e: e: e: e:
2.	Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: Information about the Name: Street Address: City: Mailing Address, if diffe City: Primary Phone:	state: Zip Coderent: State: Zip Coderent: Zip Coderent: Zip Coderent: State: Zip Coderent: State: Zip Coderent: Zip Code	e: e: e: e:

3. The petitioner requests that Colorado accept this guardianship/conservatorship for the following reasons:

The petitioner must provide this petition and entitled to notice. (§ 15-14.5-302(2), C.R.S.)		nce (JDF 712) to perso
The interested persons given notice are as for		
Name of Interested Person Requiring No		Relationship to Ward/Protected Person
Name of Interested Person Requiring No	otice in Colorado, not listed above	Relationship to Ward/Protected
		Person
orm.		
orm.	at I have made a change to the original c	
orm. By checking this box, I am acknowledging that	at I have made a change to the original c	ontent of this form.
By checking this box, I am acknowledging that declare under penalty of perjury under the law of	at I have made a change to the original c	ontent of this form.
By checking this box, I am acknowledging that declare under penalty of perjury under the law of xecuted on the day of	VERIFICATION of Colorado that the foregoing is true and Executed on the day of	ontent of this form.
By checking this box, I am acknowledging that declare under penalty of perjury under the law of xecuted on the day of,,	VERIFICATION of Colorado that the foregoing is true and Executed on the day of day of day of date)	ontent of this form.
By checking this box, I am acknowledging that declare under penalty of perjury under the law of executed on the day of,,,,,	VERIFICATION of Colorado that the foregoing is true and Executed on the day of	ontent of this form.
,	VERIFICATION of Colorado that the foregoing is true and Executed on the day of (date) (month) (year city or other location, and state O	ontent of this form. I correct. Par) R country)

c	District Court Do	enver Probate Court		
C	ourt Address:	County, Colorado		
In	the Interest of:			
w	ard/Protected Pers	on	A	COURT USE ONLY
		out Attorney (Name and Address):	Case Nun	nber:
	none Number: AX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	PETITION T	O TRANSFER GUARDIANSHII		ATORSHIP FROM
		COLORADO TO RECEIV	ING STATE	
As and	the guardian and/ord/or Conservators The ward /protecte	nitted pursuant to § 15-14.5-301, C.F. gs Jurisdiction Act. conservator, petitioner requests the couhip, to (Cound person Dis physically present in or Description of Description o	rt to approve the tra ty) in Iis reasonably expe	ansfer of this Guardianship (State). ected to permanently move to
2.		above or □the protected person has signests that Colorado transfer this guardians		· ·
3.		made reasonable and sufficient plans for nents for the management of the protected		
4.		provide this petition and a Notice of Hea	aring Without Appe	arance (JDF 712) to persons
5.	The interested per	sons given notice are as follows:		
	Name of Interest	ed Person Requiring Notice in Colorad	0	Relationship to Ward/ Protected Person

 □ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. □ By checking this box, I am acknowledging that I have made a change to the original content of this form. 				
	VERIFICATION			
I declare under penalty of perjury under the	law of Colorado that the foregoing is true and correct.			
Executed on the day of (date)	Executed on the day of (date)			
(month) (year)	(month) (year)			
at	at			
at (city or other location, and state OR country	(city or other location, and state OR country)			
(printed name)	(printed name)			
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)			
Attorney Signature, (if any)	 Date			

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	Case Number:
Ward/Protected Person	Division: Courtroom:
PROVISIONAL ORDER RE: PETITION TO TO TO RECEIVING STATE ☐ GUARDIANSH PURSUANT TO §15-14.5-301, C.R.S. UNIFORM ADDITIONAL PROCEEDINGS JURISDIC	IIP CONSERVATORSHIP ULT GUARDIANSHIP AND PROTECTIVE
Upon consideration of the Petition to Transfer, any objections without appearance;	filed and Devidentiary hearing or Dhearing
The court finds that:	
 The statements in the petition are true and notice has been the transfer is not contrary to the interests of the ward /prosecontal protected person is physically present in or is receiving state or the protected person has significant con 14.5-201, C.R.S. The plan for care and services for the ward in the receadequate arrangements will be made for the management the court is satisfied that the guardianship and/or conservant. 	otected person. easonably expected to move permanently to the nections to the receiving state pursuant to § 15- eiving state is reasonable and sufficient and/or of the protected person's property.
The court orders the following:	
Provisionally grants the Petition to Transfer to	(county) in (state).
 The ☐Guardian ☐Conservator must file a Petition to Provisional Order to Accept. 	o Accept in the receiving state requesting a
3. The ☐Guardian ☐Conservator must file a final reporterminate this Guardianship and/or Conservatorship pur following documents as otherwise ordered by the court for and § 15-14-431, C.R.S.:	rsuant to \S 15-14.5-301(6)(b), C.R.S. and the or good cause pursuant to \S 15-14-318, C.R.S.
Date:	
☐Judge ☐Magistrate	
CERTIFICATION	
Certification Stamp or Certified to be a true copy of the original in r of:	my custody and to be in full force and effect as
Date:	
	r/(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.

Dis	trict Court Denver Probate Court	
Court	t Address:	
In the	e Interest of:	- 🛦
III UIE	e interest of.	COURT USE ONLY
		Case Number:
Prote	ected Person	Division: Courtroom:
	ACKNOWLEDGMENT OF RESPONSIBIL	
	CONSERVATOR AND/OR GUARI	
and Ι ι provide respon	(name), acknowledge that I was an for (ward or protected persounderstand that Letters of Guardianship/Conservatorship will not be to the court. I agree to comply with statutory and court recessible for preparing and filing reports and/or plans with the court as as identified in the Order of Appointment.	n) on (date) be issued until this form is signed and puirements and understand that I am
I have	received the following information to review regarding my responsibil	
	☐ User's Manual for Guardians ☐ User's Manual for Conservators	S
	☐Viewed DVD/Video ☐Pamphlets	
	☐Attendance at mandatory training session on	(date).
Ackno	wledgment of Responsibilities:	
1.	I am responsible for promptly providing the court with any changes and telephone number by filing a Notice of Change Regarding Con	
2.	I am responsible for maintaining supporting documentation for disbursements out of the accounts under my control during the d documentation includes bank statements and check copies, cred receipts, and other such forms of proof that support my report interested persons may request copies at any time.	uration of my appointment. Supporting it card statements and receipts, sales
3.	If funds must be placed in a restricted account, I understand that are The Acknowledgment of Deposit of Funds to Restricted Account as documentation that the funds were deposited, within 30 data. All requests for withdrawal must be in writing by submitting a Mo	unt (JDF 867) must be returned to the ays 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 Appr	oval (JDF 882)
5.	I understand that the following reports are due on on such day and month, unless I am notified by the court:	(date) and every year thereafter
	☐ Guardian's Report - Minor (JDF 834)	
	☐Guardian's Report - Adult (JDF 850) ☐Conservator's Report (JI	JF 885)
6.	I understand that as a court-appointed guardian and/or conservator	r, 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.

7. I understand that all reports must be filed on the most current version of the form and that the forms are available on the state court website: http://www.courts.state.co.us				
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.				
My signature belov guardian and/or co		and understand my re	sponsibilities as a newly appointed	
l dealare under page	alty of perjury under the law of 0	VERIFICATION	ang is true and correct	
Executed on the(da		Executed on the(c		
(month)	,	(month)	,,	
at(city or other location, and state OR country)		at (city or other location	n, and state OR country)	
(printed name)		(printed name)		
(Signature of Guardian/Conservator/Successor)		(Signature of Co-Guardian/Co-Conservator/Successor, if any)		

Distri	ct Court Denver Probate Court County, Colorado				
Court A					
In the Ir	nterest of:				
Respon	adent	▲ COURT USE ONLY ▲			
	or Party Without Attorney (Name and Address):	Case Number:			
	,	1 7			
		II A			
Phone N	Number: E-mail:				
FAX Nu	, ,	Division Courtroom			
	ACCEPTANCE OF OFFICE – GUARDIANSHIPS AN	ID CONSERVATORSHIPS			
1.	I. (name), accept appointment to.	and agree to perform the duties and			
	discharge the trust of, the office of (check all that apply):	and agree to perferm the address and			
	☐Guardian.				
	☐Emergency guardian.				
	☐Temporary guardian.				
	☐Conservator.				
	☐Special conservator.				
2.	I submit personally to the jurisdiction of this court in any pro	ceeding relating to this matter.			
3.	3. A legible copy of my driver's license, passport, or other government-issued identification is filed/e-filed as a separate document.				
4.	4.				
	a trust company, bank, credit union, savings and loan, o	r other financial institution.			
	a state or county agency.				
	☐the respondent's parent, and I reside with the responder	nt.			
	☐a person or entity for whom good cause exists to waive such disclosures. State reasons of good cause:				
					

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 \square am \square 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.				
_	hecking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. hecking 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 Colorac	do that the	foregoir	ng is true a	nd correct.
Executed on the	e day of _ (date)	(month)	(year)	_,			
at (city or other loc	eation, and state (OR country)					
(printed name)							
(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.
- § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based criminal history record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal record check reveal the nominee has a record of arrest without a disposition.

District Court Denver Probate Court	
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
NOTICE OF HEARING TO INTER	
To all interested persons:	
A hearing on the petition identified below will be held at the following	ng date, time, and location.
Date: Time: Courtro	om or Division:
Address:	
Petition for Appointment of Guardian Adult Mi	
☐ Petition for Appointment of Conservator ☐ Adult ☐ Mi☐ Other:	inor
The outcome of this proceeding may limit or completely take away the respondent's personal affairs or financial affairs or both. T excused by the court. The petitioner is required to make reasor hearing.	he respondent must appear in person unless
The respondent has the right to be represented by an attorney of expense. If the respondent cannot afford an attorney, one may be The respondent may request a professional evaluation. The respondent witnesses and documents; examine witnesses, including or other qualified individual providing evaluations, and the Court V. The respondent may ask that the hearing be held in a manner the The respondent has the right to request that the hearing be closerespondent objects.	appointed for the respondent at state expense condent has the right to present evidence and any court-appointed physician, psychologist /isitor; and otherwise participate in the hearing nat reasonably accommodates the respondent
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that th	e foregoing is true and correct.
Executed on the day of,,,,,,	
at (city or other location, and state OR country)	
(printed name)	
(Signature of Person Giving Notice or Attorney)	

ollows on each of the following	Relationship to Decedent Ward	
Name and Addre	or Protected Person	' Manner of Service*
ert one of the following: han	d delivery, first-class mail, certified mail, e-service,	or fax.

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
NOTICE OF HEARING TO RESPONDENT (A	
To respondent: A hearing on the following petition will be held at the following date, time, Date: Time: Courtroom or	
Address: Time Countroom or	DIVISION
☐ Petition for Appointment of Guardian ☐ Petition for Appointment of Conservator ☐ Adult ☐ Minor ☐ Adult ☐ Minor	
***** IMPORTANT NOTICE TO ADULT RI	ESPONDENTS****
The outcome of this proceeding may limit or completely take away y personal affairs or your financial affairs or both. You must appear in perpetitioner is required to make reasonable efforts to help you attend the help	erson unless excused by the court. The
You have the right to be represented by an attorney of your cho afford an attorney, one may be appointed for you at State expense. You your condition. You have the right to present evidence and subpoer witnesses, including any court-appointed physician, psychologist, evaluations, and the court visitor; and to otherwise participate in the held in a manner that reasonably accommodates you. You have the right the hearing may not be closed if you object.	may request a professional evaluation of na witnesses and documents; examine or other qualified individual providing aring. You may ask that the hearing be
***** IMPORTANT NOTICE TO MINOR RI	ESPONDENTS****
Until the court has confirmed an appointee under § 15-14-202, C.R appointment by a parent or guardian and who has attained twelve years to consent to an appointment of a guardian.	
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the foreg	joing is true and correct.
Executed on the day of,,, (date) (month) (year)	

at
(city or other location, and state OR country)
(printed name)
(Signature of Person Giving Notice 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.

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
Respondent	GOOK! GOE GKE!
Attorney or Party Without Attorney (Name and Address	S): Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
, , ,	ERVICE AFFIDAVIT
·	Ider and not a party to the action and that I served (title of documents) on (County and State) on
(date) at (time) at	t the following location:
□ minor, or □ interested person in this case who conspicuous place. I have charged the following fees for my services in the □ Private process server □ Sheriff, County Fee \$ Mileage \$ □ By checking this box, I am acknowledging I am form. □ By checking this box, I am acknowledging that I have conspicuous place.	filling in the blanks and not changing anything else on the ave made a change to the original content of this form.
VERIFICATION AN	ND ACKNOWLEDGMENT
	ne) swear/affirm under oath, that I have read the foregoing ments set forth therein are true and correct to the best of my
Printed name	Signature Date
Subscribed and affirmed, or sworn to before me in the day of	
My Commission Expires:	
	Notary Public/Clerk

Distric	t Court Denver Probate Court		
Court Add	dress:		
In the Int	erest of:		
Respond	lent	COURT USE	anu v
		Number:	JNLY A
	Division	on Courtr	oom
	COURT VISITOR'S REPORT	OMBINED	
	☐GUARDIANSHIP ☐CONSERVATORSHIP ☐C	OMBINED	
	n to court visitor: Please complete every applicable section of thi	s form. If a sect	ion is not
l,	(name), submit the f	ollowing report	concerning the
investigation	on that I conducted as the court-appointed visitor in this uguardia	anship pursuant f	to § 15-14-305
C.R.S. \square	conservatorship pursuant to § 15-14-406, C.R.S.		
Summary:		Yes	No ¬
A.	A lawyer should be appointed to represent the respondent.	u	Ц
	Reason: The respondent requested a lawyer. Other:		
В.	A guardian ad litem should be appointed to represent the responde	nt's	
	best interests.		
	Reason:		
C.	A professional evaluator should be appointed to examine the response prepare an evaluation.	ondent and $\ lue$	
	Reason: The respondent has demanded an evaluation.		
	Other:		
D.	I believe the proposed guardianship, including the type of guardiansh	nip, is	
	appropriate and that less restrictive means of intervention are unavail Suggested limitations on guardian's powers and duties:		Ц
E.	The nominated guardian should be appointed for the respondent.		
F.	I believe the proposed conservatorship, including the type of conserv		
	is appropriate and that less restrictive means of intervention are unav Suggested limitations on conservator's powers and duties, and asset which the conservator should be granted authority:	s over	u
G.	The nominated conservator should be appointed for the respondent.		

	Н.	The respondent needs an interpreter. If yes, for what language?	Yes	No	
		List any interested persons involved who may need an interpreter, and for what lan	guage —) :	
	I.	Significant concern(s):			
I.	Ob	oservations:			
	A.	The activities of daily living (daily functions) that the respondent can manage could manage with the assistance of supportive services or benefits, incappropriate technological assistance; and cannot manage are as follows:			
	В.	The financial functions that the respondent can or cannot effectively manage as	re as f	follow	/s:
II.	Int	erview 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 respondent (separate the rights contained therein.	 onden	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}		□мо

D.	an	er I explained the substance of the petition, the nature, d the general powers and duties of a guardian, consese, I asked the following questions and the respondent a	ervator, 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 Notice of Rights to Responder respond	nt (JDF 797)?
	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 letter proceedings? Who are the family members or other people who are to	☐Yes ☐No ☐Did not respond
Guardiaı 1.	Do you	Only I need any help with your daily living activities or daily fu	☐Yes ☐No ☐Did not respond
2.	If Yes,	who do you think the proposed guardian is?why not?ondent provides the wrong name of the proposed guardian).	Yes No Did not respond
3.	Do you	think that he or she should be appointed as your guard	ian? □Yes □No □Did not respond
4.	□Did	o you feel about the proposed guardianship? (Scope, po	owers, duties, and duration.)
	□Res	ponded as follows:	

Conservatorship Only

1.	Do you Identify	need any help with your finances? specific areas (check writing, bill paying, etc.)	
2.	Do you	know the proposed conservator?	☐Yes ☐No ☐Did not respond
	If No , \(who do you think the proposed conservator is? why not? condent provides the wrong name of the proposed conservator).	
3.		think that he or she should be appointed as your co	onservator? ☐Yes ☐No ☐Did not respond
4.	Did	o you feel about the proposed conservatorship? (Sconot respond ponded as follows:	
	— Res	ponded as follows.	
Int	terviev	v of Person Nominated as Guardian:	
A.	Da	te and place of interview:	
В.	Pe	rson seeking appointment was asked and responded	d as follows:
	1.	Name and address:	
	2.	Relationship (including non-family) to respondent:	
	3.	Occupation:	
	4.	Why was this petition initiated?	
	5.	Where has the respondent resided during the last 3	3 months?

	k	 What type of care has been provided? □ None □ In-home care □ Assisted living
	c	☐ 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
	Ţ	What changes in residence are contemplated? ☐None
	Ţ	☐Private home ☐Other facility. Please provide name and address:
	7. \bar{V}	What are your qualifications to be guardian for respondent?
	-	
Inter		of Person Nominated as Conservator: and place of interview:
В.	Porce	on cooking appointment was asked and responded as follows:
Б.		on seeking appointment was asked and responded as follows:
	<u>-</u>	
	2. F	Relationship (including non-family) to respondent:
	2. F	Relationship (including non-family) to respondent:
	-	Relationship (including non-family) to respondent: Occupation:

		5.	Where has the respondent resided during the last 3 months?	
		6.	Who, if anyone, has been handling the respondent's financial affairs during the	nis 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?	
V.	Inter		of Petitioner, if Different than the Nominated Guardian or Come of person:	
	В.		e and place of interview:	
	C.	1.	itioner 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 .		me of person: Relationship to respondent:	
	B.	Dat —	re 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 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 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 Yes No Additional comments
		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	Please identify the sources of the information:						
	Α.	Physicians and psychiatrists: Comments:						
	_							
	B.	Psychologists and psychotherapists: Comments:						
	C.	Nurses and nurse aids:						
		Comments:						
	D.	Other compensated health care providers: Comments:						
	E.	Family members, relatives, and friends:						
	F.	Others:						
		Comments:						
_ `	_	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.						
		VERIFICATION						
I decla	re under	penalty of perjury under the law of Colorado that the foregoing is true and correct.						
Execut	ed on th	te day of,, (year)						
at (city or	other lo	cation, and state OR country)						
(printed	d name)							
(signat	ure)							

□District Court □Den		
Court Address:	County, Colorado	
In the Interest of:		
Ward/Protected Persor	1	▲ COURT USE ONLY ▲
	it Attorney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
NOTICE O	F APPOINTMENT OF GUARD	DIAN AND/OR CONSERVATOR
notice of the petition for a or she is 12 years of age of the boxes that ap The court appointe attached order. The court appointe included in the attached You may have the right to By checking this box, I are	ppointment, and as required by such or older. (§§ 15-14-311, C.R.S. and opply: ed a guardian for the above-named we are conservator for the above-name ed order. request termination or modification of the above-name ed order.	ard. Details of the appointment are included in the d protected person. Details of the appointment are of the guardianship and/or conservatorship.
	VERIFICATIO	DN
I declare under penalty of	perjury under the law of Colorado that	
Executed on the (date)	day of,, (year)	
at (city or other location, and	state OR country)	
(printed name)		
(Signature of Person Givin	ng Notice or Attorney for Person Givin	ng Notice)

CERTIFICATE OF SERVICE

	Relationship to Decedent, Wa	nt. Ward.
Name and Address	or Protected Person	Manner of Service*
ant are of the followings have	lalinom first slage week continue with a second	
ert one of the following: hand t	delivery, first-class mail, certified mail, e-servic	ce, or lax.

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.

☐District Court ☐Denve		ounty, Colorado		
Court Address:	Co	Junty, Colorado		
In the Interest of:				
			▲ co	OURT USE ONLY
Minor Attorney or Party Without	Attornov (Namo on	od Addroso):	Case Numb	
Altorney of Farty Williout	Attorney (Name at	iu Audress).	Case Numi	Jei.
Phone Number:	E-mail:			
FAX Number:		eg. #:		
_				N INSTRUMENT
AS GUA	RDIAN FOR M	INOR PURSUAN	NT TO § 15-14-20	02, C.R.S.
	(qua	rdian), accept the	appointment of qua	rdian for the above nam
inmorried minor who is				(uale).
inmarried minor who is	years or age	and born on		
inmarried minor who is	years or age	and boin on		
Inmarried minor who isInformation about the Name:	appointed guard	ian:	nship to Minor:	
	appointed guard	ian: Relation		
. Information about the Name: Street Address:	appointed guard	ian: Relatio		
. Information about the	appointed guard	ian: Relation Zip Code:		
. Information about the Name: Street Address: City: Mailing Address:	appointed guard	ian: Relation Zip Code:		
. Information about the Name: Street Address: City:	appointed guard State:	ian: Relation Zip Code: Zip Code:		
. Information about the Name: Street Address: City: Mailing Address: City: Primary Phone:	appointed guard State: State: Alter	ian: Relation Zip Code: Zip Code: Trate Phone:		
. Information about the Name: Street Address: City: Mailing Address: City:	appointed guard State: State: Alter	ian: Relation Zip Code: Zip Code: Trate Phone:		
. Information about the Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address:	appointed guard State: State: Alter	ian: Relation Zip Code: Zip Code: rnate Phone: or □other signed v		
. Information about the Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: 2. The appointment was minor's parent) on	appointed guard State: State: Alter	ian: Relation Zip Code: Zip Code: rnate Phone: or □other signed v		
Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: The appointment was minor's parent) on Appointment by will:	appointed guard State: State: Alter	ian: Relation Zip Code: Zip Code: rnate Phone: or □other signed v		
. Information about the Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: 2. The appointment was minor's parent) on	appointed guard State: State: Alter	ian: Relation Zip Code: Zip Code: rnate Phone: or □other signed v		
. Information about the Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: The appointment was minor's parent) on Appointment by will: Certified copy of will or	state: State: Alter	ian: Relation Zip Code: Zip Code: rnate Phone: or □other signed v _ (date):	writing by	
Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: The appointment was minor's parent) on Appointment by will: Certified copy of will or Filed in this court on	state: State: Alter	ian: Relation Zip Code: Zip Code: rnate Phone: or □other signed v _ (date):	writing by	
Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: 2. The appointment was minor's parent) on Appointment by will: □ Certified copy of will or □ Filed in this court on or	appointed guard State: State: Alter made by will constants	ian: Relation Zip Code: Zip Code: rnate Phone: or □ other signed vo_ (date):	writing by	

3.	The parents of the minor are	and	·		
	both parents are deceased.				
	·	was the last parent to d	ie and at that time was a		
		(name of County and S			
	☐(Name)	is deceased and	,		
	(name) survives, but has been adjudicate	ed incapacitated and order is attached.			
	☐both parents are alive and have been	adjudicated incapacitated. Attach orders	adjudicating incapacity.		
4.	No other guardian for the minor has bee	en appointed.			
5.	I submit personally to the jurisdiction of this court in any proceeding relating to this guardianship that may be instituted by any interested person. Notice of any such proceeding may be mailed to me by ordinary mail at my address stated above, or at such other address as I may later report to the court.				
		m filling in the blanks and not changing anythin at I have made a change to the original conten			
I d	eclare under penalty of perjury under the	VERIFICATION law of Colorado that the foregoing is true	and correct.		
⊏X	ecuted on the day of (date) (month)	,, , (year)			
at					
(cit	ty or other location, and state OR country)				
(pr	inted name)				
<u></u>	an atura)				
(Si	gnature)				
		ERTIFICATE OF SERVICE e), 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, first	t-class mail, certified mail, e-service, or	fax.
3 7 ,		
	0'	
	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 P	robate Court County, Colorado	0
Court Address:		
In the Interest of:		
Minor	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney	orney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
PETITION FO	R CONFIRMATION OF PURSUANT TO § 15-1	APPOINTMENT OF GUARDIAN 14-202(6), C.R.S.
 (date) and this petition 2. The minor, if 12 years and the Verified Conse 3. The appointed guardia 4. This petition and the persons (all applicable persons (all applicable persons) (all applicable persons) (all adults with whore All adults who had a person per	ance of Appointment was filed was filed within 30 calendar days of age or older, has or has been of Minor (JDF 826) has been believes that the confirmation of Affidavit of Acceptance of Apparent be given notice): In the minor is currently residing the minor are of age or older.	from said filing date. has not consented to the appointment of the guardiance of filed with the court. on is in the best interest of the minor. pointment (JDF 821) has been given to the following ag.
L declare under penalty of perio	VERIFICATIVE LAW of Colorado	ATION that the foregoing is true and correct.
	•	
Executed on the day of (date)		uted on the day of (date)
(month)	(year) (mc	onth) (year)
at	at	y or other location, and state OR country)
(city or other location, and stat	e ()R country) (city	v or other location, and state OR country)

(printed name)	(printed name)	
(Signature of Petitioner)	(Signature of Co-Pe	titioner, if any)
Attorney Signature, (if any)	Date	
	CERTIFICATE OF SERVICE	
I certify that on as follows on each of the following:	_ (date), a copy of this	(name of document) was served
Name and Address	Relationship to Decedent, or Protected Person	Ward, Manner of Service*
*Insert one of the following: hand deliv	ery, first-class mail, certified mail, e-se	ervice, or fax.
	Signature	

_	District Court Denvo	er Probate Court County, Colorado			
Īr	the Interest of:				
M	inor				▲ COURT USE ONLY ▲
A	ttorney or Party Without	Attorney (Name a	nd Addres	s):	Case Number:
Р	hone Number:	E-mail:		114	
F.	AX Number:	Atty. Reg. #:			Division Courtroom
	PETIT	ION FOR APP	OINTME	NT OF GUARD	IAN FOR MINOR
1.	The following proce and type of proceeding	eding(s) concern(s) the resp	ondent. Identify na	where concerning the respondent ame of court, case number, state, date
	Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding
				Troccomig	
				1	
2.	court.) Guardian with a re	years of age or old appointment of a(note that the appointment were the appointment were the appointment were the appointment and the appointment were appointment and appointment appoint	er. n): ill expire of establish suant to § sotherwise	ning the Minor's e 15-14-204(2.5)(b) e ordered by the co	,
	Emergency Guardia	,	, ,	- , ,	•
3.	Information about the	e petitioner:			
	Name:	List	all nam	es used (also ki _	nown as, formerly known as, etc.):
	Relationship to minor: Street Address:				
	City:				

	Primary Phone :	Alternat	e Phone :			
	Email Address:					
	Does Petitioner need an inte	rpreter? \square No	☐Yes (Language	e:)	
4.	Information about the mind	or:				
	Name:		Current ag	ge: Date of Birtl	h:	
	Street Address:					
	City:	State:	Zip Code:			
	Mailing Address, if different:					
	City:	State:	Zip Code:			
	Primary Phone :	Alternat	e Phone :			
	Email Address:					
	Does the minor need an inter	rpreter? \square No	☐Yes (Language	e:)	
5.	Information about the pare	nts:				
	Parent's Name:			Deceased Unl	known (attach Birth Certificate)	
	Street Address:					
	City: State: _	Zip C	ode:			
	Mailing Address, if different:					
	City:	State:	Zip Code:			
	Primary Phone :	Alternat	e Phone :			
	Email Address:					
	Does this person need an interpreter? ☐No ☐Yes (Language:)					
	Parent's Name:			Deceased Uni	(nown (attach Birth Certificate)	
					()	
	Street Address: City: State:					
	Mailing Address, if different:					
	City:					
	Primary Phone:					
	Email Address:					
	Does this person need an int)	
6.	The parent or guardian \Box h copy of document, if applicable.		has not nominate	ed a guardian by	will or other writing. (Attach	
7.	Venue for this proceeding is resides in this county.		·			
8.	The best interest of the mino	r will be served b	by the appointment	of a guardian.		
9.	The minor is unmarried and:					
	☐the parent consents (s) co	nsent(s) to the a	appointment of a gu	ıardian. (Attach Co	onsent 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.)
10.	
	☐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.)
10.	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:)
11.	The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination o Minor - JDF 826).
12.	□ 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.)

13.	☐ 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 nature of the emergency.)
14.	The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:
	Name: Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary Phone : Alternate Phone :
	Email Address:
	Dates of Care:
	Does this person need an interpreter? No Yes (Language:)
15.	☐ The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:
	Name: Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary phone:Alternate phone:
	Email Address:
	Does Petitioner need an interpreter? \bigsigma No \bigsigma Yes (Language:)
16.	☐ The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:
	Name: Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing address, if different:

	City:	State:	Zip Code:		
	Primary Phone :	Alter	nate Phone :		
	Email Address:				
	Does Petitioner need ar	n interpreter? \square N	o Pyes (Language:)	
17.	. The guardian may recei	ve compensation.			
	including the rates and	l basis for chargin	g fees for any extraordina	pursuant to a published fee schedulery services, and any other bases upoow or in an attachment to this petition. *	n
			Leave International		_
	☐The basis of compen	sation has not yet	been determined.		
	There is a continuing oblig	gation to disclose a	ny material changes to the	basis for charging fees. (§ 15-10-602,	
18.	. The guardian may comp	pensate his, her, o	r its counsel.		
	including the rates and	l basis for chargin	g fees for any extraordina	pursuant to a published fee schedule ry services, and any other bases upo ow or in an attachment to this petition. *	n
					-
	☐The basis of compentions a continuing obliged.	•		basis for charging fees. (§ 15-10-602,	_
	,				
19.	. The minor's assets are:				
	Description of Assets None	(e.g. bank accou	nts, property)	Estimated Value	
				\$	ļ
	Total			\$	
	LIOTAL			1 %	1

20. The minor's income is:

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

21. The petitioner requests that an appointmen	nt of a guardian be made after notice and hearing.
☐In addition, petitioner requests the following	j :
☐ By checking this box, I am acknowledging I form.	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.
	VERIFICATION
I declare under penalty of perjury under the law of	Colorado that the foregoing is true and correct.
Executed on the day of (date)	Executed on the day of (date)
(month) (year)	(month) (year)
at	_ at
at(city or other location, and state OR country)	at (city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)
Attorney Signature, (if any)	Date

Dis	strict Court Denver Probate Court					
Court	County, Colorado Address:					
oou.t	, tour 555.					
In the	e Interest of:	_				
	interest of	▲ COURT USE ONLY ▲				
		Case Number:				
Minor						
Willion		Division Courtroom				
	ORDER APPOINTING GUARDIAN	FOR MINOR				
Jpon c	consideration of the Petition for Appointment of Guardian for the (date),	above minor and hearing on				
as cor	urt has considered any expressed wishes of the minor concerninsidered the powers and duties of the guardian, the scope of the ations of the nominee.					
he co	ourt finds, determines and orders:					
1.	Venue is proper and required notices have been given or wair	ved.				
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	f a guardian.				
5.	☐The minor's parents' consent to the appointment of a guard	dian.				
	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 the	eir parental rights.				
	☐ Guardianship has previously been granted to a third party the guardian has not appointed a successor guardian by will determine the guardian by which are guardian by which are guardian by which are guardian by the guardia	•				
6.	The court appoints the following person as guardian	n for the minor:				
	Name:					
	Street address:					
	City: State: Zip Code:					
	Mailing Address, if different:					
	City: State: Zip Code:					
	Primary Phone: Alternate Phone : Email Address:					
	LITICII /1001655					

- **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 for 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 Report - Minor (JDF 834) with the court each year by
10.	□ the minor's birthday or □ by (date).
	dute million's billinday of aby (date).
11.	Copies of all future court filings must be provided to the following interested persons:
	Name Relationship to Minor
	The minor if 12 years or older at the time of mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship
	Guardian
13.	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 appointment is pursuant to § 15-14-204(2.5)(b), C.R.S. Letters of Guardianship will be issued. The Letters will expire on the minor's 21 st birthday,(date), unless otherwise ordered by the court.
	_ '
	☐ The powers and duties of the guardian are limited by the following restrictions:
	☐A separate Order regarding the court's findings establishing the minor's eligibility for classification as a

special immigrant juvenile was issued.

15.	The court further orders:		
Date:			
		☐Judge ☐Magistrate	

□ District Court □ Der				
Court Address:	C	County, Colorado		
In the Interest of:				
			A	COURT USE ONLY
Minor Attorney or Party Witho	ut Attorney (Name	and Address):	Case N	
		,		
Phone Number:	E-ma			_
FAX Number:		Reg. #: RDIAN'S REPOR]	Division	Courtroom
	GUAF	KDIAN 3 KEPUKI	- WIINOR	
Current Rep	orting Period F	rom	То	
	. . .	(MM/DD/YYY		I/DD/YYYY)
(REPORTING DATE	S MUST BE FOR			PORT INTO THE FUTURE.)
questions in this report, y	to complete a Gua you are required to	provide details. Ans	ear on behalf of t wers such as "sa	he minor. When answering the me as last year" or "no change
since last report" are not	acceptable answe	rs. Your report may b	e rejected with the	ose answers.
	MUST OBTAIN C			THE MINOR CHILD FROM THE enecessary forms to make this
CONTACT INFORM	ATION			
Minor's Informa	tion:	☐ Check	if Updated Infor	mation from last Report
Name:			_Age:	
Street Address:				
(Include Name of Living Cer	nter or Nursing Home	e)		
•	_	·	Zip Cod	de:
Mailing Address, if different				
City:	State:	Zip (Code:	
Primary Phone :				
Guardian's Info	rmation:	☐ Check	if Updated Infor	mation from last Report
Name:			Age:	
Occupation:	Your Rela	tionship to Minor:		
Street Address:				
City:			e:	
Mailing Address, if different		·		
•				ress:
Primary Phone:				

Have y	ou had any criminal charges filed against you or convictions entered since the last repor	rt? 🗖 Yes	s 🔲 No
If Yes,	explain:		
Name:	Co-Guardian's Information: (if applicable)		ort
Occupa	ation: Your Relationship to Minor:		
	Address:		
	State: Zip Code:		
Mailing	Address, if different:		
City:	State: Zip Code:		
	Address:		
	y Phone : Alternate Phone:	_	
Have y	ou had any criminal charges filed against you or convictions entered since the last repor	t? ∐ Yes	s L No
If Yes,	explain:		
L	STATUS INFORMATION	Yes	No
	Do you recommend that the guardianship continue?		
Λ.	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:		
40. 14	f van viek te terminete this groudienskip av medify by venlesi	- 4b a	
	f you wish to terminate this guardianship, or modify by replacir or adding a co-guardian, you must file a separate petition with the c		curren
	3 3 /9 1		
_	The minor's care and living cituation in Tyers Cond Tonad TAdams to Dance		
D.	The minor's care and living situation is:		
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 be Name									
	Prima	ary Phon	e:							
G.	Has t	he minor	's residence	e changed s	ince the last i	report?				
Date (of			the move, a		Type of Residence			e and reason for Ch	
	PER	SONA	L CARE A	AND OTHI	ER ISSUES	8				
A.	Date	of the mi	nor's last m	edical exam	n:		Dei	ntal exam	:	
В.	Are tl	ne Minor								
	If No , explain:									
	Is the	minor c	overed unde	er health or o	dental insurar	nce? 🗬	Yes □No			
	Is the	minor c	overed unde	er health or o		nce? 🗬	Yes □No			
C.	Is the	e minor co s, describ	overed unde be coverage	er health or o	dental insurar	nce? 🖳	Yes □No			
C.	Is the	e minor co s, describ	overed unde be coverage	er health or o	dental insurar lain efforts to	nce? 🖳	Yes □No			
C.	Is the If Yes	e minor co s, describ ribe any	overed under the coverage counseling	er health or o	dental insurar lain efforts to	nce? 🔲	Yes □No			
C.	Is the If Yes	e minor co s, describ ribe any	overed under the coverage counseling	er health or o	dental insurar lain efforts to	nce? 🔲	Yes □No			

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:
l.	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? ☐Yes ☐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?

	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.
	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:
	Phone Number: Minor's grades are: DExcellent DAverage 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.

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? \(\begin{aligned} \text{Yes} \begin{aligned} \text{No} \\ \text{ONO} \\ O								
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?	No If there is a currer ecent order, and status	nt child s	upport order, prov		-			
	Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late			
E.		e representative payee							
F.	Have any fees been partif Yes , describe:	aid to you in your role as	guardiar	n? □Yes □No					
G.	i. 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 DURING RE		CIAL ACTIVIT	Υ				
В	eginning balance of ban	k accounts (savings, che				\$			
		cial security, pension be			erest, -	+\$			
et	c.) from any source on b	pehalf of the person							
Le	ess total fees to care pro	viders				-\$			
Le	ess total monies paid to	the Minor, e.g. personal	needs			-\$			
Le	ess total fees paid to gua	ardian				-\$			
Le	ess any other expenses,	e.g. housing, insurance	, mainter	nance		-\$			
ΙE	nding balance of b	ank accounts				\$			

By checking this box.	I am acknowledging I an	n filling in the blanks and not changing anyth	ing else on the form.
_		I have made a change to the original conter	
		VERIFICATION	
declare under penalty	of perjury under the la	aw of Colorado that the foregoing is true	and correct.
Executed on the(date)	_ day of)	Executed on the day o	of
(month)	,,, (year)	(month)	(year)
at city or other location, a	and state OD country)	at (city or other location, and stat	o OB country)
city of other location, a	and state OR country)	(City of other location, and state	e OR country)
(printed name)		(printed name)	
Signature of Guardian)	(Signature of Co-Guardian, if a	any)
		(Signature of Co-Guardian, if a	any)
			any)
Attorney Signature, (if a	any) ish to change the		oies of reports or
Attorney Signature, (if a NOTE: If you wind other document certify that on	ish to change the s filed, you must CE	persons entitled to receive copfile a separate petition with the	oies of reports or
NOTE: If you wind other document certify that on as follows on each of the action of the control of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certification of the cert	ish to change the s filed, you must CE	persons entitled to receive copfile a separate petition with the	pies of reports or court.
NOTE: If you wind other document of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certification of the certi	ish to change the s filed, you must CE (date	persons entitled to receive copfile a separate petition with the extriction of this (nan Relationship to Decedent, Ward,	pies of reports or e court.
NOTE: If you wind other document of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certification of the certi	ish to change the s filed, you must CE (date	persons entitled to receive copfile a separate petition with the extriction of this (nan Relationship to Decedent, Ward,	pies of reports or e court.
NOTE: If you wind other document of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certification of the certi	ish to change the s filed, you must CE (date	persons entitled to receive copfile a separate petition with the extriction of this (nan Relationship to Decedent, Ward,	pies of reports or e court.
NOTE: If you wind other document certify that onas follows on each of the action of the control of the certify that onas follows on each of the certification of the c	ish to change the s filed, you must CE (date	persons entitled to receive copfile a separate petition with the extriction of this (nan Relationship to Decedent, Ward,	pies of reports or e court.
NOTE: If you wind other document certify that on as follows on each of the action of the control of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certification of the cert	ish to change the s filed, you must CE (date	persons entitled to receive copfile a separate petition with the extriction of this (nan Relationship to Decedent, Ward,	pies of reports or e court.
NOTE: If you wind other document certify that on as follows on each of the action of the control of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certify that on as follows on each of the certification of the cert	ish to change the s filed, you must CE (date	persons entitled to receive copfile a separate petition with the extriction of this (nan Relationship to Decedent, Ward,	pies of reports or e court.

Court Address:	e Court olorado	
n the Interest of:		
Minor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney	(name and address):	Case Number:
Phone Number: E-ma	ail·	
FAX Number: Atty.	Reg. #:	Division Courtroom
	R TERMINATION OF GU	
*****To be used only when Gu	lardianship is to be terminate	ed prior to the Minor's 18th birthday.*****
☐ the father. ☐ the guardian. ☐ the minor. ☐ another person interested in the	the welfare of the minor. (State i	nature of interest.)
(() 		
-		
Information about petitioner:		
Name:		
Street address:		
Street address: State:		
City: State:		
	Zip Code:	
City: State: Mailing Address, if different: City: Sta	Zip Code: ate: Zip Code:	
City: State: Mailing Address, if different: City: State Primary phone:	Zip Code: ate: Zip Code: Alternate phone:	
City: State: Mailing Address, if different: City: Sta	Zip Code: ate: Zip Code: Alternate phone:	
City: State: Mailing Address, if different: State: City: State: Primary phone: E-mail address:	zip Code:ate: Zip Code:	
City: State: Mailing Address, if different: State: City: State: Primary phone: E-mail address: Petitioner requests that this g	zip Code:ate: Zip Code:ate: Zip Code:ate:	or the following reason:
City: State: Mailing Address, if different: State: City: State: Primary phone: E-mail address:	zip Code:ate: Zip Code:ate: Zip Code:ate:	or the following reason:
City: State: Mailing Address, if different: State: City: State: Primary phone: E-mail address: Petitioner requests that this g	zip Code:ate: Zip Code:ate: Zip Code:ate:	or the following reason:
City: State: Mailing Address, if different: State: City: State: Primary phone: E-mail address: Petitioner requests that this g	zip Code:ate: Zip Code:ate: Zip Code:ate:	or the following reason:
City: State: Mailing Address, if different: State: City: State: Primary phone: E-mail address: Petitioner requests that this g	zip Code:ate: Zip Code:ate: Zip Code:ate:	or the following reason:
City: State: Mailing Address, if different: State: City: State: Primary phone: E-mail address: Petitioner requests that this g	zip Code:ate: Zip Code:ate: Zip Code:ate:	or the following reason:
City: State: Mailing Address, if different: City: State Primary phone: E-mail address: Petitioner requests that this g The parent can reassume pare	zip Code: ate: Zip Code: Alternate phone: uardianship be terminated for rental responsibilities. (Explain of the content of the conten	or the following reason:

The death of the min)	
	rdian, are required by	law to be given notice of th	sons designated by the court in the e time and place of hearing on this
Name	Address	3	Relationship to Minor
By checking this box, I am	n acknowledging I am fillir	ng in the blanks and not changin	ng anything else on the form.
By checking this box, I am		ve made a change to the origina	
By checking this box, I am			
	acknowledging that I ha	ve made a change to the origina VERIFICATION f Colorado that the foregoing	al content of this form.
declare under penalty of p	acknowledging that I have	VERIFICATION	al content of this form. is true and correct. day of
declare under penalty of penalty	acknowledging that I have	VERIFICATION f Colorado that the foregoing Executed on the	al content of this form. is true and correct. day of
declare under penalty of penalty	perjury under the law of ay of	VERIFICATION f Colorado that the foregoing Executed on the(date(month)	al content of this form. is true and correct. day of e)
declare under penalty of penalty	perjury under the law of ay of	VERIFICATION f Colorado that the foregoing Executed on the(date(month)	is true and correct. day of e) (year)
declare under penalty of p	perjury under the law of ay of	VERIFICATION f Colorado that the foregoing Executed on the(date (month) at(city or other location	al content of this form. I is true and correct. _ day of e)

CERTIFICATE OF SERVICE

	Relationship to Decedent, W	ard.
Name and Addre	s or Protected Person	Manner of Service*
sert one of the following: har	delivery, first-class mail, certified mail, e-serv	rice, or fax.
	Signature	

Note:

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

District Court Denver Court Address:	Probate Court unty, Colorado				
In the Interest of:					
					COURT USE ONLY
Respondent	ta (Nla a	Λ -l -l \ .		0	
Attorney or Party Without At	torney (Name and	Address):	- 1	Case	Number:
	-mail:				_
	tty. Reg. #.: N FOR APPOII	ITRAENIT	OF CHARE	Divisi	
and type of proceeding if	any.			name o	of court, case number, state, da
Name of Court	Case Number	State	Date of Proceedir	,a	Type of Proceeding
			Troceedii	ig	
	1				
□ a person interested in toor □ the respondent. This is a petition for appoint □ Permanent Guardian. (□ Emergency Guardian.	ointment of a(n): (§ 15-14-304(1) an	d (2), C.R.	S.)	S.)	
. Information about the p					
				ısed (a	ilso known as, formerly known
etc.):					
Relationship to Responde	ent:				
Street Address:					
City: Sta	te:	Zip Code:			
Mailing Address, if differe	nt:				
City:	State:	_ Zip Code	e:	0	
Primary phone:	Alter	nate phone	e:		
Email Address:					
Does petitioner need an i					,

4.	4. Information about the respondent:			
	Name (REQUIRED):	Age:	Date of Birth (REQUIRED):	
	Sex (REQUIRED):			
	Street address:			
	City: State:	Zip Code: _		
	Mailing address, if different:			
	City: State:	Zip Code:	County of Residence:	
	Primary phone: Alt	ernate phone:		
	Email address:			
	Does respondent need an interpreter?	No ☐Yes (Langua	age:	_)
	☐ If this appointment is made, the respond	ent's residence will ch	nange to:	
5.	5. Information about the respondent's spe	ouse nartner in a ci	vil union or adult who has resided wit	th the
٥.	respondent for more than six months in	the last year:	•	
	Name:	Relationsl	nip to Respondent:	
	Street Address:			
	City: State:	Zip Code:		
	Mailing Address, if different:			
	City: State:	Zip Code:		
	Primary phone: Alt	ernate phone:		
	Email address:			
	Does this person need an interpreter?	No Pyes (Langua	ge:	_)
6.	6. Venue for this proceeding is proper becau	se the respondent		
	resides in this county.	•		
	is present in this county. (Check this bo	ox only if requesting an	Emergency Guardian.) (§ 15-14-108(2), C.R.	S.)
	☐ is admitted to an institution pursuant to (Attach copy of the Order to the Petition.)	an order of a court	of competent jurisdiction sitting in this co	ounty.
7.	 An appointment of a guardian for the r the Petition.) 	espondent has been	previously made. (Attach copy of the Or	der to
8.	8. A Power of Attorney exists for financial Petition.) The agent's name and mailing a		(Attach a copy of the Power of Attorney	to the
9.	 QA valid designated beneficiary agreemed designated beneficiary's name and mailing 		copy of the agreement to the petition.)) The

10.	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.)
11.	The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.
12.	Guardianship is necessary due to the following disabilities or impairments: \square Physician's letter attached.
13.	Petitioner requests the powers and duties to be Qunlimited or unrestricted or Qlimited or with restrictions. The requested limitations or restrictions on the guardian's powers and duties, if any, are as follows:
14.	□ 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. 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? No Yes (Language:)
15.	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. 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.
	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.

☐The respondent appointment for the		lowing person as guardian, but the petitioner does	not seek that persor
Name:		List all names used (also known	as, formerly known a
etc.):			
Relationship to Res	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 and no other pers	rgency Guardian for the respondent because con guardian will likely result in substantial harm to the on appears to have authority and willingness to ac ne emergency is as follows:	ne respondent's heal
procedures for the safety, or welfare a	appointment of a and no other pers	guardian will likely result in substantial harm to the appears to have authority and willingness to ac	ne respondent's hea
procedures for the safety, or welfare a (§ 15-14-312, C.R.S.)	appointment of a and no other pers) The nature of t	guardian will likely result in substantial harm to the appears to have authority and willingness to ac	ne respondent's heal t in the circumstance
Information about can be found with r	appointment of a and no other pers) The nature of the trespondent's a reasonable efforts	guardian will likely result in substantial harm to the on appears to have authority and willingness to ache emergency is as follows: dult children and parents. None (If none, list, such as a brother, sister, aunt, uncle, etc.)	ne respondent's heal t in the circumstance
Information about can be found with r	appointment of a and no other pers) The nature of the nat	guardian will likely result in substantial harm to the property of have authority and willingness to ache emergency is as follows: dult children and parents.	ne respondent's heal t in the circumstance st an adult relative the
Information about can be found with r Street address:	appointment of a and no other pers) The nature of the stress of the str	guardian will likely result in substantial harm to the on appears to have authority and willingness to ache emergency is as follows: dult children and parents. None (If none, list, such as a brother, sister, aunt, uncle, etc.) Relationship to Respondent:	ne respondent's heal t in the circumstance st an adult relative the
Information about can be found with r Street address: City:	appointment of a and no other pers) The nature of the trespondent's a reasonable efforts State:	guardian will likely result in substantial harm to the on appears to have authority and willingness to ache emergency is as follows: dult children and parents.	ne respondent's heal t in the circumstance
Information about can be found with r Street address: City: Mailing address, if	appointment of a and no other pers) The nature of the nat	guardian will likely result in substantial harm to the on appears to have authority and willingness to ache emergency is as follows: dult children and parents.	ne respondent's heal t in the circumstance
Information about can be found with r Street address: City: Mailing address, if of City:	appointment of a and no other pers) The nature of the second of the sec	guardian will likely result in substantial harm to the on appears to have authority and willingness to ache emergency is as follows: dult children and parents.	ne respondent's heal t in the circumstance st an adult relative the
Information about can be found with r Name: City: Mailing address, if City: Primary phone:	appointment of a and no other pers The nature of the natu	guardian will likely result in substantial harm to the on appears to have authority and willingness to ache emergency is as follows: dult children and parents.	ne respondent's heat in the circumstance
Information about can be found with r Name: Street address: City: Primary phone: Email address:	appointment of a and no other pers) The nature of the nat	guardian will likely result in substantial harm to the on appears to have authority and willingness to ache emergency is as follows: Columbia	ne respondent's heat in the circumstance

	City:	State:	Z	p Code:		
	Mailing address, if	different:				_
	City:	State:	Zip	Code:	_	
	Primary phone:		Alternate p	hone:	<u>.</u>	
	Email address:				_	
	Does this person n	eed an interprete	er? □No □	Yes (Language:)
	Name:			Relationship t	o Respondent:	
	Street address:					
	City:	State:	Z	p Code:		
	Mailing address, if	different:				-
	City:	State:	Zip	Code:	_	
	Primary phone:		Alternate p	hone:		
	Email address:					
	Does this person n	eed an interprete	er? □No □	Yes (Language:)
	_				Phone #:	
	•			•		
	City:					
	Email Address:					
	Name of Caregiver	:			Phone #:	
	Street Address:					
	City:	 -				
	_					
	City:					
	Email Address:					
20.	_	-			respondent not otherwise des 15-14-102(6), C.R.S.)	signated
	Name:			Type of Lega	Il Representative:	
	Phone #:		_ Email Addre	ess:		
	Mailing Address:					
	City:	_ State:	_ Zip Code:			

21.	The guardian may receive compensation.	
	The hourly rates to be charged, any amounts to be charged pursuant to a 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 att	and any other bases upor
	☐The basis of compensation has not yet been determined.	
	here is a continuing obligation to disclose any material changes to the basis for char R.S.)	ging fees. (§ 15-10-602,
22.	The guardian may compensate his, her or its counsel.	
	☐The hourly rates to be charged, any amounts to be charged pursuant to a 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 att	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 charges.	ging fees. (§ 15-10-602,
	The respondent's assets are:	
	Description of Assets (e.g. bank accounts, insurance, pensions, property) None	Estimated Value
		\$
		\$
	Total	\$
24.	The respondent's income is:	
	Description of Income (e.g. social security, pension) None	Estimated Amount of Income
		\$
		\$
	Total	\$
25.	The petitioner requests that an appointment of a guardian be made after notice	e and hearing.
	In addition, the petitioner requests the following:	

form.			nd not changing anything else on the
		VERIFICATION	
I declare under penalt	y of perjury under the law o	f Colorado that the foregoin	ng is true and correct.
Executed on the day of (date)		Executed on the(da	day of ate)
(month)	,,,,	(month)	,, (year)
at(city or other location,	and state OR country)	_ at (city or other location	on, and state OR country)
(printed name)		(printed name)	
(Signature of Petitione	er)	(Signature of Co-P	etitioner, if any)
Attorney Signature, (if	any)	 Date	_

□ District Court □ Den		
Court Address:	County, Colorado	
In the Interest of:		
in the interest or.		
Respondent		▲ COURT USE ONLY ▲
Attorney or Party Withou	ut Attorney (Name and Address)	: Case Number:
Phone Number:	E-mail:	Countroom
FAX Nullibel	Ally. Neg.#	Division Courtroom DF EMERGENCY GUARDIAN
		G PURSUANT TO § 15-14-312, C.R.S.
		,
То:		(respondent)
		()
The court appointed an	emergency guardian for you. [Details of the appointment are included in the attached
order. Appointment of an	n emergency guardian is NOT a	determination of your incapacity.
If you would like the courdays after receiving your		of the appointment, the court will hold a hearing within 14
The court also appointed	the following attorney to represe	ent you for the duration of the emergency appointment:
Name:		
City:	State:	Zip Code:
Mailing Address, if differe	ent;	
City:	State:	Zip Code:
Primary Phone:	Alternate Phone	e:
Email:		
D. D also alsia a Alsia Isaa.	Lancardo deira Lance Cilia	and the blanks and not should be added as the same
form.	, i am acknowledging i am tillin	ng 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.
,	· · · · · · · · · · · · · · · · · · ·	
	VERIFIC	CATION
I declare under penalty of	f perjury under the law of Colora	do that the foregoing is true and correct.
Executed on the	day of	
Executed on the(date)	(month) (year)	_'

at
(city or other location, and state OR country)
(printed name)
(Signature of Person Giving Notice or Attorney for Person Giving Notice)

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.

□District Court □Denver F		
Court Address:	County, Colorado	
Court / (adrood).		
In the Interest of:		
Ward		COURT USE ONLY
Attorney or Party Without Attorney	orney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #: GUARDIAN'S REPOR	Division Courtroom
□INITIA	L REPORT/CARE PLAN	□ANNUAL REPORT
Current Reportin	a Period From	То
ourrent reportin	(MM/DD/YY)	
(REPORTING DATES MU	ST BE FOR THE PAST YEAR AN	ND MAY NOT REPORT INTO THE FUTURE.)
	Instructions to Guar	rdian:
he questions in this report, yo	ou are required to provide details.	a Guardian's Report every year. When answerin Answers such as "same as last report/year" and report may be rejected with those answers.
	T OBTAIN COURT PERMISSION.	NTING TO REMOVE THE ADULT FROM TH You must file the necessary forms to make th
CONTACT INFORMATIO	<u>DN</u>	
Ward's Information:	☐ Check if Updated Inform	nation from last report (Annual Report ONLY)
	☐ Check if Residency is To	emporary (Care Plan ONLY)
Name:	Age:	
Sex:		
Street Address: (Include Name of Living Cente	r or Nursing Home)	
	i or nursing nome)	
	Ctata	7in Code
City:		Zip Code:
City: Mailing Address, if different:		
City: Mailing Address, if different: City:	State:	Zip Code:
City: Mailing Address, if different: City:	State:	
City: Mailing Address, if different: City: Primary Phone:	State:	Zip Code:
City: Mailing Address, if different: City: Primary Phone: Guardian's Informati	State: Alternate P	Zip Code:
City: Mailing Address, if different: City: Primary Phone: Guardian's Information Name:	State: Alternate P	Zip Code: Phone: tion from last report Occupation

City: _		State:	Zip Code:			
Mailing	g Address,	if different:	····			
City: _		State:	Zip Code:		·	
Prima	ry Phone: _	Alternate Pho	one:			
Email	Address: _					
Have y	you had an	y criminal charges filed	against you or convictior	s entered since	the last report? ☐Y€	es 🛭 No
If Yes,	explain: _					
	Co-Guar	dian's Information (if a	applicable): □Check if	updated inform	nation from last repo	rt
Name	:	·		Age:	_	
Occup	ation:		Your Relationship to Wa	ard:		
Street	Address: _					
City: _		State:	Zip Code:	_		
Mailing	g Address,	if different:				
City: _		Sta	ate:	Zip Code:		
Prima	ry Phone: _	Alternate Phone	e:			
Email	Address: _					
Have y	you had an	y criminal charges filed	against you or convictior	s entered since	the last report?	es 🛭 No
If Yes,	explain:					
	Who curr		rd's care and treatment	·		
В.	If the war		last reporting period, ide			f residence
	Date of Move	Name of Facility and		Type of Residence	Reason for Change	9
l.	STATUS	INFORMATION			Yes	No
A.		ecommend that the guar				
	ιι Νο , exp	olain:				
В.		ecommend any changes				
	If Yes , ex	plain:				

Do you wish to remain guardian? If No , explain:		
	Cou	rt.
CURRENT CONDITION OF THE WARD		
ase describe in detail the current mental condition of the ward:		
ase describe in detail the current physical condition of the ward:		
ase describe in detail the current social condition of the ward:		
PERSONAL CARE AND OTHER ISSUES	Yes	No
changed since the last report? If Yes , explain:		U
Has the ward been hospitalized since the last report?	Ц	Ч
if res , explain:		
Have there been any medical, social or psychological evaluations of the ward performed?	, П	П
Please explain:		
Is there a need for further medical, social or psychological evaluations of the ward? Please explain:		
	If you wish to terminate this guardianship or modify by replacing ian or adding a co-guardian, you must file a separate petition with the EURRENT CONDITION OF THE WARD ase describe in detail the current mental condition of the ward: Section Section	If you wish to terminate this guardianship or modify by replacing the ian or adding a co-guardian, you must file a separate petition with the Coucurrent condition of the ward: SURRENT CONDITION OF THE WARD ase describe in detail the current mental condition of the ward: ase describe in detail the current physical condition of the ward: See describe in detail the current social condition of the ward: SEERSONAL CARE AND OTHER ISSUES Has the ward's physical and medical condition (illness/injuries) changed since the last report? If Yes, explain: Has the ward been hospitalized since the last report? If Yes, explain: Have there been any medical, social or psychological evaluations of the ward performed?

Please describe in detail any medical services provided to the ward:
Please 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:
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.)?
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.
The ward's care and living situation is Very Good Good Adequate Poor
Describe your plans for the ward's future care, including any recommended changes.
Describe your plans for the ward's ruture care, including any recommended changes.

٧. **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:_____ B. 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? **QYes QNo** Briefly describe. VI. **FINANCIAL MATTERS** Complete this section <u>only</u> if the guardian has custody of funds. **A.** Are there sufficient financial resources to take care of the ward? \Box Yes \Box No If **No**, what do you believe is the best way to handle this problem?_____ **B.** Do you have control of the ward's income? **Yes No** If Yes, describe: _____

D. Have any fees been paid to you in your role as guardian? ☐Yes ☐No If Yes, describe: ____

C. If applicable, identify the representative payee for Social Security and other income benefits. Name:_______Phone Number:_____

Estimated Value:		
□Investment Account(s): Name of financial institution(s) and last four numbers of a	. , _	
Estimated Value:		
Real Estate: Address:		
Estimated Value:		
Estimated Value:		
Estimated value		
Estimated Value: Liabilities/Debts: Creditor(s):		
Liabilities/Debts: Creditor(s):		
□Liabilities/Debts: Creditor(s):		
□Liabilities/Debts: Creditor(s): Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY		
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from		
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward	\$ +\$	
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward Less total fees to care providers	\$ +\$	
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward Less total fees to care providers Less total monies paid to the Ward, e.g. personal needs	-\$ -\$	
Estimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.) Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward Less total fees to care providers	\$ +\$	

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.

declare under penalty of perjury under th		VERIFICATION		
	he law of	Colorado that the foregoi	ng is true a	and correct.
xecuted on the day of (date)		Executed on the(date)	day of	
(month) (year)	_,	(month)	,	ar)
t		at		
city or other location, and state OR count	try)	(city or other location, a	ind state C	PR country)
printed name)		(printed name)		
Signature of Guardian)		(Signature of Co-Guard	lian, if any))
ttorney Signature, (if any)		Date		
	CEDTII	FICATE OF SERVICE		
certify that on (c		copy of this	(nam	e of document) was se
				c of accument, was so
s follows on each of the following:				e or document, was se
		Relationship to Deceden or Protected Perso		Manner of Service*
s follows on each of the following:				· ·
s follows on each of the following:				· ·
s follows on each of the following:				· ·
s follows on each of the following:				· ·
s follows on each of the following:				· ·
s follows on each of the following:				· ·
s follows on each of the following:				· ·
s follows on each of the following:	F	or Protected Perso	n	Manner of Service*

□ District Court □ Denver Pro				
Court Address:	y, Colorado			
In the Interest of:				
Mond			▲ C0	DURT USE ONLY
Ward Attorney or Party Without Attorn	ney (Name and Addres	ss):	Case Numb	per:
Phone Number:	المعاملة			
FAX Number:	E-mail: Atty. Reg. #.:		Division	Courtroom
	FOR TÉRMINATIO		IANSHIP -	ADULT
	PURSUANT TO	§ 15-14-318, (C.R.S.	
I. Petitioner(s),				I name(s))
Street Address:				
City: Sta		·		
Mailing Address, if different:				
City:				
Primary Phone :		Alternate P	hone:	
Email Address:				
☐is the guardian				
☐is the ward				
☐ is a person interested in t	he welfare of the ward	(State nature of in	nterest)?	
2. The guardian was appointed o	on	(date	·).	
3. The Petitioner requests that t			e the ward no	longer meets the standard
for establishing the guardians	ship for the following rea	asons:		
0				
10				

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
	people listed above will be given no (3), C.R.S.	otice of the time and place for hearing on this petition, purs	euant to § 15-14-
	The petitioner requests that the co	ourt appoint (check all that apply):	
	☐Guardian ad Litem (GAL)		
	Attorney		
	Other:		
	□None.		
6.	The ward is required to be preser	nt at the hearing, unless excused by the court for good	cause.
⊐т	he netitioner requests that the ward	be excused from attending the hearing for the following re	asons.
	no positioner requests that the ward	be excused from dischaining the floating for the following for	,430113.
orm	1.	rledging I am filling in the blanks and not changing anyth	
	By checking this box, I am acknowle	dging that I have made a change to the original content of	this form.
		VERIFICATION	
de	clare under penalty of perjury under	the law of Colorado that the foregoing is true and correct.	
Ехе	cuted on the day of	Executed on the day of	
	(date)	Executed on the day of (date)	
(r	month) (year)	(month) (year)	
at		at	
city	or other location, and state OR cou	ntry) at (city or other location, and state OR country	/)
prir	nted name)	(printed name)	
Sig	nature of Petitioner)	(Signature of Co-Petitioner, if any)	
4tto	rney Signature, (if any)	Date	

ollows on each of the following:	Relationship to Decedent, Ward,	
Name and Address	or Protected Person	Manner of Service
rt one of the following: hand del	ivery, first-class mail, certified mail, e-service, or	r fax.
	Signature	

Note:

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

District Court Denver Probate Cou			
Court Address:	do		
In the Interest of:			
		▲ CC	OURT USE ONLY
Ward/Protected Person Attorney or Party Without Attorney (Nam	ne and Address):	Case Numb	er:
, morney or rainy removed morney (real			
Phone Number: E-mail:			
FAX Number: Atty. Reg.#		Division	Courtroom
	NOTICE OF DEATH		
This notice is submitted pursuant to §	§15-14-314(2)(g), C.R.S. and/or 1	5-14-431(1), C.R.S.
1.	(name), who died	on	(date)
was the subject of a Guardianship			(1333)
2. The guardian's authority to act on l	behalf of the ward has terminated		
o guaranan o uumom, to uot om	onali el tro wara hao terminatea.		
☐The conservator's authority to acconclude administration of the conser			
D			
By checking this box, I am acknowledging			
■ By checking this box, I am acknowledging	that I have made a change to the original	nai content	of this form.
	VERIFICATION		
I declare under penalty of perjury under the	ne law of Colorado that the foregoi	ng is true a	and correct.
Executed on the day of			
(date) (month)	(year)		
at			
(city or other location, and state OR count	try)		
(printed name)			
(signature)			
	CERTIFICATE OF SERVICE		
	date), a copy of this	(name	e of document) was served
as follows on each of the following:			
Name and Address	Relationship to Decedent or Protected Person		Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

District Court Denver Court Address:	Probate Court unty, Colorado	
In the Interest of:		
Ward/Minor		▲ COURT USE ONLY ▲
Attorney or Party Without A	ttorney (Name and Address	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #.:	
		GUARDIANSHIP – □ADULT □MINOR , C.R.S. OR 15-14-210, C.R.S.
Detitioner		(nama)
		(name)
·		
		Zip Code:
•		zip code
_		Zip Code:
-		Alternate Phone:
☐ is the ☐ mother. ☐ fa☐ is the ward/minor. ☐ is guardian. ☐ is a person interested	ther. in the welfare of the ward (s	tate nature of interest):
. The guardian was appoint	ed on	(date).
. The authority of the guard	ian 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

C.R.P.P. 60 (§ 15-14-306, C.R.S.)

	person(s):				
	Full Name	Address			Relationship
5.	The Petitioner requests that Court Visitor Guardian ad Litem (GAL) Attorney for Ward/Minor Other: None.			apply):	
6.	The ward is required to be	present at the he	earing, unless excused	by the court for goo	d cause.
	The petitioner requests that the	ne ward be excuse	ed from attending the hea	aring for the following r	reasons:
fori	By checking this box, I am m. By checking this box, I am ac				
			VERIFICATION		
l de	eclare under penalty of perjury	/ under the law of	Colorado that the forego	ing is true and correct	
Exe	ecuted on the day of (date)		Executed on the(day of date)	
((month) (y	rear)	(month)	,, (year)	
at _	y or other location, and state	OP country)	at	n, and state OR count	
(Cit	y or other location, and state	JR country)	(city of other location	i, and state OK count	(y)
(pri	inted name)		(printed name)		
(Si	gnature of Petitioner)		(Signature of Co-Pe	titioner, if any)	
Att	orney Signature, (if any)		Date		

bllows on each of the following:	Relationship to Decedent, Ward,	Manual of Camilas
Name and Address	or Protected Person	Manner of Service*
rt one of the following: hand de	elivery, first-class mail, certified mail, e-service, c	or fax.

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

	Denver Probate Court County, Colorado	
Court Address:		
n the Interest of:		
Ward/Minor		▲ COURT USE ONLY ▲
Attorney or Party Wit	hout Attorney (name and addres	ss): Case Number:
Phone Number:		
	Atty. Reg. #:	Division Courtroom
PETITION FO	R APPOINTMENT OF LIC	CO-GUARDIAN SUCCESSOR GUARDIAN
nis Petition is sul	omitted pursuant to § 15-14	I-112, C.R.S. and the Petitioner makes the follo
atements:	milition pursuant to § 15-14	-112, O.N.O. and the retained makes the folice
Detitioner		(name), is an interested person.
		Zin Codo:
•		Zip Code:
		Code:
	Altern	
Email Address:		
Petitioner relations	ship to ward or minor:	
Letters of Guardia	nship were issued on	(date).
The previously ap	pointed guardian,	(name):
□joins in this pet	-	, , ,
		n(date).
	(date of de	
	y a court order issued on	
	and hereby tenders his or her re	_
Petitioner is, 21	vears of age or older nominate	es himself or herself and requests to be appointed as 〔
Guardian or \square Su	ccessor Guardian.	to the total of the contract of the total to the appearate and the contract and the contrac
or	inatas tha fallaccina namas colo	
Dot:4:	nates the following person, wh	no is 21 years of age or older, to be appointed as
	account Cuardian	
	iccessor Guardian.	
Guardian or ☐Su	iccessor Guardian.	

	City:	State:	Zip Code:	
	Mailing Address, if di	ifferent:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Phone:	
	Email Address:			
6.	(§ 15-14-310, C.R.S.)		uccessor Guardian has priority for appointment because he or she	is:
	beneficiary agreeme	nt.	luding nomination in a durable power of attorney or designat	ed
	☐an agent under a	·	•	
	☐an agent under a	•	•	
	the spouse or part		of the ward.	
	the parent of the v			
			s resided for more than 6 months immediately before the filing of the	nis
	petition. other:			
7.	The Co-Guardian or	Successor Guardiar	n may receive compensation.	
	including the rates a	and basis for charg	ny amounts to be charged pursuant to a published fee schedu ing fees for any extraordinary services, and any other bases up calculated, are as stated below or in an attachment to this petition.	on
				_
	☐The basis of comp	pensation has not ye	et been determined.	
	There is a continuing o R.S.)	bligation to disclose	any material changes to the basis for charging fees. (§ 15-10-602,	
8.	The Co-Guardian or	Successor Guardiar	n may compensate his, her, or its counsel.	
	including the rates a	and basis for charg	ny amounts to be charged pursuant to a published fee scheduling fees for any extraordinary services, and any other bases up calculated, are as stated below or in an attachment to this petition.	on
				_
				_
	☐The basis of comp	pensation has not ye	et been determined.	
	There is a continuing on R.S.)	obligation to disclose	e any material changes to the basis for charging fees. (§ 15-10-6	02

9.	appointment of the current guardian.	tatements	s in the original petition	for a	opointment that led to the
10.	Petitioner requests that the nominee be Guardianship be issued Dimmediately			ccessor	Guardian and that Letters of
forr	By checking this box, I am acknowled n. By checking this box, I am acknowledgi				
		V	ERIFICATION		
l de	eclare under penalty of perjury under the	law of C	olorado that the foregoing	is true	and correct.
Exe	ecuted on the day of (date)		Executed on the(date		f
(month) (year)		(month)	, _	(year)
at _ (cit	y or other location, and state OR country	y)	at(city or other location, a	nd state	e OR country)
(pri	nted name)		(printed name)		
(Si	gnature of Petitioner)		(Signature of Co-Petitio	ner, if a	ny)
Atto	orney Signature, (if any)		Date		
	(CERTIFIC	CATE OF SERVICE		
l ce	ertify that on (da follows on each of the following:	ate), a cop	by of this	(nam	ne of document) was served
	Name and Address	Rel	ationship to Decedent, V or Protected Person	Vard,	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

	Probate Court unty, Colorado		7/1	
Court Address:			- (1)	
n the Interest of:				
1				▲ COURT USE ONLY ▲
flinor Attorney or Party Without At	ttorney (name an	d address)): C	ase Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		D	ivision Courtroom
		TMENT	OF CONSERVA	TOR FOR MINOR
	ling(s) concern(s)			nere concerning the respondence of court, case number, state, da
Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding
business. a person who is interest the minor and is 12 ye This is a petition for app	sted in the estate ars of age or olde pointment of a: he appointment with the world and the appointment with the appointment of a petition	e, financial er. will expire to establish	affairs, or welfare of when the Minor reach a conservatorship	ches the age of 21, unless otherv
needed to preserve and individuals who are depermental Conservator.	A special consei	rvator is n	ecessary to assist ir	the accomplishment of the follow

	Mailing Address, if diff	erent:	
	City:	State:	_ Zip Code:
	Primary Phone:	Alter	nate Phone:
	Email Address:		
	Does Petitioner need a	an interpreter? \square No	☐Yes (Language:)
4.	Information about the	e minor:	
	Name:		Age: Date of Birth:
			Zip Code:
	Mailing Address, if diff	erent:	
			Zip Code:
	Primary Phone:		Alternate Phone:
	Email address:		
			☐Yes (Language:)
5.	Information about the	e minor's parents:	
	Parent's Name:		Deceased Unknown (attach Birth Certificate)
	Street Address:		
			Zip Code:
	Mailing Address, if diff	erent:	
	City:	State: Zip	Code:
	Primary Phone:		Alternate Phone:
	Email Address:		
	Does this person need	d an interpreter? 🔲 No	Yes (Language:)
	Parent's Name:		Deceased Unknown (attach Birth Certificate)
	City:	State:	Zip Code:
	•	·	
	City:	State: Zip	Code:
	Primary Phone:		Alternate Phone:
	Email Address:		
	Does this person need	l an interpreter? \Box No	Yes (Language:)
6.	Venue for this proced ☐ resides in this coun	•	s county because the minor
	does not reside in the	his state but has prope	erty in this county.

7.	□ owns or will receive money or property that requires management or protection that cannot otherwise be provided; and/or □ has or may have business affairs that may be put at risk or prevented because of his or her age; and/or □ needs money for support and education and protection is necessary or desirable to obtain or provide money.
8.	A conservator is required for reasons other than the minor's age. The minor 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.
9.	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. ☐ 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:
10.	The petitioner requests the conservator's powers and duties be □unlimited/unrestricted or □limited/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:
11.	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 a conservator or special conservor Petitioner nominates the follor special conservator.	ator.					
	Name:			Lis	t all names	used (also kr	nown as, forme
	known as, etc.):					acca (alco in	nown do, ronno
	Relationship to Minor:						
	Street Address:						
	City:						
	Mailing Address, if differer						
	City:	State:	Zip Cod	le:			
	Primary phone:						
	i illiary prioric.						
. 7	Email Address: Does this person need an infinite conservator has been servator to the conservator of the co	nterpreter?	? □ No □	Yes (Lang	uage:		
Į	Email Address: Does this person need an	nterpreter? s priority fo	PNo □No □	Yes (Lang	uage:he or she is:		
Į	Email Address: Does this person need and The nominated conservator has nominated by the minor and DDF 826).	nterpreter? s priority fo	PNo □No □	Yes (Lang	uage:he or she is:		
Į	Email Address: Does this person need and The nominated conservator has nominated by the minor and DDF 826).	nterpreter? s priority fo	PNo □No □	Yes (Lang	uage:he or she is:		
[Email Address: Does this person need and The nominated conservator has nominated by the minor and DDF 826).	interpreter? Is priority for the mino enature of in	PNo Cor appointment is 12 years interest.)	Yes (Lang	uage:he or she is:		

☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis C.R.S.)	for charging fees. (§ 15-10-602
15. The conservator may compensate his, her, or its counsel.	
☐The hourly rates to be charged, any amounts to be charged pursuincluding the rates and basis for charging fees for any extraordinary se which a fee charged to the estate will be calculated, are as stated below or	rvices, and any other bases upon
☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis C.R.S.)	for charging fees. (§ 15-10-602
16. Sections a and b below identify assets and the source and amount of estim property, proceeds from insurance policy, proceeds from pension, etc.) 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:	T V
Description of Income (e.g. social security, insurance or pension) None.	Estimated Amount of Income
	\$
	\$
	\$
Total	\$
17. The following person is currently acting as Guardian or Conserva elsewhere:	tor for the Minor in Colorado or
Name: Relationship	to Minor:
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	

	Primary Phone:		Alternate Pho	ne:	
	Email Address:				
			Yes (Language:	_)
18.	☐The minor's parent can be found with rea		e following person is	the adult relative nearest in kins	hip that
	Name:		Rela	tionship to Minor:	
	Street Address:				
	City:				
	-		-		
	City:				
	Email Address:				
	Does this person need	an interpreter?	Yes (Language:)
	•	·	, ,		
19.	The following person has petition:	had the primary care	and custody of the mi	nor during the 60 days prior to the	filing of
	Name:		Rela	tionship to Minor:	
	Street Address:				
				_ Zip Code:	
	Mailing Address, if diffe	erent:			
	City:	State:	Zip Code:	<u> </u>	
	Primary Phone:		Alternate Phone: _		
	Email Address:				
	Dates of Care:				
	Does this person need	an interpreter? \square No	Yes (Language:)
20.	☐The following person (Representative payee			otherwise designated above. 02(6), C.R.S.)	
	Name:		Type of Lega	Representative:	
	Street Address:				
	City:	State:	Zip Code: _		
	-		-		
	City:	State:	Zip Code:		
	Email Address:			_	

21. The Petitioner requests than an appointment of a Conservator be made after notice and hearing.

□ 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.				
Executed on the(date	y of perjury under the law o day of e)	Executed on the(d		
(month)	,, (year)	(month)	,,,,	
at(city or other location,	and state OR country)	at (city or other location	n, and state OR country)	
(printed name)		(printed name)		
(Signature of Petitione	er)	(Signature of Co-Pet	itioner, if any)	
Attorney Signature, (if	any)	Date		

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICT	TED ACCOUNT - CONSERVATORSHIP
The court hereby orders that Conservator must open an insured account in a financia the Minor/Protected Person. The account must be open the account shall be opened using the sample Conservator/Special Conservator for	ened on behalf of the Minor/Protected Person. title, " as _ (Name of Minor/Protected Person)".
The fiduciary shall deposit \$ account. This person may make internal transfers of fu interest rates.	and funds received subsequently into the nds in order to take advantage of changes in
It is ordered that, except for internal transfers, the finance the account(s), except by separate certified Order of this	
It is ordered that an Acknowledgment of Deposit of Fureturned to the Court within 45 days. No attorney Acknowledgment form is signed and returned to the Coshall file a Motion to Withdraw Funds from Restricted Acfunds.	fees may be paid in this case until the ourt. The court further orders that the fiduciary
It is further ordered that the conservator must file a Con of the most recent bank statement for the account each y	, , , , ,
☐ the minor's/protected person's birthday(date).	(date) or
Failure to file an annual Conservator's Report may result which could include removal of the fiduciary from further account until further order of the court. The court may fiduciary.	er duties 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:	
	□Judge □Magistrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRIC	CTED ACCOUNT AND ANNUAL FILING
The court finds the limited nature of the protect establishment of a conservatorship.	ted person's account does not justify the
It is therefore ordered that must open an insured account in a financial or bro minor/protected person. The account must be opened account must be opened using the sample title, " (Name of Minor/Protected Person)".	on behalf of the minor/protected person. The
The fiduciary shall deposit \$account. This person may make internal transfers of fuinterest rates.	and funds received subsequently into the unds in order to take advantage of changes in
It is ordered that, except for internal transfers, the finan the account(s), except by separate certified order of this	
It is ordered that an Acknowledgment of Deposit of Fureturned to the court within 45 days. The court further Withdraw Funds from Restricted Account (JDF 868) prior	orders that the fiduciary shall file a Motion to
No attorney fees may be paid in this case until the Ackn Court.	owledgment form is signed and returned to the
It is further ordered that the fiduciary must file a Rescopy of the most recent bank statement for the restricted	
☐the minor's/protected person's birthday	-
(date).	

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.

Copies of all future court fillings v	vill 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:

In the Interest of: Protected Person/Minor	□District Court □Denver	Probate Court unty, Colorado				
Protected Person/Minor Attorney or Party Without Attorney (Name and Address): Case Number: E-mall: FAX Number: Atty. Reg. #: Division Courtroom ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT (name of financial institution), acknowledges the unds have been deposited by		anty, colorado				
Attorney or Party Without Attorney (Name and Address): Case Number: E-mail: FAX Number: Atty. Reg. #: Olivision Courtroom ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT (name of financial institution), acknowledges the unds have been deposited by (fiduciary) as the Conservator, Guardia Next Friend, or Parent for (Protected Person or Minor) actions: Title of Account Number - last 4- digits only By checking this box, I am acknowledging I am filling in the blanks and not changing anything else in the form. By checking this box, I am acknowledging that I have made a change to the original content of this porm. This institution submits itself to the jurisdiction of this court and agrees that it will not permit are viribidrawal of funds except upon being furnished a certified copy of an order of this court authorizing uch withdrawal. VERIFICATION declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the day of (month), (year)	In the Interest of:			_		
Attorney or Party Without Attorney (Name and Address): Case Number: E-mail: Division Courtroom	Protected Person/Minor				▲ cc	OURT USE ONLY
Acknowledgent of perosited by		Attorney (Name and Address	s):	- 11	Case Numb	er:
Acknowledgent of perosited by						
ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT (name of financial institution), acknowledges the unds have been deposited by					Division	O a contra a ma
(name of financial institution), acknowledges the unds have been deposited by	+	·	C ELIN	ne to		
winds have been deposited by	ACKNOWLEDG	DIVIDITY OF DEPOSIT O	F FUN	טו פע	KESTRIC	IED ACCOUNT
Next Friend, or Parent for			(nam	e of fin	ancial institu	tion), acknowledges tha
Title of Account Number - last 4- digits only Total S By checking this box, I am acknowledging I am filling in the blanks and not changing anything else in the form. By checking this box, I am acknowledging that I have made a change to the original content of this form. This institution submits itself to the jurisdiction of this court and agrees that it will not permit are withdrawal of funds except upon being furnished a certified copy of an order of this court authorizing uch withdrawal. VERIFICATION declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the day of,	funds have been deposite	ed by	(fi	iduciary) as the 🗖	Conservator, ☐Guardian
Title of Account Number - last 4- digits only Total S By checking this box, I am acknowledging I am filling in the blanks and not changing anything else in the form. By checking this box, I am acknowledging that I have made a change to the original content of this form. This institution submits itself to the jurisdiction of this court and agrees that it will not permit are withdrawal of funds except upon being furnished a certified copy of an order of this court authorizing uch withdrawal. VERIFICATION declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the day of,	□Next Friend. or □Pa	rent for			(Protecte	ed Person or Minor) as
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Executed on the day of,,,,		VERIFI	CATION			
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t city or other location, and state OR country)	Executed on the day	of,,,	,			
	at city or other location, and s	rate OR country)				

(printed name of Authorized Bank Officer)	
(signature of Authorized Bank Officer)	
Type or print the Bank's name, address and telephone	e number below

Note:

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

☐District Court ☐De		ty, Colorado			
Court Address:	Coun	ty, Colorado			
In the Interest of:			-		
Protected Person/Min		dda a a V	0000	COURT USE	ONLY A
Attorney or Party With	out Attorney (Name and A	Address):	Case	Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. i	<i>#</i> ·	Divisi	on Court	room
	ON TO WITHDRAW F				
l,, on de	posit in the restricted acco	(conservator(s)), respount(s) listed below:	ectfully r	equest authority t	o withdraw \$_
Attach current bank st	tatement.				
Name and Address o	f Financial Institution			Account Number (last 4-digits only)	Current Balance in Account
				i digita aiii,	\$
			Total		\$
form.	x, I am acknowledging I				
Date:			·		
		Signature of M	inor if 12	years of age or o	over
		VERIFICATION			
I declare under penalty	of perjury under the law o	f Colorado that the fore	egoing is	true and correct.	
Executed on the(date)		Executed on the	(date)	day of	
(month)	, (year)	(month)		,,,,	
at		_ at			
(city or other location, a	nd state OR country)	(city or other loca	tion, and	state OR country	y)
(printed name)		(printed name)			
(Signature of Conservat	tor/Successor)	(Signature of Co-	Conserv	 rator/Successor, i	fany)

Attorney Signature, (if any)	Date	
	CERTIFICATE OF SERVICE ate), a copy of this (name	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	r, first-class mail, certified mail, e-service, or	fax.
	Signature	

Dis	trict Court Denver Proba				
Court	Count Address:	ty, Colorado			
In the	Interest of:				
	ondent				RT USE ONLY
Attorn	ey or Party Without Attorne	y (Name and Addr	ess):	Case Number	er:
ı		mail:		Division	Carretina a mar
FAXIN		/. Reg. #: FOR APPROVA	AL OF SETT	Division:	
	TEIIIIONT		T TO C.R.P.		IIVIO
1. 2.	Venue for this proceeding resides in this county. I does not reside in this something in the period of the period	ng is proper in thi state, but has prop etitioner:	erty in this cou	nty. Relationship to respond	lent:
	City:				
	Mailing address, if differen	nt:			
	Primary phone #:		Alternate	phone #:	
	Email address:				
					
3.	Information about respo		7		
3.	Information about respo	ndent:		Age: Date of	birth:
3.	Information about respo	ndent: Ge	ender:		birth:
3.	Information about respo Name: Street address:	ndent: Ge	nder:		birth:
3.	Information about respo Name: Street address: City:	ndent: Ge State:	nder: Zip code:		
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Name:		Relationship to respondent:
		Zip code:
Mailing address, if dif	ferent:	
		Alternate phone #:
Email address:		
		s (if respondent is a minor), legal guardian, custodia r court-appointed guardian or conservator:
Name:		Relationship to respondent:
Street address:		
City:	State:	Zip code:
Mailing address, if dif	ferent:	
Primary phone #:		Alternate phone #:
Email address:		
Name:		Relationship to respondent:
Otro ot o dalacco.		
Street address:		
City:	State:	zip code
City:		
City: Mailing address, if dif	ferent:	Alternate phone #:
City: Mailing address, if dif Primary phone #:	ferent:	Alternate phone #:

Section 2 - Claims and Liabilities

6. The date and a brief description of the event or transaction giving rise to the claim:

nformation about each party	y against who	om respondent ma	y have a claim:	
Name:				
Street address:				
City:	State:	Zip Code:		
Mailing address, if different:				
Primary phone #:		Alternate phon	e #:	
Name:				
Street address:				
City:				none #:
Mailing address, if different:				
Primary phone #:				
The basis for each of the res	spondent's cl	laims are as follow	s:	
				ollows:
				ollows:
				ollows:
The defenses and/or counter	rclaims, if an	y, to the responde	nt's claims are as fo	
The defenses and/or counter Information for each insuran and the identity of the insure	rclaims, if an	y, to the responde	nt's claims are as fo	cy, the policy li
The defenses and/or counter Information for each insuran and the identity of the insure	rclaims, if an	y, to the responde	nt's claims are as fo	cy, the policy li
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Name of insurance company: _ Address: City: Contact person: Type of policy: Name of insurance company: _ Address:	cce companyed: State: Prolicy limit	zip code:	nt's claims are as formula im, the type of political name of insured:	cy, the policy li

Section 3 - Damages

11.	A description of the respondent's injuries:
12.	The amount of time missed by the respondent from school or employment:
13.	A summary of lost income resulting from respondent's injuries:
14.	A summary of any damage to respondent's property:

15. A summary of the respondent's expenses incurred for medical or other care provider services as a result of the respondent's injuries, identification of any source of payment (including person, organization, institution, or state or federal agency) for such expenses, and a summary of expenses that have been or will be paid by each particular source:

	Name of Provider	Expenses	Expenses Paid	Source of Payment (if any)	Outstanding Expenses
1				, ,	
2					
3					
4					
5					
5					
6					
	Total	\$	\$	\$	\$

Section 4 - Medical Status

				sychological impairments, and any curre er filed with this Petition:
17.	An explanation of	of respondent's pro	gnosis and any an	ticipated treatments and/or therapy:
ectio	n 5 – Status of Cla	aims		
18.		nd any other related case number, and p		of the claim and if any civil action has be
19.	including any st			right against this claim or any related cla ning to pay benefits to or for respondent a
19.	including any st the amount of ea	ate or federal agen ach subrogation:	cy paying or planr	
19.	including any st the amount of ea Name of claimant	ate or federal agen ach subrogation:	cy paying or planr	ning to pay benefits to or for respondent a Amount of subrogation: \$
19.	including any st the amount of ea Name of claimant Address:	ate or federal agen ach subrogation: /subrogation holder:	cy paying or planr	ning to pay benefits to or for respondent a Amount of subrogation: \$
19.	including any st the amount of ear Name of claimant Address: City:	ate or federal agen ach subrogation: //subrogation holder: State:	cy paying or planr	Amount of subrogation: \$ Phone #: Amount of subrogation \$
19.	including any st the amount of ear Name of claimant Address: City: Name of claimant Address:	ate or federal agen ach subrogation: //subrogation holder: State:	cy paying or planr	Amount of subrogation: \$ Phone #: Amount of subrogation \$
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Section 6 - Proposed Settlement, Payment Terms and Proposed Disposition of Settlement Proceeds

ty:ame of party/entity receivence of party/entity making ddress:		Zip code:	
City:lame of party/entity received ame of party/entity making address:	State: ving payment:	Zip code:	
Name of party/entity receivness: Name of party/entity making	ving payment:		
Address:	ng payment:		
Address:			Amount:
City			
City:	State:	Zip code:	
Name of party/entity receiv	ving payment:		
Name of party/entity makir	ng payment:		Amount:
Address:			
City:			
Name of party/entity receiv		-	
	Description		Amount
A Gross Settleme	nt Amount		\$
A Gross SettlemeB Attorney Fees	nt Amount		\$ \$
A Gross SettlemeB Attorney FeesC Attorney Costs	ent Amount		\$ \$ \$
A Gross SettlemeB Attorney FeesC Attorney CostsD Payment of Med	ent Amount dical Bills per section 15		\$ \$ \$ \$
A Gross Settleme B Attorney Fees C Attorney Costs D Payment of Med E Payment of Sub	ent Amount dical Bills per section 15 progation Claim per sectio	on 19	\$ \$ \$ \$
The settlement amount of the funds.	and proposed disposit	ion, including any	restrictions on t
A Gross Settleme	ent Amount		\$
A Gross SettlemeB Attorney Fees	ent Amount		\$ \$
A Gross SettlemeB Attorney FeesC Attorney Costs	ent Amount		\$ \$ \$
A Gross SettlemeB Attorney FeesC Attorney Costs	ent Amount		\$ \$ \$
A Gross SettlemeB Attorney FeesC Attorney CostsD Payment of Med	ent Amount dical Bills per section 15		\$ \$ \$ \$
A Gross Settleme B Attorney Fees C Attorney Costs D Payment of Med E Payment of Sub	ent Amount dical Bills per section 15	on 19	\$ \$ \$ \$

24. The requested attorney fees and costs to be paid from the settlement proceeds are summarized as follows:

25.	Whether there is a need for continuing court supervision, the appointment of a fiduciary, or the continuation of an existing fiduciary appointment:
26	The following decuments are filed with this potition:
20.	The following documents are filed with this petition: Attorney fee agreement
	Attorney statement of costs
	Attorney billing records, billing summary or attorney fee affidavit
	Written statement by physician or other health care provider. (The statement must set forth the information required by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the court.)
	Proposed settlement agreement(s)/releases
	□Other:
	□Other:
27.	An interpreter is requested for the following person(s):(Language Need(s):)
28.	In addition, the Petitioner requests the following:
WHERI	EFORE, petitioner requests that after notice and hearing, the Court
	☐ find that the proposed settlement of the claim is in the best interests of the respondent; ☐ find that the Court authorize the acceptance of \$ in full settlement of the respondent's personal injury claim;
	authorize payment of \$ to be paid out of the settlement proceeds for any outstanding claims, attorney fees and costs per section 6; and
	authorize disposition of the net proceeds of the settlement in the manner set forth in this Petition.
By of By of	checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the
Вус	checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

Date

Attorney Signature, (if any)

Примира и Примира и	
District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	🔺
in the interest or:	COURT USE ONLY
	Case Number:
Respondent	
ORDER APPROVING SETTL	EMENT OF CLAIMS
PURSUANT TO C.	
T ORGONIAL TO G.	
THIS MATTER comes before the Court on the Petition C.R.P.P. 62 of (hereinafter "respondent") the hearing was held on (date). The petition Also, in attendance were:	at was filed by ("petitioner"). oner and the respondent appeared at the hearing.
7 too, in attoriation word.	
The Court, having considered the reasonableness of the pr	
Petition, all of the attachments thereto, the exhibits offered having heard the testimony of:	during the hearing, the relevant authority, and , and having
considered the statements of counsel, the Court finds that:	
 Venue is proper; Any required notices have been given or waived; 	
3. It is in the best interest of the respondent to settle the claim	of the respondent against
in the amount of \$;	
4. The parties have been advised of and understand the finalit5. In light of the supporting documentation provided and/or tes	
attorney fees and costs of \$ are:	sumony presented at the hearing, the requested
□ allowed.	
☐disallowed.	
☐adjusted and allowed by the Court as follows:	
-	3
The Court further finds that:	
the appointment of a conservator is appropriate, and the Order Appointing Conservator. OR	e conservator's powers shall be as set forth in the
a conservator for the respondent has already been appoor	inted.
another fiduciary for the respondent is already in place. OR	
Other:	

The Court Orders: 1. The petitioner is authorized to accept the total amount of \$_____ as full and final settlement of the personal injury claim. **2.** This authorization includes the acceptance of \$ to be paid by (name). 3. The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with ______ (name) and fully discharge said claims and to pay the following out of the proceeds: **\$_____** to _____ (name of payee). **\$_____** to _____ (name of payee). in attorney fees to ______ (name of attorney/law firm). in costs to (name of attorney/law firm). Other: The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are DISALLOWED for the reasons set forth below: 4. The Court, pursuant to C.R.P.P. 62, and having taken into account the nature and scope of the proposed settlement, the anticipated duration and nature of the Respondent's/Minor's disability (if any), the cost of any future medical treatment and care required to treat the Respondent's/Minor's disability (if any), and any other relevant factors pursuant to C.R.S. § 15-14-101, et seg, finds that it is in the best interests of the Respondent/Minor to make the following protective arrangement(s) for the conservation and use of the net settlement funds. The net settlement amount of \$ is to be: deposited into a restricted account from which there shall be no withdrawals without prior Court approval. The funds shall be deposited within days of the issuance of this Order and the petitioner shall file an acknowledgment of said deposit by the filing of JDF 867SC. administered in accordance with the Order Appointing Conservator issued on _____ (date). other: 5. The Court further orders that there shall be no payment of attorney fees until the Court has received and

acknowledged the deposit of the net settlement amount.

	er Probate Court County, Colorado			
Court Address:	ounty, Colorado		- 01	
In the Interest of:				
			211	A
Respondent	Attamas (assessed	d o ddrooo\		Coas Number:
Attorney or Party Without	Attorney (name and	a address)	- V 11	Case Number:
Phone Number:	E-mail:		11	
AX Number:	Atty. Reg. #:			Division Courtroom
PETITION	N FOR APPOIN	TMENT (OF CONSERV	ATOR FOR ADULT
The following proceeding	eding(s) concern(s) if any.	the respo	ndent. Identify na	where concerning the responde ame of court, case number, state, da
Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding
			Troceeding	
The petitioner is:	l be adversely affe	cted by lac	ck of effective ma	nagement of the respondent's prope
and business. a person who is interpreted the respondent.	rested in the estate	, financial a	affairs, or welfare	of the respondent.
and business. a person who is interpreted the respondent. This is a petition for a Permanent Conservation	ppointment of a: ator.			
and business. a person who is interest the respondent. This is a petition for a Permanent Conservator preserve and apply the individuals who are in face	ppointment of a: ator. r. While a petition of the respect of the	n to estab espondent a n the respo ed for a	olish a conservate as may be require ndent. (§ 15-14-40 protective arrang	orship is pending, there is a need ed for the support of the respondent 6(6), C.R.S.)
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and business. a person who is interest the respondent. This is a petition for a Permanent Conservator preserve and apply the individuals who are in factor permanent conservator permanent conservator permanent conservator information about the Name: etc.): Relationship to Responsitive City:	ppointment of a: ator. r. While a petitio e property of the re act dependent upor r. There is a nee ship is not requeste petitioner: dent:State:	on to establespondent and the respondent and the respondent for a ped. (§ 15-14	olish a conservate as may be require indent. (§ 15-14-40 protective arrang -412(3), C.R.S.) List all names us 	orship is pending, there is a need ed for the support of the respondent 6(6), C.R.S.) ement or other single transaction. sed (also known as, formerly known

	Primary Phone:	Alternate	Phone:	
	Email Address:			<u></u>
	Does Petitioner need a	n interpreter? \bullet No	☐Yes (Language:)
4.	Information about the	respondent:		
	Name:		Age:	Date of Birth:
	Street Address:			
	City:	State:	Z	ip Code:
	Mailing Address, if diffe	erent:		
	City:	State:	Zip Code:	_
	Does Respondent need	d an interpreter? 🔲 No	Yes (Language	:)
	☐ If this appointment is	s made, the Responder	nt's dwelling will chanç	ge to:
5.	respondent for more	than 6months in the la	ast year:	inion, or adult who has resided with the
				to Respondent:
	-		-	:
	_			
	City:			
	• •		·	
	Email Address:			_
	Does this person need	an interpreter? ☐No	☐Yes (Language:)
6.	Venue for this proceed resides in this count does not reside in the	y.	-	respondent
7.	☐A Power of Attorney name and mailing addr		medical matters. (At	tach a copy to the petition.) The agent's
8.	A valid designated be designated beneficiary			y of the agreement to the petition.) The

9. A conservator is required because the respondent 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: \square Physician's letter attached.
	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.
10.	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:
11.	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:
12.	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:

13.	Petitioner is, 21 years conservator or special cor	_	r, nominates himse	If or herself and requests to be appointed as
	<u> </u>	e following person	on, who is 21 years	of age or older, to be appointed as conservator
	Name:		List all n	ames used (also known as, formerly known as
	etc.):			
	Relationship to Respo			
	Street Address:			
	City:	St	ate:	Zip Code:
	Mailing Address, if diff	ferent:		
	City:	State:	Zip Code:	
	Primary phone:		Alternate phone:	
	Email Address:			<u></u>
	Does this person need	d an interpreter?	□No □Yes (La	nguage:)
15.	where the protected pers nominated in writing I beneficiary agreement. an agent appointed by attorney. the spouse or partner an adult child of the relational parent of the responsion an adult with whom respectition.	on resides. by respondent, in a civil union of spondent. dent. spondent has re	ncluding nomination to manage the respondent.	cognized by a court in another jurisdiction in a durable power of attorney or designated ondent's property under a durable power of 6months immediately before the filing of this ervator, but the petitioner does not seek that
10.	person's appointment for	the following rea	son:	ervator, but the petitioner does not seek that
				ames used (also known as, formerly known as
	etc.):			
				Code:
	Oity	Siait	∠ip (Ouu c

	Mailing Address, if different	:		
	City:	_ State:	Zip Code:	
	Primary phone:		Alternate phone:	
	Email Address:			
16.	The conservator may receive	ve compensati	on.	
	including the rates and ba	sis for chargir	y amounts to be charged pursuant to ng fees for any extraordinary services, calculated, are as stated below or in an a	and any other bases upor
	☐The basis of compensati	on has not yet	t been determined.	
	here is a continuing obligation.S.)	on to disclose a	any material changes to the basis for cha	rging fees. (§ 15-10-602
17.	The conservator may comp	ensate his, he	er, or its counsel.	
	including the rates and ba	sis for chargir	y amounts to be charged pursuant to ng fees for any extraordinary services, calculated, are as stated below or in an a	and any other bases upor
	☐The basis of compensati	on has not yet	t been determined.	
	here is a continuing obligation.S.)	on to disclose a	any material changes to the basis for cha	rging fees. (§ 15-10-602
18.			and the source and amount of anticipated s from insurance policy, proceeds from p	
	a. The respondent's asset	ts are:		
	Description of Assets (e. None.	.g. bank acco	unts, insurance, pensions, property)	Estimated Value
	anone.			\$
	Total			•
	Total			\$

b.	The	res	onc	lent'	's i	inco	me	is:
----	-----	-----	-----	-------	------	------	----	-----

Description of Incom				Income	Amount
				\$	
Total				\$	
☐The following perselsewhere:	son is currently	acting as a 🗕 gı	uardian and/or 🖵	conservator i	n Colorad
Name:		Relation	onship to Respond	ent:	
Street Address:					
City:	State:		Zip Code:		
Mailing Address, if diffe	rent:				
City:	State:	Zip Code:			
Oity		Alternate phone:			
		_ / ilicinate priorie			
Primary phone: Email Address: Does this person need Information about add	an interpreter?	No □Yes (Lang	guage:		,
Primary phone: Email Address: Does this person need Information about address with reasonable efforts.	an interpreter?	No Yes (Lang parents. None r, sister, aunt, uncle	guage:e (If none, list an a	adult relative tha	at can be fo
Primary phone: Email Address: Does this person need Information about add	an interpreter?	No Yes (Lang parents. None r, sister, aunt, uncle	guage:e (If none, list an a	adult relative tha	at can be fo
Primary phone: Email Address: Does this person need Information about address with reasonable efforts.	an interpreter?	No Yes (Lang	guage: e (If none, list an a e, etc.): _ Relationship: □	adult relative tha	at can be fo
Primary phone: Email Address: Does this person need Information about add with reasonable efforts. Name:	an interpreter?	No Yes (Lang parents. None r, sister, aunt, uncle	guage: e (If none, list an a e, etc.): _ Relationship: □	adult relative that	at can be for
Primary phone: Email Address: Does this person need Information about addrest with reasonable efforts. Name: Street Address: City:	an interpreter?	No Yes (Lang	guage: e (If none, list an a e, etc.): _ Relationship: □ Zip Code:	adult relative that	at can be for
Primary phone: Email Address: Does this person need Information about add with reasonable efforts Name: Street Address: City: Mailing Address, if diffe	an interpreter?	No Yes (Lang	guage: e (If none, list an	adult relative that	at can be f
Primary phone: Email Address: Does this person need Information about addrest with reasonable efforts. Name: Street Address:	an interpreter? ult children and p such as a brothe State: State: State:	No Yes (Language) parents. None r, sister, aunt, uncle Zip Code:	guage: e (If none, list an and e, etc.): _ Relationship: □ Zip Code:	adult relative that	at can be for
Primary phone: Email Address: Does this person need Information about addrest with reasonable efforts. Name: Street Address: City: Mailing Address, if differences.	an interpreter? Lalt children and passed as a brother such as a brother such as a brother state: State: State:	Parents. None r, sister, aunt, uncle Zip Code: Alternate phone:	guage:e (If none, list an	adult relative that	at can be for
Primary phone: Email Address: Does this person need Information about addrest with reasonable efforts. Name: Street Address: City: Mailing Address, if differents. City: Primary phone:	an interpreter?	Parents. None r, sister, aunt, uncle Zip Code: Alternate phone:	guage:e (If none, list an	adult relative that	at can be f
Primary phone: Email Address: Does this person need Information about address: with reasonable efforts. Name: Street Address: City: Mailing Address, if differents. City: Primary phone: Email Address:	an interpreter? ult children and p such as a brothe State: State: State: an interpreter?	Parents. None r, sister, aunt, uncle Zip Code: Alternate phone:	guage:	adult relative that	at can be f
Primary phone: Email Address: Does this person need Information about address: with reasonable efforts. Name: Street Address: City: Mailing Address, if differ City: Primary phone: Email Address: Does this person need	an interpreter?	Parents. None r, sister, aunt, uncle Zip Code: Alternate phone: No Yes (Lang	guage: e (If none, list an and etc.): _ Relationship: Zip Code: guage:	adult relative that Adult Child or □	at can be for the following parent of the following p
Primary phone: Email Address: Does this person need Information about addrest with reasonable efforts. Name: Street Address: City: Mailing Address, if differents of the company phone: Email Address: Does this person need Name:	an interpreter?	No Yes (Language) Parents. None r, sister, aunt, uncle Zip Code: Alternate phone: No Yes (Language)	guage: e (If none, list an and e, etc.): _ Relationship: □ Zip Code: guage: Relationship: □	Adult relative that Adult Child or	at can be f Parent □ Parent
Primary phone: Email Address: Does this person need Information about addrest with reasonable efforts. Name: Street Address: City: Mailing Address, if differ City: Primary phone: Email Address: Does this person need Name: Street Address: City: City: City:	an interpreter? ult children and p such as a brothe State: State: State: State:	Parents. None r, sister, aunt, uncle Zip Code: Alternate phone: No Yes (Language)	guage: e (If none, list an and e, etc.): _ Relationship: □ _ Zip Code: guage: Relationship: □	Adult relative that Adult Child or	at can be f
Primary phone: Email Address: Does this person need Information about addrest with reasonable efforts. Name: Street Address: City: Mailing Address, if different of the company phone: Email Address: Does this person need Name: Street Address: Street Address:	an interpreter? ult children and p such as a brothe State: rent: an interpreter? State:	Parents. None r, sister, aunt, uncle Zip Code: Alternate phone:	guage: e (If none, list an and etc.): _ Relationship: □ Zip Code: guage: Relationship: □	Adult relative that Adult Child or	at can be f

	u an interpreter:	o)
Name:			_ Relationship:	
		Zip (
Mailing Address, if dif	ferent:			
City:	State:	Zip Code:	_	
Primary phone:	Alt	ernate phone:		
Email Address:			_	
Does this person need	d an interpreter? ☐No	☐Yes (Language:)
21. ☐The following per the filing of this Peti		care and custody of R	espondent during the	e 60 days prior to
•			Relationshin:	
		Zip Code: _		
•				
		Zip Code:		
		Alternate phone	-):	
Email Address:				
			_	
Dates of Care:			-	١
Dates of Care:			-)
Dates of Care: Does this person need 22. Information about	d an interpreter? ☐No	☐Yes (Language:	ne primary care and	ŕ
Dates of Care: Does this person need 22. Information about Respondent, includi	d an interpreter? No each person currenting the Respondent's	☐Yes (Language:	- ne primary care and ☑None	ŕ
Dates of Care: Does this person need 22. Information about Respondent, including Name of Treating Physics Name of Treating Physics Respondents of Treating Physics Respondents of Treating Physics Dates of Care: Dates	d an interpreter? No each person current ing the Respondent's	Yes (Language:tly responsible for the treating physician:	- ne primary care and ⊒None -	ŕ
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone:	d an interpreter? No each person current ing the Respondent's vsician:	Yes (Language:tly responsible for th	- ne primary care and ☑None -	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address:	d an interpreter? No each person current ing the Respondent's ysician:	Yes (Language:tly responsible for the treating physician:	- ne primary care and ☑None -	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City:	d an interpreter? No each person current ing the Respondent's vsician:Sta	Yes (Language:tly responsible for the treating physician:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if dif	d an interpreter? No each person current ing the Respondent's vsician:Sta	Yes (Language:tly responsible for the treating physician:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if difficity:	d an interpreter? No each person current ing the Respondent's ysician: Sta	Yes (Language:tly responsible for the treating physician:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if difficity: Email Address:	d an interpreter? No each person current ing the Respondent's ysician: Sta ferent: Zip Code:	Yes (Language:tly responsible for the treating physician:tly Alternate Phone:tte:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if difficity: Email Address: Name of Caregiver:	d an interpreter? No each person current ing the Respondent's ysician:Sta ferent:State:Zip Code:	Yes (Language:tly responsible for the treating physician:tly Alternate Phone:tte:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if diff City: Email Address: Name of Caregiver: Primary Phone:	d an interpreter? No each person current ing the Respondent's ysician:Sta ferent:State:Zip Code:	Yes (Language:tly responsible for the treating physician: Alternate Phone: Alternate Phone:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if difficity: Email Address: Name of Caregiver: Primary Phone: Street Address:	d an interpreter? No each person current ing the Respondent's ysician: Sta ferent: State: Zip Code:	Yes (Language:tly responsible for the treating physician:tly Alternate Phone:tte:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Email Address: Name of Caregiver: Primary Phone: Street Address: City:	d an interpreter? No each person current ing the Respondent's ysician: Sta ferent: State: Zip Code:	Yes (Language:tly responsible for the treating physician: Alternate Phone: Alternate Phone: Alternate Phone:	ip Code:	custody of the
Dates of Care: Does this person need 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address; if difficity: Email Address: Primary Phone: Primary Phone: Street Address: City: Mailing Address, if difficity: Mailing Address; City: Mailing Address, if difficity: Street Address;	d an interpreter? No each person current ing the Respondent's ysician: Sta ferent: State: Zip Code:	Yes (Language:tly responsible for the treating physician:	ip Code:	custody of the

Name:		Type of Legal Re	presentative:
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if di	fferent:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
☑In addition, the petiti			
☐ By checking this box,	I am acknowledging t	that I have made a change to VERIFICATION	the original content of this form.
I declare under penalty o	f perjury under the lav	w of Colorado that the foregoin	ng is true and correct.
Executed on the(date)	day of	Executed on the(da	day of ate)
(month)	,,, (year)	(month)	,,,
at		at	
(city or other location, an	d state OR country)	(city or other location	, and state OR country)
(printed name)		(printed name)	
(Signature of Petitioner)		(Signature of Co-Peti	tioner, if any)
Attorney Signature, (if an	у)	 Date	_

	Denver Probate Court	
Court Address:	County, Colorado	
In the Interest of:		
Dretested Darsen		▲ COURT USE ONLY ▲
Attorney or Party Wi	thout Attorney (name and address):	Case Number:
Phone Number:	E-mail:	Division Country on
FAX Number:	Atty. Reg. #: PETITION FOR APPOI	Division Courtroom
tatements:		
. Petitioner,	(nam	e), is an interested person. State relationship t
protected person:		
. Letters of Conser	vatorship were issued on	(date).
. The previously ap	pointed conservator,	(name):
in this pet		
	ignation approved by the court on	
	(date of death	
_	by order of the court issued on	
_ `	r and hereby tenders his or her resignatior	
		or herself and requests to be appointed as \square Co
or	Successor Conservator.	
	inates the following person, who is 21 y Successor Conservator.	vears of age or older, to be appointed as \square Co
Name:		ionship to Protected Person:
Street Address:	Relat	
Street Address: City:	Relat	Zip Code:
Street Address: City: Mailing Address,	Relat State:	Zip Code:
Street Address: City: Mailing Address, City:	State: Relat	Zip Code:

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.
	here is a continuing obligation to disclose any material changes to the basis for charging fees. (§15-10-602, R.S.)
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.
	There 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:

form.	dging I am filling in the blanks and not change to the origing that I have made a change to the origin	
	VERIFICATION	
I declare under penalty of perjury under th	e law of Colorado that the foregoing is true	and correct.
Executed on the day of (date)	Executed on the day (of
(month) (year)	(month)	(year)
at(city or other location, and state OR count	ry) at (city or other location, and star	te OR country)
(printed name)	(printed name)	
(Signature of Petitioner)	(Signature of Co-Petitioner, if	any)
Attorney Signature, (if any)	Date	
	CERTIFICATE OF SERVICE	
I certify that on (d as follows on each of the following:	late), a copy of this (nar	me of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Inport one of the following, hand delivery	first slage mail contified mail a conting of	r foy
insert one of the following: nand delivery	r, first-class mail, certified mail, e-service, o	ı ıax.
	Signature	

Note:

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

District Court D Court Address:	enver Probate Court County, Colorado	
In the Interest of:		▲ COURT USE ONLY ▲
	nout Attorney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
C	ONSERVATOR'S FINANCIAL PLA	N WITH INVENTORY
	AND MOTION FOR API	PROVAL
	□INITIAL REPOR	RT

□INITIAL REPORT INVENTORY VALUES AS OF DATE OF APPOINTMENT

□AMENDED REPORT	
INVENTORY VALUES AS OF DATE	(MM/DD/YYYY)

DATE OF APPOINTMENT	I(IVIIVI/DD/YYYY)
FILING DUE DATE	(MM/DD/YYYY)

I, ____ (conservator), move this court to approve this \square Initial \square Amended Conservator's Financial Plan with Inventory.

As grounds therefore, the conservator states the following:

ATE OF ADDOINTMENT

- **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: Chec	ck if updated information from petition
ame:			Age :
nclude Name of Living (Center or Nursin	g Home, if applicable)	
Street Address:			
City:		State:	Zip Code:
lailing Address, if differn	nty:		
ity:	State:	Zip Code: _	
rimary Phone:	Alterna	te Phone:	
Conservator's li	nformation:	□Che	ck if updated information from petition
lame:			Age:
	· ·		as entered since the last report? □Yes □ No
•			ected person:
treet Address:			
City:	State:	Zip Code:	_
failing Address, if differe	ent:		
City:	State:	Zip Code:	
rimaryphone	AI	ternate Telephone:	
mail address:			
Co-Conservator	's Information:	(if applicable)	ck if Updated Information from Petition
			Age:
lave you had any crimina	al charges filed	against you or conviction	ns entered since the last Petition? □Yes □ No
Yes, explain:			
Nacionation.		Your Relationship to Pro	otected Person:
occupation:			
	-		
Street Address:		Zip Code:	_
Street Address: City:	State:		
Street Address: City: Mailing Address, if differe	State: ent:	Zip Code:	
Street Address: City: Mailing Address, if differe City:	State: ent: _ State:	Zip Code:	

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.

steps should be taken. If you would like the Court to ta	rship? 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 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.	\$ \$

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 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
				\$
Total				\$

Stocks, Bonds, Mutual Fu Securities, Annuities and Investment Accounts (Na Joint Owner or Transfer o Beneficiary)	me of	Account Number (last 4-digits only	•		t value	
□None						
				\$		
Total				Φ.		
Total				\$		
Life Insurance (Name of Company/Beneficiary) None	Type of	Policy	Face Amount of	Policy	Cash Value	
					\$	
Total					\$	
Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)		Plan (401(k), 7, PERA, Military,	Account # (last 4-digits onl applicable)	y, if	Current Account Value (Note: Distributions should be listed in Step 1 above)	
□None						
					\$	
Total			1		\$	
					*	
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)	
Notice					<u> </u>	
					Ψ	
Total					\$	
	1		1			
Real Estate (Indicate addr (Name any Joint Owners) None	ess)	Type of Property Land, etc.)	(Home, Rental,		ted 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.) None	Estimated Value (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 Ir	ncome: (A) minus (B)	\$	\$	
		_	_	

Step 7: Summary of Inv	entory	1
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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)	\$

Bond	
☐Bond has been set in the amount of \$	Surety has been posted.
	g of this Conservator's Financial Plan with Inventory and Motior bond be set in the amount of \$ (§15-14
form.	am filling in the blanks and not changing anything else on the
■ By checking this box, I am acknowledging that	t I have made a change to the original content of this form.
ı	MPORTANT
This document must be signed and dated by a interested parties, as indicated by the attached	all conservators and served on the protected person and al d certificate of service.
circumstances that requires a substantial devi finds other property not included in the originaccurate or misleading, the conservator mu	ended "Financial Plan" whenever there is a change in iation from the existing plan. In addition, if the conservator ginal "Inventory", or if the value of the listed property is est prepare and file an amended "Inventory" with the court ded to all interested parties. § 15-14-418(5) C.R.S. § 15-14-
	COMPLETED CORRECTLY AND SIGNED UMENT MAY BE REJECTED.
on the PROTECTED PERSON AND INTERESTE including minors 12 years of age or older (§ 15-14	Financial Plan with Inventory and Motion for Approval be served ED PERSONS pursuant to the Order Appointing Conservator, 4-404(4), C.R.S.). In the space below, list the names, listed on the Order Appointing Conservator and provide each
	VERIFICATION
I declare under penalty of perjury under the law of	f Colorado that the foregoing is true and correct.
Executed on the day of	Executed on the day of (date)
(month) (year)	(month) (year)
at	_ at
at(city or other location, and state OR country)	at (city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Conservator/Successor)	(Signature of Co-Conservator/Successor, if any)
Attorney Signature, (if any)	 Date

ollows on each of the following	Relationship to Decedent Ward	
Name and Addres	or Protected Person	' Manner of Service
ert one of the following: hand	delivery, first-class mail, certified mail, e-service,	or fax.

□District Court □D		
Court Address:	County, Colorado	
In the Interest of:		
		A COURT USE ONLY
Protected Person		▲ COURT USE ONLY ▲
Attorney or Party With	nout Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	11 -
FAX Number:	Atty. Reg. #:	
	CONSERVATOR'S REPORT ANNUAL REPORT AND AND AND AND AND AND AND AN	
CURREN		
	T REPORTING PERIOD FROM(MM/I	DD/YYYY) (MM/DD/YYYY)
	RIM REPORT DUE ON	
f Final Report, indica	ite why: Protected Person decease	d 🏻 Minor turned 21 🗖 Judicial Order
Protected Per	eon's Information:	ack if Undated Information from last Penort
		eck if Updated Information from last Report Age:
Name:	rson's Information:	Age:
Name: Street Address:		Age:
Name: Street Address: (Include Name of Living C	Center or Nursing Home)	Age:
Name:Street Address: (Include Name of Living C City:	Center or Nursing Home)	Age:
Name:Street Address:(Include Name of Living Colity:Mailing Address, if different colors.	Center or Nursing Home) State:	Age:
Name:Street Address: (Include Name of Living Colity: Mailing Address, if differ	Center or Nursing Home) State: erent: Alternate Phone:	Age:
Name:Street Address:(Include Name of Living Colity:Mailing Address, if different Primary Phone:Conservator's	Center or Nursing Home) State: erent: Alternate Phone:	Zip Code:eck if Updated Information from last Report
Name:Street Address:(Include Name of Living Cotty:Mailing Address, if different Primary Phone:Conservator's Name:	Center or Nursing Home) State: erent: Alternate Phone: Center or Nursing Home) State: Center or Nursing Home)	Zip Code:eck if Updated Information from last Report
Name:Street Address:(Include Name of Living Conservator's Name:	Center or Nursing Home) State: erent: Alternate Phone: Center or Nursing Home) State: Center or Nursing Home)	Zip Code: eck if Updated Information from last Report Age: otected Person:
Name: Street Address: (Include Name of Living Coty: Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address:	Center or Nursing Home) State: erent: Alternate Phone: Checker Your Relationship to Proceedings	Age: Zip Code: eck if Updated Information from last ReportAge: otected Person:
Name:Street Address: Cinclude Name of Living Coty: Mailing Address, if different and Primary Phone: Conservator's Name: Docupation: Street Address: City:	Center or Nursing Home) State: erent: Alternate Phone: SInformation: Your Relationship to Pro	Age: Zip Code: eck if Updated Information from last ReportAge: otected Person:
Name: Street Address: Cinclude Name of Living City: Mailing Address, if different Phone: Conservator's Name: Occupation: Street Address: City: Mailing Address, if different Phones Street Address: City:	Center or Nursing Home) State: erent: Alternate Phone: SInformation: Your Relationship to Pro	Zip Code: eck if Updated Information from last Report Age: otected Person:
Name: Street Address: (Include Name of Living Coty: Mailing Address, if different arrows Phone: Conservator's Name: Decupation: Street Address: City: Mailing Address, if different address.	Center or Nursing Home) State: erent: Alternate Phone: Information: Your Relationship to Property State: State: Zip Code: erent:	Age: Zip Code: eck if Updated Information from last Report Age: otected Person:
Name: Street Address: Cinclude Name of Living City: Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address: City: Mailing Address, if different Phone: City: Mailing Address, if different Primary Phone: City: Primary Phone:	Center or Nursing Home) State: erent: Alternate Phone: Standard Phone: Your Relationship to Property State: State: State: Zip Code: State: State: Zip Code:	zip Code: eck if Updated Information from last ReportAge: otected Person:
Name: Street Address: Cinclude Name of Living City: Mailing Address, if difference of Conservator's Conservator's Name: Occupation: Street Address: City: Mailing Address, if difference of City: Primary Phone: Email Address:	Center or Nursing Home) State: erent: Alternate Phone: SInformation: Your Relationship to Pro State: State: Zip Code: erent: Alternate Phone: Alternate Phone:	zip Code: eck if Updated Information from last ReportAge: otected Person:

Co-Conservator's Information: (if applicable)

Check if Updated Information from last Report

State: Zip Code: Chone: State: Zip Code: State: Zip Code: Chone: Alternate Phone: Thad any criminal charges filed against you or convictions entered since the last report? Yes No Plain: The to Interested Persons: Interested persons have the responsibility to protect their own rights and within the time and in the manner provided by the Probate Code, including the appropriateness of ments, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. In persons may file an objection with the court. The court will not review or adjudicate these or other nless specifically requested to do so by an interested person. **CONSERVATORSHIP ISSUES** Sthere a continued need for the conservatorship? Yes No If No, describe why and what steps hould be taken. If you would like the court to take action, you must file a motion with the court.
State: Zip Code:
ddress, if different: State: State: Zip Code: Chone: Alternate Phone: had any criminal charges filed against you or convictions entered since the last report? Yes No Plain: The to Interested Persons: Interested persons have the responsibility to protect their own rights and within the time and in the manner provided by the Probate Code, including the appropriateness of ments, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. It persons may file an objection with the court. The court will not review or adjudicate these or other nless specifically requested to do so by an interested person. CONSERVATORSHIP ISSUES Is there a continued need for the conservatorship? Yes No If No, describe why and what steps hould be taken. If you would like the court to take action, you must file a motion with the court.
State: Zip Code: Phone: Alternate Phone: Brook any criminal charges filed against you or convictions entered since the last report?
Phone: Alternate Phone: dress: had any criminal charges filed against you or convictions entered since the last report?
had any criminal charges filed against you or convictions entered since the last report?
had any criminal charges filed against you or convictions entered since the last report? Yes No plain: te to Interested Persons: Interested persons have the responsibility to protect their own rights and within the time and in the manner provided by the Probate Code, including the appropriateness of nents, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. It persons may file an objection with the court. The court will not review or adjudicate these or other nless specifically requested to do so by an interested person. CONSERVATORSHIP ISSUES Is there a continued need for the conservatorship? Yes No If No, describe why and what steps hould be taken. If you would like the court to take action, you must file a motion with the court.
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e to Interested Persons: Interested persons have the responsibility to protect their own rights and within the time and in the manner provided by the Probate Code, including the appropriateness of nents, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. It persons may file an objection with the court. The court will not review or adjudicate these or other newspecifically requested to do so by an interested person. CONSERVATORSHIP ISSUES Is there a continued need for the conservatorship? Yes No If No, describe why and what steps hould be taken. If you would like the court to take action, you must file a motion with the court.
within the time and in the manner provided by the Probate Code, including the appropriateness of nents, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. It persons may file an objection with the court. The court will not review or adjudicate these or other ness specifically requested to do so by an interested person. CONSERVATORSHIP ISSUES Is there a continued need for the conservatorship? Yes No If No, describe why and what steps hould be taken. If you would like the court to take action, you must file a motion with the court.
are the remaining assets in the estate sufficient to provide for the present and future care of the protected erson? Yes No If No, describe why and what steps should be taken. If you would like the court take action, you must file a motion with the court.
hould there be a change in scope of the conservatorship? Yes No If Yes , describe why and what teps should be taken. If you would like the court to take action, you <i>must</i> file a motion with the court.
Attach a copy of the bond to this report, unless the bond was waived or not required by the court. What is the amount of the bond? \$ Is the amount of the bond sufficient to cover all or nestricted assets? Yes No If No, describe why and what steps should be taken. If you are
te .tt

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
age	O	r fn Check Register Form JDF 871	\$	\$

☐ Check here if additional detailed spreadsl	heets are attached to t	his 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
		DF 882) to complete Column A that is marked Conservator's Report filed to complete Column

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

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

spread sheet.

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 Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/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)			
Have Total Receipts/Income in Column B chain Column A ? ☐ Yes ☐ No	inged from the Prior Report	ing Period or Finan	cial Plan totals
If Yes, explain the changes below. Please inclu	de a description of any chang	ges or unanticipated	transactions. If

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 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			

	T	
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		
	1	

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, Guardian ees and costs, as well a descrip	ns, and pr	ofessional	s paid. Ir	nclude the h	
Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Service Provided and Benefit to Estate
Account Management -					
Professional					
Accountant/CPA					
Conservator–Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
_egal Fees-Conservator					
Legal Fees-Guardian					
_egal Fees-GAL					
_egal Fees- Protected Person					
Other Professional Fees	_	_			
, , ,	ove these	totals to			
TOTAL (Fees and Costs) (Mostep 3) Have Total Disbursements/Exp Reporting Period or Financial I Explain the changes below. Pl separate petition for approval mallowed in the Inventory and Fina	penses in Plan in Ste lease inclu	Step 3, Co ep 3, Colum de a desc o be filed w	nn A?	any change	es or unanticipated transaction

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)					
Annuities					
Loans from Estate					

O-1141-1 /					
Collectibles (e.g.,					
stamps or coins)					
Jewelry					
Livestock					
Equipment					
Oil/Gas/Mineral					
Interest					
Other Personal					
Property					
List Other Assets					
TOTALS (Move these totals to Step 7)					
lave Total Assets in S	Stan E Ca	luma D shanged	from the last d	or of the Dries Des	orting Daried
nave Total Assets III S nventory in Step 5, Colt	-	_	nom me last u	ay of the Filor Rep	orting renou
Provide additional detail					
eriod. Include a descrip					
or the purchase (e.g. cas	h, Ioan, sale	e of another other a	asset, etc.).	•	
Description of Ass	set	Purchase Price	Purchase Date	Purchase i	nethod
Provide detail for any ass description of the asset expenses, extinguish debt	sold, the s	ale price, sale dat	e, and use of fun		
description of the asset	sold, the sat, purchase	ale price, sale dat	e, and use of fun		e sale (e.g. livii
lescription of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livi
lescription of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livii
lescription of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livii
lescription of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livii
lescription of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livi
lescription of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livi
description of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livi
description of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livi
lescription of the asset expenses, extinguish debt	sold, the sat, purchase	ale price, sale dat of another asset, e	e, and use of fun etc.).	ds proceeds from th	e sale (e.g. livi

Motor Vehicle Real Estate

Home Furnishings

Please include a description of any o	ther changes to the	value of estate as	sets.

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)					

ransactions. A separate petition for approva he amounts allowed in the Inventory and Fin		be filed with the	court for signifi	cant changes outsi
To amounte anowed in the inventory and the				
Step 7: Summary				
Sun	nmary of Fina	ncial Activity		
		* <i>Prior</i> Repo (or Financia	orting Period al Plan)	<i>Current</i> Reporting Period
A) Total Receipts/Income from Step 2		\$	\$_	
B) Total Disbursements/Expenses from	n Step 3	\$	\$_	
A) minus (B) = Net Income		\$	\$_	
	Summary of Nalue of Assets	let Worth Minus Liabilities	/Debts	
	*Last Day <i>Prior</i> Repo (or Invent	orting Period	Last Day o	of eporting Period
A) Total Assets from Step 5	\$		\$	
B) Total Liabilities/Debts from Step 6	\$		\$	
A) minus (B) = Net Worth	\$		\$	
By checking this box, I am acknowledgiorm.	ng I am filling	in the blanks and	d not changing	anything else on

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.

		VERIFICATION		
I declare under penalty of perjury und	er the law of	Colorado that the foregoin	g is true and correct	t.
Executed on the day of (date)		Executed on the(da		
(month) (year)	,	(month)	,	,
at (city or other location, and state OR c	ountry)	at (city or other location,	and state OR count	ry)
(printed name)	_	(printed name)		
(Signature of Conservator/Successor))	(Signature of Co-Cons	servator/Successor,	if any)
Attorney Signature, (if any)		Date	_	
I certify that onas following:		FICATE OF SERVICE copy of this	(name of docun	nent) was ser
Name and Address	R	elationship to Decedent, or Protected Persor		of Service*

☐District Court ☐Den			
Court Address:			
In the Interest of:			
Protected Person			▲ COURT USE ONLY ▲
Attorney or Party Withou	ut Attorney (Name and Add	dress):	Case Number:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:		Division Courtroom
PE	TITION FOR TERMIN		
	□ ADU	JLT MINOF	₹
The petitioner is:			
the conservator for	the protected person.		
the protected person			
·	d in the protected person's	welfare as follows	5.
☐ a person interested	d in the protected person's	welfare as follows	5
·	d in the protected person's	welfare as follows	5
☐a person interested		welfare as follows	5
☐a person interested	ne petitioner:		
☐a person interested			
Information about the Name:Street Address:	ne petitioner:		
Information about the Name:Street Address:	ne petitioner:		
Information about the Name: Street Address: City:	ne petitioner:	Zip Code	e:
Information about the Name: Street Address: City: Mailing Address, if difference of the control	ne petitioner: State:	Zip Code	e:
Information about the Name:Street Address:City:Mailing Address, if difficity:	ne petitioner: State: ferent: State: Zip	Zip Code	e:
Information about the Name: Street Address: City: Mailing Address, if difficity: Primary Phone:	ne petitioner: State: Zip	Zip Code o Code: Alternate Phone: _	e:
Information about the Name: Street Address: City: Mailing Address, if difficity: Primary Phone:	ne petitioner: State: ferent: State: Zip	Zip Code o Code: Alternate Phone: _	e:
Information about the Name: Street Address: City: Mailing Address, if difficity: Primary Phone: Email Address:	ne petitioner: State: Zip	Zip Code o Code: Alternate Phone: _	e:
Information about the Name:	State: State: Zip /-	Zip Code: Code: Alternate Phone: be terminated for	e: or the following reasons:
Information about the Name:	State: State: Zip	Zip Code: Code: Alternate Phone: be terminated for to the minority of	e: or the following reasons: the protected person. The protected person
Information about the Name:	State: State: Zip /-	Zip Code: Code: Alternate Phone: be terminated for to the minority of	e: or the following reasons: the protected person. The protected person
Information about the Name:	State: State: Zip that this conservatorship ip was created solely due (or	Zip Code: Code: Alternate Phone: be terminated for the minority of date), and has attace	or the following reasons: the protected person. The protected personined the age of 21.
Information about the Name:	State: State: Zip	Zip Code: Code: Alternate Phone: be terminated for to the minority of late), and has atta	e: or the following reasons: the protected person. The protected personined the age of 21. (date).
Information about the Name:	state:State:State:State:Zip	Zip Code: Code: Alternate Phone: be terminated for the minority of late), and has atta	e: or the following reasons: the protected person. The protected personined the age of 21. (date). (name of county) in
Information about the Name:	State: State: State: State: State: State: Official and solely due official and solely due	Zip Code: Code: Alternate Phone: be terminated for the minority of late), and has atta	e: or the following reasons: the protected person. The protected personined the age of 21. (date). (name of county) in
Information about the Name:	state:State:State:State:Zip	Zip Code: Code: Alternate Phone: to the minority of late), and has atta	e: or the following reasons: the protected person. The protected person ained the age of 21. (date). (name of county) in name of personal representative) has been must pass to the personal representative of

Nata. If this		
	option is selected, the petitioner must conta e a request to waive the hearing.	ct the court to set a date and time
	the conservatorship are insufficient to warrant, Liabilities: \$	
Other:		
Conservator.	Address	Relationsh to Protecte Person
	·	
Financial Plan w performed all othe Schedule of Dist	has collected and managed the assets of the ith Inventory and Conservator Reports, paid are acts required of a conservator by law. ribution. conservatorship are as follows:	
Financial Plan w performed all othe Schedule of Dist	ith Inventory and Conservator Reports, paid a er acts required of a conservator by law. ribution. conservatorship are as follows:	all lawful claims against this estate
Financial Plan w performed all other Schedule of Dist The assets of the	ith Inventory and Conservator Reports, paid a er acts required of a conservator by law. ribution. conservatorship are as follows:	all lawful claims against this estate
Financial Plan w performed all other Schedule of Dist The assets of the	ith Inventory and Conservator Reports, paid a er acts required of a conservator by law. ribution. conservatorship are as follows:	all lawful 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 _ Executed on the _ day of day of (date) (date) (month) (year) (month) (year) (city or other location, and state OR country) (city or other location, and state OR country) (printed name) (printed name) (Signature of Conservator/Successor) (Signature of Co-Conservator/Successor, if any)

Date

Attorney Signature, (if any)

CERTIFICATE OF SERVICE

ollows on each of the following:	Relationship to Decedent, Wa	ard, Manager of Complete
Name and Address	or Protected Person	Manner of Service*
rt one of the following: hand de	elivery, first-class mail, certified mail, e-servi	ice, or fax.
	Signature	

	Denver Probate Court	
Court Address:	County, Colorado	
In the Matter of the	e Estate of:	
		11 /40 /
Deceased		▲ COURT USE ONLY ▲
Attorney or Party W	ithout Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	PUBLIC ADMINISTRATOR'S STATE	MENT OF ACCOUNT
	PURSUANT TO SMALL ESTAT	TE PROCEDURE
liability with regards t	to the estate.	I released from all further responsibility and a released from a re
1. That the Estate of	f	, decedent, is a small estat
as defined in C.R.S.	15-12-1201, as amended.	
2. That the deceden	t died on	
3. The claims period	for the claims against the estate ended on $_$	·
 That a filing fee of more than \$500.0 	f accompanies this stater 0 but less than \$2,000.00 or \Box more than \$2	ment as the gross assets of this Estate are: 2,000.00.
	ITEMS OF RECEIP	
	(Detail Listing and/or Attach Description	Receipt Value
1	2000p	Noccipi raide
2		
3		
TOTAL RECEIPTS		
TOTAL RECEIL 13		
ASSET	DESCRIPTION OF ASSETS D	ONATED OR DISPOSED OF
Collectibles		
Clothing		
Household		
Items		

Miscellaneous Items					
Other					
	TOR STAFF/INVE	STIGATOR FEE	STRATOR FEES & CO S), AND ESTATE EXPE STS STATEMENTS)		
	(711710	Description	<u> </u>		Amount Paid
1					
2					
TOTAL FEES, COSTS	& EXPENSES/C	LAIMS PAID			
			IRS/DEVISEES AND		
			EPARTMENT OF THE T pt. of the Treasury	REASURY	Funds
	st and Last Hame	or Recipientabe	pi. of the freasury		Distributed
1					
2					
3					
TOTAL FUNDS 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 & GRAND					
TOTAL OF FEES/COST LOST					
_	am acknowledging	that I have made a	anks and not changing any change to the original cont verification.		e form.
		VERIFICA	ATION		
declare under penalty of	of perjury under th	ne law of Colorado	that the foregoing is tru	ie and correct.	
executed on the(date)	day of				
(date)	(month) (year)			
t city or other location, ar					
city or other location, ar	nd state OR count	try)			
printed name)					

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.

☐District Court ☐Denv				
Court Address:	County, Colorado			
In the Matter of the Esta	oto of:			
In the Matter of the Esta	ate or:		- 40	
Deceased			A	COURT USE ONLY
Attorney or Party Without	t Attorney (Name a	and Address):	Case Nu	mber:
Phone Number:	E-mai	•••	-	
FAX Number:		Reg. #: NOTICE OF FILIN	Division	Courtroom
		IT TO § 15-12-204,		LNO
		C.R.P.P. 21	,	
	INSTRU	ICTIONS TO THE DEN	MANDANT	
♦ File the original of this	document with the	e court		
·		, , , ,		a copy of the Demand to the
the Certificate of Servi		I a copy of the Deman	d to the persona	Il representative and complete
		or orders to which the	his Demand rela	ates to be accompanied by a
	• .,	has been mailed or de		
 Notice under this Dem in the estate 	and may be waive	ed in writing and cease	s upon the termi	nation of demandant's interest
in the estate				
1. I have the following fir	ancial or propert	ty intoract in this acts	ato as a:	
	ianciai or properi	ly interest in this esta	ite as a.	
☐Creditor ☐Devisee				
		(identify relational	hin to the doce	edent, as defined in §15-10-
201(24), C.R.S.		(identity relations	nip to the dece	edent, as defined in 915-10-
Other:		(state interest)		
2. Information about the	demandant:			
Name:				
		Zip Code:		
•		Zip Code		
		Zip Code:		
•		•		
Email Address:			none.	
Liliali Addiess.				
3. I demand notice if an e	estate is opened of	concerning the above	e-named decede	ent.
_	•	ngs and orders in this n		
☐I demand notice wit	h respect to the fo	llowing:		

Application or Petition for Appoint	•	
<u> </u>	of Will and Appointment of Personal Re by Proceedings and Appointment of Pers	•
☐ Inventory (§ 15-12-706(2), C.R.S.		onal Representative,
☐Any filing for the purpose of closing		
Other:		
 □ By checking this box, I am acknowledge form. □ By checking this box, I am acknowledging 		
	VERIFICATION	
I declare under penalty of perjury under the I	aw of Colorado that the foregoing is true	and correct.
Executed on the day of (month)		
at(city or other location, and state OR country)		
(printed name)		
(signature)		
Attorney Signature, (if any)	Date	
	ERTIFICATE OF SERVICE	and of decrease with the control of
I certify that on (date as follows on each of the following:	e), a copy of this (nar	me of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, fi	rst-class mail, certified mail, e-service, o	r fax.
	Signature	
	olynatul c	

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 County, Co				
Court Address:				
In the Matter of the Estate of:				
Deceased (Name of Allers)		▲ COURT USE ONLY ▲		
Attorney or Party Without Attorney	(Name and Address):	Case Numb	er:	
Phone Number:	E-mail:			
FAX Number: WITHDRAWAL OF	Atty. Reg. #: F DEMAND FOR NOTICE	Division OF FILINGS O	Courtroom R ORDERS	
P	PURSUANT TO § 15-12-2	04, C.R.S.		
J	(demandant), her	eby withdraw my D	emand for Notice of Filin	
or Orders filed on	(date).			
	VERIFICATION			
l declare under penalty of perjury un	der the law of Colorado that the	e foregoing is true a	nd 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)				
Attorney Signature, (if any)	Date			
a a white , the at a co	CERTIFICATE OF SERV		of document)oo oom.o	
certify that onas follows on each of the following:	(date), a copy of this	(name	e of document) was serve	
Name and Address	Relationship to D or Protecte		Manner of Service*	
	or Protecte	u reison		

Insert one of the follo	wing: hand delivery, first	t-class mail, certified mail, e	e-service, or fax.	
		Signatui	re	

☐District Court ☐Denve	er Probate Court County, Colorado	
Court Address:	·	
In the Matter of the Estat	e of:	
		11 125
Deceased		▲ COURT USE ONLY ▲
	Attorney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
APPL	ICATION FOR INFORMAL PR	OBATE OF WILL AND
INFORM	AL APPOINTMENT OF PERSO	ONAL REPRESENTATIVE

•	******* Use this form if the decede	ent left a will *******
ne applicant, an interest	ed person pursuant to § 15-10-201(27), C.R.S., makes the following statements
Information about the	applicant:	
Name:	Relation	nship to Decedent:
Street Address:		
	State: Zip Cod	
Mailing Address, if diffe	rent:	
	State: Zip Code:	
Primary Phone:	Alternate Ph	none:
Email Address:		
The Decedent	(name) died on	(date) at the age of years. T
decedent was domiciled	d or resided in the City of	County of, the State of_
		
Vanua for this proceed	na ia propar in this county haceuse th	a dagadanti
	ng is proper in this county because the ile or residence in this county on the d	
_		o, but had property located in this county on
uale of death.		
		law. Three years or less have passed since is R. C.R.S. authorize tardy probate or appointme
The applicant:		
has not received a E Filings or Orders conce		ers and is unaware of any Demand for Notice
		lings or Orders concerning the Decedent. S

	Name	Address or Date of Death		Age,	Relationship (e.g.
	If a minor child is liIf a spouse, partne	s of the guardian or conservator. sted, list the child's parent(s), guardian or conserer in a civil union, or child has predeceased the detection is included in the Instructions - JDF 906.		include th	ne date of death.
9.	devisees are as followIf a guardian or continuous	onservator has been appointed for one of the p			
0	f) Are any of the deced			lYes □l	
	surviving spouse or pa			Yes 🔲	_
	•	ent's surviving descendants also descendants of) 🗖	
		nts of the decedent?		Yes 🗖	No
		s surviving spouse or partner in a civil union have			-
	,	ive a surviving parent:		Yes 🔲	
	b) Did the decedent ha			Yes 🔲	
8.	Decedent's marital and	tner in a civil union survive the decedent?		lYes □I	No
0			12 402	, 0.11.0.)	
	-	robated in the State of nt probating it are filed with this application. (§ 15			cated copies of the
	_	be delivered to the court forthwith.		A	
	_	of the will is filed with this application.			
	is filed with this a	• •			
		ed to this court since the decedent's death. (§ 15	-11-516,	C.R.S.);	or
	☐was deposited w	ith this court before the decedent's death. (§ 15-1	1-515, (C.R.S.);	
	☐The original will				
		not expressly revoked by a later instrument.	o o. a,	P	o . o. ag . o p. op o ,
		closed in an attached explanation and after the of any instrument revoking the will and is unawar			
	decedent's last will and	d that it was validly executed.			
	The dates of all codicile. The will and any cod	licils are collectively referred to as "the Will."	The ap	plicant b	elieves that it is the
7.		ent's last will is			
	has been finalized.)	arroprocontativo. Attachi a continca copy of the a	ppomimi	g doodiiic	in the appointment
	address of the persons	(Attach a statement explaining the circural representative. Attach a certified copy of the a			
	☐A court has appoint	ed a personal representative or an appointment p	roceedir	ng is pend	ding in the State of _
6.	state or elsewhere.	nted a personal representative and no such appoint			

	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.)
				• • •

H						
10.	Applicant is 21 yearepresentative.	ears of age or	older and	nominates himself/herself	to be ap	pointed as personal
	Or					
	Applicant is 21 years	ars of age or o	older and n	ominates himself/herself to	be appo	inted as co-personal
	representative along w	vith the following	as a co-per	sonal representative.		
	Name:			The Nominee is 21 years of	age or old	der.
	Street Address:					
	City:	S	tate:	Zip Code:		
	Mailing Address, if diffe	erent:				
	City:	State:	Zip Co	de:		
	Primary Phone:			Alternate Phone:		·
	Email Address:					
	Or					
	Applicant nominates	s the following p	erson be ap	pointed as personal represer	ntative.	
	Name:			The Nominee is 21 years	of age o	r older.
				Zip Code:		
	Mailing Address, if diffe	erent:				
	City:	State:	Zip C	Code:		
	Primary Phone:			Alternate Phone:		·
	Email Address:					
11.	The nominee has prior			of:		
	statutory priority. (§	•	,			
	☐ reasons stated in the attached explanation.					
	Persons with prior or equal rights to appointment are as follows:					
				aph 10 above) with prior or e All required renouncements		
12.	The personal represen	ntative may recei	ve compens	sation.		
	including the rates an	d basis for cha	rging fees f	ts to be charged pursuant or any extraordinary service ulated, are as stated below	es, and a	ny other bases upon

	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.)	r charging fees. (§ 15-10-			
13.	The personal representative may compensate his, her, or its counsel.				
	☐The hourly rates to be charged, any amounts to be charged pursuant to a 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 application.*	and any other bases upon			
	☐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.)	r charging fees. (§ 15-10-			
14.	□ Bond is not required by the will and no interested person demanded that bond be □ Bond is required by will or is being demanded by an interested person. (Comple □ Bond in the amount of \$ has been demanded.				
15.	Applicant states the following regarding the decedent's estate if required by § 15-12	2-604, C.R.S.			
	Estimated value of real estate	\$			
	Estimated value of personal property	\$			
	Annual income expected from all sources	\$			
	TOTAL	\$			
	The applicant requests that the registrar informally admit the decedent's wil ninee be informally appointed as personal representative in unsupervised adn				
	vithout bond				
and	I that Letters Testamentary be issued.				
forr	By checking this box, I am acknowledging I am filling in the blanks and not char n. By checking this box, I am acknowledging that I have made a change to the original				

VERIFICATION

Executed on the(date	day of	of Colorado that the foregoing is true and correct. Executed on the day of (date)		
(date	')	(uaic)		
(month)	(year)	(month)	(year)	
at(city or other location,	and state OR country)	at (city or other location, and state OR country)		
(printed name)		(printed name)		
(Signature of Applican	t)	(Signature of Co-Applicant, if any)		
Attorney Signature, (if any)		Date	_	

Note:

□ District Court □ Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
10 -	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
ACCEPTANCE OF APPOINTM	MENT
I accept appointment to, and agree to perform the duties and discharge the	he trust of, the office of:
☐Personal Representative;	
■Successor Personal Representative;	
☐Special Administrator; or	
Other:	
I submit personally to the jurisdiction of this court in any proceeding relati	ng to this matter.
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the foreg	going 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)	
(signature)	
(Signature)	

- This form is for decedent estate matters only.
- For guardianships and conservatorships matters use the Acceptance of Office (JDF 805).

П		
□ District Court □ Den		71 7
Court Address:	County, Colorado	- 11
In the Matter of the Est		
in the watter of the Est	ate or:	
		▲ COURT USE ONLY ▲
Attornov or Party Without	t Attorney (Name and Addr	
Attorney of Party Withou	t Attorney (Name and Addi	ess). Case Number.
Phone Number:	E-mail:	
	Atty. Reg. #:	
APPLICATION FO	OR INFORMAL APPOI	NTMENT OF PERSONAL REPRESENTATIVE
The applicant, an interes	•	15-10-201(27), C.R.S., makes the following statements:
	• •	Data Carallia to Dana taut
		Relationship to Decedent:
City:	State:	Zip Code:
Mailing Address, if diff	erent:	
City:	State: Zip	Code:
Primary Phone:		_ Alternate Phone:
Email Address:		
2. The decedent,	, died on	(date) at the age of years. The decedent
was domiciled or resid	led in the City of	County of, the State of
	ding is proper in this county	
_	icile or residence in this cou	•
did not have his or date of death.	her domicile or residence	in Colorado, but had property located in this county on the
		ermitted by law. Three years or less have passed since the § 15-12-108, C.R.S. authorize tardy probate or appointment.
5. The applicant:		
` ' '		ngs or Orders and is unaware of any Demand for Notice of
	aware of a Demand for Notice of Filings or Orders	Notice of Filings or Orders concerning the Decedent. See or explanation.
6. No court has appostate or elsewhere.	nted a personal representa	ative and no such appointment proceeding is pending in this
		ve or an appointment proceeding is pending in the State ofning the circumstances and indicating the name and address

been finalized.) 7. 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. **8.** Decedent's marital and family status: ☐Yes ☐No a) Did a spouse or partner in a civil union survive the decedent? ☐Yes ☐No **b)** Did the decedent have a surviving parent? d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who □Yes □No are not descendants of the decedent? e) Are all of the decedent's surviving descendants also descendants of the ☐Yes ☐No surviving spouse or partner in a civil union □Yes □No **f)** Are any of the decedent's children minors? 9. The names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs are as follows: ◆ If a quardian 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. ◆ A sample of this section is included in the Instructions - JDF 907. Name Address or Date of Death Age, Relationship (e.g. only if spouse, partner Minor in a civil union, child, brother, guardian for spouse, etc.) 10. Applicant is 21 years of age or older and nominates himself or herself to be appointed as personal representative. Or Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative. Name: _____ The Nominee is 21 years of age or older. Street Address: _____ State: _____ Zip Code: _____ Mailing Address, if different: City: _____ State: ____ Zip Code: _____

of the personal representative. Attach a certified copy of the appointing document if the appointment has

E 21.4.1.1		
Email Address:		
Or		
Applicant nominates the following person be appointed as personal repre	esentative.	
Name: The Nominee is 21 y	ears of 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, C.R.S.)		
☐ reasons stated in the attached explanation.		
Persons with prior or equal rights to appointment are as follows:		
All person(s) (other than those identified in Paragraph 10 above) with prior renounced their right to appointment (JDF 912SC). All required renouncements and is not required by the will and no interested person demanded that	ents accompa	ny this application.
	ents accompa	ny this application. (Skip #13 below.)
renounced their right to appointment (JDF 912SC). All required renouncement. Bond is not required by the will and no interested person demanded that Bond is required by will or is being demanded by an interested person.	ents accompa bond be filed. (Complete #13	ny this application. (Skip #13 below.) s below.)
renounced their right to appointment (JDF 912SC). All required renouncement. Bond is not required by the will and no interested person demanded that Bond is required by will or is being demanded by an interested person. (Bond in the amount of \$ has been demanded.	ents accompa bond be filed. (Complete #13	ny this application. (Skip #13 below.) s below.)
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renounced their right to appointment (JDF 912SC). All required renouncemed Bond is not required by the will and no interested person demanded that □Bond is required by will or is being demanded by an interested person. (□Bond in the amount of \$	ents accompa bond be filed. (Complete #13 y § 15-12-604,	ny this application. (Skip #13 below.) s below.)
renounced their right to appointment (JDF 912SC). All required renouncemed Bond is not required by the will and no interested person demanded that Bond is required by will or is being demanded by an interested person. (Bond in the amount of Mass been demanded.) Applicant states the following regarding the decedent's estate, if required by Estimated value of real estate Estimated value of personal property Annual income expected from all sources	ents accomparation bond be filed. (Complete #13 y § 15-12-604,	ny this application. (Skip #13 below.) s below.)
renounced their right to appointment (JDF 912SC). All required renouncements. Bond is not required by the will and no interested person demanded that Bond is required by will or is being demanded by an interested person. (Bond in the amount of \$	ents accomparation bond be filed. (Complete #13 y § 15-12-604,	ny this application. (Skip #13 below.) s below.)
renounced their right to appointment (JDF 912SC). All required renouncements and their right to appointment (JDF 912SC). All required renouncements are applied to appoint the amount of	ents accomparation bond be filed. (Complete #13 y § 15-12-604,	ny this application (Skip #13 below.) below.)
renounced their right to appointment (JDF 912SC). All required renouncemed Bond is not required by the will and no interested person demanded that □Bond is required by will or is being demanded by an interested person. (□Bond in the amount of \$	ents accomparation bond be filed. (Complete #13 y § 15-12-604, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ny this application (Skip #13 below.) below.) C.R.S.
renounced their right to appointment (JDF 912SC). All required renouncements. Bond is not required by the will and no interested person demanded that Bond is required by will or is being demanded by an interested person. (Bond in the amount of \$	bond be filed. Complete #13 y § 15-12-604, \$ OTAL \$ ant to a publivices, and ar	ished fee scheduly other bases up
renounced their right to appointment (JDF 912SC). All required renouncements and their right to appointment (JDF 912SC). All required renouncements. Bond is not required by the will and no interested person demanded that Bond is required by will or is being demanded by an interested person. (Bond in the amount of \$	bond be filed. Complete #13 y § 15-12-604, \$ OTAL \$ ant to a publivices, and ar	ished fee scheduly other bases up
renounced their right to appointment (JDF 912SC). All required renouncements and their right to appointment (JDF 912SC). All required renouncements. Bond is not required by the will and no interested person demanded that Bond is required by will or is being demanded by an interested person. (Bond in the amount of \$	bond be filed. Complete #13 y § 15-12-604, \$ OTAL \$ ant to a publivices, and ar	ny this application (Skip #13 below.) below.) C.R.S. ished fee scheduly other bases up

* There is a continuing C.R.S.)	ng obligation to disclose ar	ny material changes to the b	asis for charging fees. (§ 15-10-602			
15. The personal rep	resentative may compensa	ate his, her, or its counsel.	his, her, or its counsel.			
including the rat	es and basis for charging arged to the estate will be	g fees for any extraordinary ne calculated, are as state	ursuant to a published fee schedule, v services, and any other bases uponed below or in an attachment to this			
☐The basis of c	compensation has not yet b					
* There is a continuin C.R.S.)	ng obligation to disclose ar	ny material changes to the b	asis for charging fees. (§ 15-10-602			
16. The applicant re unsupervised admi		informally appoint the no	ominee as personal representative in			
☐without bond		with bond in the amoun	t of \$			
and that Letters of	Administration be issued	l .				
form.		•	and not changing anything else on the the original content of this form.			
		VERIFICATION				
I declare under pena	lty of perjury under the law	of Colorado that the forego	ing is true and correct.			
Executed on the(da		Executed on the(c				
(month)	(year)	(month)				
at		at				
	, and state OR country)		n, and state OR country)			
(printed name)		(printed name)				
(Signature of Applica	int)	(Signature of Co-App	olicant, if any)			
Attorney Signature, (if any)	Date	_			

_						
Dis	strict Court Denver					
Court	(: Address:	County, Colorado				
Court	. Address.		A	_		
			_	COURT USE ONLY		
	Matter of the Detern	nination of Heirs or Devisees or Both ty of:	Case N	umber:		
			Division	: Courtroom:		
Dece	acad					
Dece		D DECREE DETERMINING HEIRS	OR DEV	ISEES OR BOTH		
	JODOWILITY AN	AND OF INTERESTS IN PROP		NOLLO ON BOTTI,		
Jpon c	consideration of the Pe	tition for the Determination of Heirs or Devi	sees or Bo	oth, and of Interests in Property		
Γhe Co	ourt finds that:					
1.	The statements in the	Petition are true and correct;				
2.	Notice has been prope	erly given or waived;				
3.	The Petitioner has sta	nding to bring this action in accordance with	n §15-12-1	302(1), C.R.S.;		
4.	The property that is th	e subject of the Petition is (including legal d	escription	if real property):		
	Description of Property Legation of Property					
		Description of Property (ONLY IF KNOWN, petitioner may infractional or percentage ownersh		Location of Property		
Р	roperty 1	nasional of policinage similarism	.,			
Р	roperty 2					
Р	roperty 3					
Р	roperty 4					
	Name of Original Dec	cedent:				
5a.	☐The Original Dece	dent died without a Will.				
	☐The Original Dece	dent died with a Will. The date of the Origin	al Decede	ent's last Will is		
	The dates of all codicils are The					
	Will and any codicils	are referred to as the Will.				
6a.	a. The heirs or devisees of the Original Decedent are:					
		Name		Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)		

7a. The Original Decedent held an interest in the property identified in Paragraph 4 above.

	Owner(s) by Descent or Succession	Share of Original Decedent's Interest in Property (Fraction or Percentage)
	Paragraphs 5 through 8 will be addressed for each Additional Deced	ent addressed in the Petition
b.	☐ The First Additional Decedent died without a Will. ☐ The First Additional Decedent died with a Will. The date of the First Additional Decedent died with a Will. The date of the First Additional Decedent died with a Will. The Will and any codicils are referred to as the Will.	dditional Decedent's last Will is
b.	The heirs or devisees of the First Additional Decedent are:	
	Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian fo spouse, etc.)
).	The First Additional Decedent held a fractional or percentage interest in the property identified in Paragraph 4 above.	the Original Decedent's inter
э.	The owners by descent or succession of the First Additional Decedent's in the Original Decedent's interest in the property identified in Paragraph	
	Owner(s) by Descent or Succession	Share of First Additional Decedent's Interest in Property (Fraction or Percentage)
9.	Based on the foregoing, the Court determines the Original Decedent's in Paragraph 4 to be held as follows:	terest in the property identified
	Owner(s) by Descent or Succession	Share of Original

The Court further finds:	
This judgment and decree shall be conclusive as to the rig date of entry. If the judgment and decree affects title to re must be recorded and indexed in the office of the county of is located in manner and in like effect as a deed of convey the owners by descent or succession.	eal property, a certified copy of the judgment and decree clerk and recorder of each county in which real property
Date:	

_	District Court Den						
C	Court Address:						
Īr	n the Matter of the Es	tate of:					
	eceased		V 1	▲ COURT USE	ONLY 🛕		
Α	ttorney or Party Withou	ut Attorney (Name and Ad	ddress):	Case Number:			
l _P	Phone Number:	E-mail:					
	AX Number:	Atty. Reg. #	:		troom		
		PETITION FOR FOR					
_	FORM	IAL APPOINTMENT	OF PERSONAL R	EPRESENTATIVE			
		***** Use this form	if the decedent left	a will ******			
Th	e netitioner an intere	sted person pursuant t	o & 15-10-201(27) C F	S makes the following	ng statements:		
			0 3 10 10 20 (21), 011				
1.	Information about th			_			
	Name: Relationship to Decedent						
	•	State:	·				
		ferent:					
		State: 2					
	Primary Phone:		_ Alternate Phone:				
	Email Address:						
2.	The decedent,	, died on	(date) a	at the age of years.	The decedent		
	was domiciled or resi	ded in the City of	County	of	_, State of		
_							
3.		Venue for this proceeding is proper in this county because the decedent: had his or her domicile or residence in this county on the date of death.					
	_	r her domicile or resider	•		nis county on the		
	date of death.	The definence of reciden	oo iii ooloraao, bat iid	ia proporty located in a	no ocumy on the		
4	This petition is filed	within the time period p	ermitted by law Thre	e vears or less have r	passed since the		
		circumstances described					
5.	The Petitioner:						
		a Demand for Notice of	Filings or Orders and i	s unaware of any Dem	and for Notice of		
	Filings or Orders cond	J		-			
		aware of a Demand for I Filings or Orders or expl		ers concerning Decede	nt. See attached		

	Name	Address or Date of Death		Age, only if	Relationship (e.g. spouse, partner	
de	name and address If a minor child is li If a spouse, partner	onservator has been appointed for one of the of the guardian or conservator. sted, list the child's parent(s), guardian, or corr in a civil union, or child has predeceased the action is included in the Instructions - JDF 906	servator. Decedent		•	
10	. The names and addre	sses of the decedent's spouse, partner in	a civil unic	on, childr	en, other heirs, and	
	f) Are any of the deced		□Yes □	lνο		
	surviving spouse or pa		□Yes □	No		
		ent's surviving descendants also descendants		-140		
	•	ts of the decedent?	Yes	_ ~	Idanio WIIO	
	•	ve surviving children or other descendants? s surviving spouse or partner in a civil union ha			idants who	
	b) Did the decedent ha		☐Yes ☐	_		
		ner in a civil union survive the decedent?	☐Yes ☐			
9.	Decedent's marital and	•		1. .		
		obated in the State of nt probating it are filed with this petition. (§ 15-			cated copies of the	
		of the will is filed with this petition and the or	- riginal will ı	must be o	delivered to the court	
	☐ Other:	eulion.				
	_	ed to this court since the decedent's death (§	15-11-516, C	J.R.S.)		
	<u> </u>	th this court before the decedent's death (§ 15				
8.	☐The original will			5.0.		
_ [decedent's last will and	I that it was validly executed.	·			
	The date of the decede	ent's last will iss ares icils are collectively referred to as "the will"		titioner b	 elieves that it is the	
7.	petitioner is unaware of	closed in an attached explanation and after to fany instrument revoking the will and is unawant been expressly revoked by a later instrument.	ware of any			
		(Attach a statement explaining the cirul representative. Attach a certified copy of the				
	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					
	State of eisewhere.					

6. No court has appointed a personal representative and no such appointment proceeding is pending in this

Minor

in a civil union,

child, brother, guardian for spouse, etc.)

. Petitioner is 21 yearsentative.	ears of age or olde	er and nom	inates himself or he	rself to be a	ppointed as persona
Or ☐Petitioner is 21 years	ears of age or old	er and nom	ninates himself/herse	If to be appo	inted as co-persona
representative along v	vith the following as	a co-persor	nal representative.		
Name:		Th	e Nominee is 21 year	s of age or old	der.
Street Address:					
City:					
Mailing Address, if diff	ferent:				
City:	State:	Zip Code	·		
Primary Phone:			Alternate Phone:		·
Email Address:					
Name: Street Address:				ears of age o	r older.
City:	State:		Zip Code:		
Mailing Address, if diff	ierent:				
City:	State:	Zip Cod	e:		
Primary Phone:		Alt	ernate Phone:		
Email Address:					
The nominee has prior □statutory priority. (§ □reasons stated in th Persons with prior or e	15-12-203, C.R.S.) e attached explanat	tion.	s follows:		
All person(s) (other the renounced their right to	o appointment (JDF	912SC). All interested p	I required renouncemerson demanded that	ents accompa	any this petition.
Bond is required by					4 below.)
Rond in the amoun	t of \$		has been demanded		

14. Petitioner sta	ates the following	regarding the d	ecedent's estate,	if required by	§ 15-12-604.	C.R.S.

Estimated value of real estate		\$
Estimated value of personal property		\$
Annual income expected from all sources		\$
	TOTAL	\$

15.	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 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.)
16.	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 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.)
17.	☐ Unsupervised administration is requested. ☐ Supervised administration is requested (additional filing fee required). Terms of the requested supervision are as follows:

After notice and hearing, the petitioner requests that the court formally admit the decedent's will to probate, determine the heirs of the decedent and formally 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 be confirmed. The petitioner also requests	the personal representative or that previously issued Letters :
☐ a setting aside of prior informal findings as t☐ a setting aside of prior informal appointment ☐ other:	t of personal representative.
form.	g 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.
I declare under penalty of perjury under the law Executed on the day of (date)	VERIFICATION w 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)	(month) (year) at (city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)
Attorney Signature, (if any)	Date

	Denver Probate Court County, Colorado	
Court Address:	Godiny, Colorado	-) [j
In the Matter of the	Estate of:	
Deceased		▲ COURT USE ONLY ▲
Attorney or Party W	ithout Attorney (Name and Addre	ess): Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
PETITION FO		TESTACY AND FORMAL APPOINTMENT OF
	PERSONAL F	REPRESENTATIVE
	****** Use this form if the de	ecedent did not leave a will *******
The netitioner an in	terested nerson nursuant to 8	15-10-201(27), C.R.S., makes the following statements:
•	-	13-10-201(27), O.N.O., makes the following statements.
. Information abo		
		Relationship to Decedent
	2	
City:		Zip Code:
Mailian Address	II dillerent:	
_		Code
City:	State:Zip 0	
City:	State:Zip 0	Code: Phone:
City: Primary Phone: _	State:Zip 0	Phone:
City: Primary Phone: _ Email Address: _	State: Zip (Phone:
City: Primary Phone: _ Email Address: _ The decedent,	State: Zip (Alternate, died on	Phone:
City: Primary Phone: _ Email Address: The decedent,	State: Zip (Alternate, died on	Phone: (date) at the age of years. The decedent
City: Primary Phone: _ Email Address: _ The decedent, was domiciled or	State: Zip (Alternate, died on resided in the City of	Phone: (date) at the age of years. The decedent County of, State of
City: Primary Phone: _ Email Address: _ The decedent, was domiciled or Venue for this pro	State: Zip (Alternate, died on resided in the City of occeeding is proper in this county	Phone: (date) at the age of years. The decedent County of, State of because the decedent:
City: Primary Phone: _ Email Address: _ The decedent, was domiciled or Venue for this prohad his or her	State:Zip (Phone: (date) at the age of years. The decedent County of, State of because the decedent: nty on the date of death.
City: Primary Phone: _ Email Address: _ The decedent, was domiciled or Venue for this prohad his or her	State:Zip (Phone: (date) at the age of years. The decedent County of, State of because the decedent:
City: Primary Phone: _ Email Address: The decedent, was domiciled or Venue for this pro had his or her did not have he date of death. This petition is fi		Phone: (date) at the age of years. The decedent County of, State of because the decedent: nty on the date of death.
City: Primary Phone: Email Address: The decedent, was domiciled or Wenue for this pro had his or her did not have had		Phone: (date) at the age of years. The decedent County of, State of because the decedent: nty on the date of death. in Colorado, but had property located in this county on the litted by law. Three years or less have passed since the
Primary Phone: _ Email Address: _ The decedent, _ was domiciled or Venue for this pro had his or her did not have h date of death. This petition is fi decedent's death The Petitioner:		Phone:
Primary Phone: _ Email Address: _ The decedent, _ was domiciled or Venue for this pro had his or her did not have h date of death. This petition is fi decedent's death The Petitioner: has not receiv		Phone: (date) at the age of years. The decedent County of, State of because the decedent: nty on the date of death. in Colorado, but had property located in this county on the litted by law. Three years or less have passed since the
Primary Phone: _ Email Address: _ Email Address: _ The decedent, _ was domiciled or Wenue for this pro had his or her did not have h date of death. This petition is fi decedent's death The Petitioner: has not receive Filings or Orders has received of	State:Zip (Phone:

,	state or elsewhere. A court has appoint (Attach	inted a personal representative and no such appointmed a personal representative or an appointment proceed a statement explaining the circumstances and indicative. Attach a certified copy of the appointing docume	eding is per	nding in the State of _ne and address of the
7.		sclosed on an attached explanation and after the exer- of any unrevoked will relating to property located in Colo		sonable diligence, the
3.	b) Did the decederc) Did the decederd) Does the decederare not descendare) Are all of the descendarion	d family status: r partner in a civil union survive the decedent? nt have a surviving parent? nt have surviving children or other descendants? dent's surviving spouse or partner in a civil union have s nts of the decedent? ecedent's surviving descendants also descendants of the use or partner in a civil union? lecedent's children minors?	□Yes □	No No escendants who No
Э.		resses of the decedent's spouse, partner in a civil u	ınion, chile	dren and other heirs
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I • If a spouse, partner	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator. er in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907. Address or Date of Death	01, C.R.S	through 15-11-114, elow, also provide the the date of death.
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	on, C.R.S Instituted be only if	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	on, C.R.S Instituted be only if	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	on, C.R.S Instituted be only if	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	on, C.R.S Instituted be only if	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	on, C.R.S Instituted be only if	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	on, C.R.S Instituted be only if	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for
	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	on, C.R.S Instituted be only if	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for
10.	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se Name	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the person of the guardian or conservator. listed, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907.	nt, include Age, only if Minor	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
10.	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se Name □ Petitioner is 21 ye representative. Or	colorado law of intestate succession. (§§ 15-11-1 conservator has been appointed for one of the persor is of the guardian or conservator. listed, list the child's parent(s), guardian or conservator. er in a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907. Address or Date of Death	Age, only if Minor	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
10.	as defined by the C C.R.S.) ◆ If a guardian or c name and address ◆ If a minor child is I ◆ If a spouse, partne ◆ A sample of this se Name Petitioner is 21 ye representative. Or □ Petitioner is 21 ye	colorado law of intestate succession. (§§ 15-11-16) conservator has been appointed for one of the person is of the guardian or conservator. It isted, list the child's parent(s), guardian or conservator. It is a civil union, or child has predeceased the decede ection is included in the Instructions - JDF 907. Address or Date of Death Parson of age or older and nominates himself or herself.	Age, only if Minor	through 15-11-114, elow, also provide the the date of death. Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

	Name: The Nominee is 21 years of ag	je or older.
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip Code:	
	Primary Phone: Alternate Phone:	
	Email Address:	
	Or	
	Petitioner nominates the following person be appointed as personal representa	ative.
	Name: The Nominee is 21 years of	
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip Code:	
	Primary Phone: Alternate Phone:	
	Email Address:	
	□ 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: All person(s) (other than those identified in Paragraph 10 above) with prior or equal rights to appointment are as follows:	
12.	□ Bond is required by the will and no interested person demanded that bond l□ Bond is required by will or is being demanded by an interested person. (Comp□ Bond in the amount of \$ has been demanded.	be filed. (Skip #13 below.) lete #13 below.)
13.	Petitioner states the following regarding the decedent's estate, if required by § 15	
	Estimated value of real estate Estimated value of personal property	\$ \$
	Annual income expected from all sources	\$
	TOTAL	
14.	The personal representative may receive compensation. 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	

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. (§ 15-10-602
15. The personal representative may co	ompensate his, her or its counsel.
including the rates and basis for o	ed, any amounts to be charged pursuant to a published fee schedule charging fees for any extraordinary services, and any other bases upor vill be calculated, are as stated below or in an attachment to this petition. *
☐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. (§ 15-10-602
16. □Unsupervised administration is repare as follows:	equested. uested (additional filing fee required). Terms of the requested supervisior
	ner requests that the court determine that the decedent died without a dent and formally appoint the nominee as personal representative to
☐without bond	☐with bond in the amount of \$
☐ in unsupervised administration	☐ in supervised administration (additional filing fee required)
and that Letters of Administration b also requests:	be issued or that previously issued Letters be confirmed. Petitione
☐ a setting aside of prior informal findin☐ a setting aside of prior informal appo☐ other:	-

form.		_	nd not changing anything else on the the original content of this form.
	,	VERIFICATION	
I declare under penal	ty of perjury under the law o	f Colorado that the foregoi	ing is true and correct.
Executed on the(dat	e)	Executed on the(d	day of late)
(month)	,,,,	(month)	,,,,,
at		_ at	
(city or other location	, and state OR country)	(city or other location	n, and state OR country)
(printed name)		(printed name)	
(Signature of Petition	er)	(Signature of Co-Pet	itioner, if any)
Attorney Signature, (i	f any)	Date	_

□ District Court □ Denv		
(Court Address:	County, Colorado	
Court Address.		
n the Matter of the Esta	ite of:	
		▲ COURT USE ONLY ▲
Deceased	t Attorney (Name and Addr	
Allomey of Party Williou	. Attorney (Name and Addr	case Number.
		1116
Phone Number:	E-mail:	
FAX Number:		Division Courtroom
		NFORMAL APPOINTMENT
OF SPEC	IAL ADMINISTRATOR	R PURSUANT TO § 15-12-614, C.R.S.
	Rel	ationship to Decedent
Street Address:		
City:	State:	Zip Code:
Mailing Address, if diffe	erent:	
City:	State: Zip	Code:
Primary Phone:	AI	ternate Phone:
Email Address:		
The decedent,	, died on	(date) at the age of years. The decede
was domiciled or resid	ed in the City of	, County of, the State of
Venue for this proceed	ling is proper in this county	because the decedent:
	cile or residence in this cou	
_		in Colorado, but had property located in this county on the
date of death.		
This application is file	d within the time period po	ermitted by law. Three years or less have passed since the
		§ 15-12-108, C.R.S. authorize tardy probate or appointmen
The applicant:		
_ ``	Demand for Notice of Filir	ngs or Orders and is unaware of any Demand for Notice
_ ``		ngs or Orders and is unaware of any Demand for Notice
□ has not received a Filings or Orders conce □ has received or is a	erning Decedent. aware of a Demand for No	ngs or Orders and is unaware of any Demand for Notice
Filings or Orders concerning and has received or is a	erning Decedent.	tice of Filings or Orders concerning decedent. See attache

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. DExcept 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.
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 to protect the decedent's ereasons:	-		ent of a personal re	epresentat	ive for the followin
□ because a prior appointmen □ to address claims as a publi	c administra	ator. (§ 15-12-621	(9), C.R.S.)	, , , ,	
 Applicant is 21 years of a dministrator. or Applicant nominates the foll 					ppointed as specia
			-		oldor
Name: Street Address:				or age or	older.
City: S					
Mailing Address, if different:		-			
City: S	tate:	Zip Code:			
Primary Phone:	Alt	ernate Phone:			_
Email Address:			_		
 The nominee has priority for application. Istatutory priority (§§ 15-12-2) areasons stated in the attach. The persons with prior or exaccompanies this application. Applicant states the following residuality. 	203, 15-12-6 ed explanat jual right to qual right	615, and 15-12-62 ion. appointment are to appointment	have executed a	required	
		e decedent's esta	.e. (§ 15-12-604, C.1		
Estimated value of real estate				\$	
Estimated value of personal p				\$	
Annual income expected from	all sources	3		\$	
			TOT	AL \$	
E T					
5. The special administrator may	receive con	ipensation.			
☐The hourly rates to be ch	arged, any	amounts to be	charged pursuant	to a publ	ished fee schedu

			y services, and any other bases upon ed below or in an attachment to this
☐The basis of o	compensation has not yet	been determined.	
* There is a continui C.R.S.)	ng obligation to disclose a	ny material changes to the b	asis for charging fees. (§ 15-10-602
16. The special adm	inistrator may compensate	e his, her, or its counsel.	
including the ra	tes and basis for chargin	g fees for any extraordinary	ursuant to a published fee schedule, y services, and any other bases upon ed below or in an attachment to this
☐The basis of o	compensation has not yet	been determined.	
* There is a continui C.R.S.)	ng obligation to disclose a	ny material changes to the b	asis for charging fees. (§ 15-10-602
17. Bond in the amo	unt of \$	is requested. (§ 15-12-60	03(1)(a), C.R.S.)
	ests that the registrar in Letters of Special Admi		nee as special administrator to serve
form.	•	-	and not changing anything else on the other of this form.
		VERIFICATION	
I declare under pena	alty of perjury under the law	w of Colorado that the forego	ing is true and correct.
Executed on the(da	ate) day of	Executed on the(day of date)
(month)	,, (year)	(month)	,,,,
at (city or other location	n, and state OR country)	at (city or other location	n, and state OR country)
(printed name)		(printed name)	

(Signature of Applicant)	(Signature of Co-Applicant, if any)
Attorney Signature, (if any)	 Date

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Matter of the Estate of: Deceased	Case Number: Division Courtroom
ORDER FOR INFORMAL APPOINTME	
Upon consideration of the Application for Informal (applicant) on	
THE COURT FINDS, DETERMINES, AND ORDERS:The applicant is an interested person and has filed a com	uplete and verified application.
2. The decedent died on (da	te).
3. The decedent was domiciled or resided in the City of	, County of, State
Venue is proper in this county.	
5. The application was filed within the time period permitted	by law.
5. The following person is qualified to serve and is appointe	d as special administrator:
Name:	The Nominee is 21 years of age or older.
Street Address:	
City: State: Zip Coo	
Mailing Address, if different:	
City: State: Zip Code: _	
Primary Phone: Alternate	Phone:
Email Address:	
7. Bond is set in the amount of \$	
B. Upon the filing of bond, Letters of Special Adi	ministration will be issued and will expire on dered by the court. The powers and duties of the
Special Administrator are limited. The Special Administrator the estate, to preserve them, to account for them, and to Additional restrictions:	
Date:	
, a.c.	☐Judge ☐Magistrate ☐Registrar

□District Court □Den	ver Probate Court County, Colorado	
Court Address:	County, Colorado	
In the Matter of the Es	tate of:	
Deceased		▲ COURT USE ONLY ▲
Attorney or Party Withou	ut Attorney (Name and Address	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
PETITION F		MENT OF SPECIAL ADMINISTRATOR
	PURSUANT TO §	3 15-12-614, C.R.S.
I. Information about the		_ Relationship to Decedent
		Zip Code:
	State: Zip Co	
		Iternate Phone:
Email Address:		
. The decedent,	, died on	(date) at the age of years. The deceder
was domiciled or resi	ded in the City of	, County of, State of
-		
	eding is proper in this county be	
_	•	Colorado, but had property located in this county on the
		ed by law. Three years or less have passed since the 5-12-108, C.R.S. authorize tardy probate or appointment
The petitioner:		
has not received a Filings or Orders con		or Orders and is unaware of any Demand for Notice of
	aware of a Demand for Notice Filings or Orders or explanation	of Filings or Orders concerning Decedent. See attache n.

6.	☐No court has appoint state or elsewhere.	red a personal representative and no such appointmen	t proceedi	ng is pending in this			
	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 f		the appoin	ting document if the			
7.	petitioner is unaware of	sclosed in an attached explanation and after the exerci- any instrument revoking the will and is unaware of any of been expressly revoked by a later instrument.					
	or						
	The date of the dece The dates of all codicils	edent's last will is are					
	The will and any codic	cils collectively are referred to as "the will." The perthat it was validly executed.	titioner be	elieves that it is the			
8. 🗆	☐The original will:						
	was deposited w	th this court before the decedent's death (§ 15-11-515,	C.R.S.)				
	_	ed to this court since the decedent's death (§ 15-11-516	s, C.R.S.)				
	☐ is filed with this p						
	An e-filed copy o immediately.	f the will is filed with this petition and the original will mu	st be deliv	ered to the court			
		obated in the State of	Authentic	cated copies of the			
		t probating it are filed with this petition. (§ 15-12-402, C.					
9 . D	ecedent's marital and fa	milv status:					
.		partner in a civil union survive the decedent?	□Y	′es □No			
		nt have a surviving parent?	□Y	′es □No			
		nt have surviving children or other descendants?		′es □No			
	•	ent's surviving spouse or partner in a civil union have so					
		dants of the decedent? cedent's surviving descendants also descendants of the		′es □No			
	•	e or partner in a civil union?		es □No			
	• .	lecedent's children minors?		es □No			
	,						
10.	If a guardian or co name and address	ses of decedent's spouse, partner in a civil union, on the persons of the guardian or conservator. It is the child's parent(s), guardian or conservator.					
		in a civil union, or child has predeceased the decedent,	include th	e date of death.			
	Name	Address or date of death	Age,	Relationship			
			only if Minor	(e.g. spouse, partner in a civil			
				union, child,			
				brother, guardian for			
				spouse, etc.)			

					1	1	
			pecial administrator t 5-12-614(1)(b), C.R.S		estate or	to secure its pro	oper
administrat Or	or.	-	der and nominates h			ppointed as spo	ecia
		•				oldor	
			The Nor	-	_		
			Zin Codo				
•			Zip Code:				
_							
City:		State:	Zip Code:				
Primary	Phone:		Alternate Ph	one:			
Email A	ddress:						
13. The no	minee has prio	rity for appointm	ent because of:				
_	-		-615, and 15-12-621(9), C.R.S.)			
□reas	ons stated in the	e attached explana	ation				
□The	persons with pri	or or equal right to	o appointment are			(name).	
	sons with prior panies this applic		to appointment ha	ive executed a	required	renouncement	that
☐No r	otice has been (given because an	emergency exists and	d appointment sh	ould be m	ade immediately	/ .
14. Petition	er states the fol	lowing regarding	the decedent's estate	. (§ 15-12-604, C	.R.S.)		
	ated value of rea				\$		
	ated value of per				\$		
Annua	ı ıncome expect	ed from all source	es	TOT	\$ AL \$		
				1017	~- Ψ		
15. The spe	cial administrato	or may receive co	mpensation.				
	•	-	y amounts to be ch	•	•		
ıncludir	g the rates and	a basis for chargi	ing fees for any extra	aordinary service	es, and an	ıy other bases ι	ıpon

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 ha	as not yet been de	etermined.	
* There is a continuing obligation to C.R.S.)	disclose any mate	erial changes to the basis f	for charging fees. (§ 15-10-602
16. The special administrator may co	ompensate his, he	er or its counsel.	
including the rates and basis for	or charging fees	for any extraordinary serv	ant to a published fee schedule, vices, and any other bases upon n an attachment to this petition. *
☐The basis of compensation ha	as not yet been de	etermined.	
* There is a continuing obligation to C.R.S.)	disclose any mate	erial changes to the basis f	or charging fees. (§ 15-10-602
17. □Bond is not required by the w □Bond in the amount of \$_			manded that bond be filed.
After notice and hearing, the pet administrator to serve:	tioner requests	that the court formally a	appoint the nominee as special
without bond.	□with	bond in the amount of \$ _	
and that Letters of Special Admini	stration be issue	ed.	
☐ By checking this box, I am ackreform.	nowledging I am	filling in the blanks and n	ot changing anything else on the
☐ By checking this box, I am ackno	wledging that I ha	ve made a change to the	original content of this form.
	VE	RIFICATION	
I declare under penalty of perjury un	der the law of Col	orado that the foregoing is	true and correct.
Executed on the day of (date)		Executed on the(date)	day of
(month) (year)		(month)	(year)
at(city or other location, and state OR	country)	at(city or other location, and	d state OR country)

(printed name)	(printed name)
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)
Attorney Signature, (if any)	Date

□ District Court □ Denver Probate (F
Court Address:	orado	• []
Court Address.		- 0
In the Matter of the Estate of:		
In the Matter of the Estate of.		
Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (N	ame and Address):	Case Number:
	,	
Phone Number:	E-mail:	
	Atty. Reg. #:	Division Courtroom
DOMICILIARY FOREIGN F	PERSONAL REPRES	ENTATIVE'S SWORN STATEMENT
I	as the domic	ciliary foreign personal representative (& 15-10-
201(16.5) C.R.S.), state that no admir	nistration, or application or	ciliary foreign personal representative (§ 15-10- petition for administration, is pending in Colorado.
I hereby file with this court the following		
		for the county of the county to the county of
representative;	utnenticated copies of the	e foreign court's order appointing me as personal
representative,		
Certified, exemplified, or	authenticated copies of	the foreign court's letters or other documents
evidencing or affecting my aut	hority to act as personal re	presentative;
Other:		
Grier:		
	VERIFICATION	J
I declare under penalty of perjury under	er the law of Colorado that	the foregoing is true and correct.
Executed on the day of		
Executed on the day of (date)	onth) (vear)	
(date) (me	(year)	
at (city or other location, and state OR co		
(city or other location, and state OR co	ountry)	
	_	
(printed name)		
	_	
(signature)		

District Court Denver Probat County, C Court Address:			
In the Matter of the Estate of:			
Daniel I		▲ cou	RT USE ONLY
Deceased Attorney or Party Without Attorney	(Name and Address):	Case Number	:
	,		
Phone Number: E-mail	l:	- 11 -	
FAX Number: Atty. R		Division	Courtroom
	NFORMATION OF AP	POINTMENT	
The court will not routinely review beneficiary, creditor, or other interest the responsibility to protect their own the Colorado Probate Code, § 15-10 the estate is being administered arinterested persons have the right to § 15-12-204, C.R.S. To the heirs and devisees who had the decedent died on The decedent left no will. The decedent left a will dated.	sted person. All interested pen rights and interests in the 0-101, et seq., C.R.S, by filling serving it on all interest obtain information about the ve or may have an interest	nless it is specifically repersons, including benefic estate in the manner prong an appropriate pleadired persons pursuant to elected by filling a Demantation of the control of the contr	ciaries and creditors, have vided by the provisions on the growing with the court by which § 15-10-401, C.R.S. A and for Notice pursuant to
The will and any codicils were a	dmitted to probate on		 (date).
3. Proceedings in this matter are	e informal.		
Proceedings in this matter are	e formal.		
4	was appointed as per	sonal representative on _	(date).
5. ☐No bond has been filed with t	his court		
Bond has been filed with this			
6. □Administration of this estate requested by an interested pers □Administration of this estate i	on. (§ 15-12-501, et. seq., C.R		pervised administration
This Information of Appointmen being administered.	t is being sent to persons v	who have or may have so	ome interest in the estate

- **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.

	VERIFICATION	
I declare under penalty of perjury under	er the law of Colorado that the foregoing	g is true and correct.
Executed on the day of (date)	onth) (year)	
at(city or other location, and state OR co	ountry)	
(printed name)	_	
(signature)	_	
Attorney Signature, (if any)	Date	
I certify that onas follows on each of the following:	CERTIFICATE OF SERVICE (date), a copy of this	(name of document) was served
Name and Address	Relationship to Decedent, or Protected Person	Ward, Manner of Service*

Insert one of the following: hand deliv	very, first-class mail, certi	fied mail, e-service, or	fax.
	Signature	 }	

• 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 □Denv			
Court Address:	County, Colorado		
		341	
In the Matter of the Esta	ate of:		
Deceased		▲ cou	JRT USE ONLY
Attorney or Party Withou	t Attorney (Name and Address):	Case Number	r:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	DECEDENT'S ESTATE IN	IVENTORY	

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.

Asset Category	Value
Real Estate	
Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts	
Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts	
Life Insurance	
Pensions, Profit Sharing Plans, Annuities, and Retirement Funds	
Motor and Recreation Vehicles	
Other Assets	
s Value	
Liens and Encumbrances on Inventoried Assets	
	Real Estate Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts Life Insurance Pensions, Profit Sharing Plans, Annuities, and Retirement Funds Motor and Recreation Vehicles Other Assets S Value

Schedule 1 – Real Estate (State name in which title is held and list complete None	addresses.)		Re	Type of Property (Home, ental, Land, etc.)	Estimated Value (what you could sell it for in its current condition)
				•	\$
T (1) (1) (1) (1) (1) (1) (1) (1)		41			Φ.
Total (also enter this total on the Inventor	y Summary	on page 1))		\$
Schedule 2 – Stocks, Bonds, Mutual Fu Investment Accounts (State name in which title is held.) None	nds, Secu	rities and	S	umber of shares or Account Number 4-digits only)	Value
					\$
Total (also enter this total on the Inventory	, Cummon,	on nogo 1\			\$
Total (also enter this total on the Inventory	Summary	on page 1)			Φ
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit a Savings Accounts (State name in which title is held.) None		Type o Accoun		Account Number (last 4- digits only)	Balance
					\$
					7
					•
Total (also enter this total on the Inventory	/ Summary	on page 1)			\$
Schedule 4 – Life Insurance (Include only those items payable to the estate.) None		cy # digits)		Net Procee Payable t	
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.) None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Value
			\$
Total (also enter this total on the Inventory Summary on page 1)			\$
			•

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

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

Liens and Encumbrances on Inventoried Assets

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

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

form. By checking this box, I am acknowledg	ging that I have made a change to the origi	nal content of this form.
	VERIFICATION	
I declare under penalty of perjury under th	e law of Colorado that the foregoing is true	e and correct.
Executed on the day of (date)	Executed on the day (date)	of
(month) (year)	(month)	y (year)
at (city or other location, and state OR count	ry) at (city or other location, and sta	ate OR country)
(printed name)	(printed name)	
(Signature of Personal Representative)	(Signature of Co-Personal Re	epresentative, if any)
Attorney Signature, (if any)	Date	
	CERTIFICATE OF SERVICE	me 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 delivery	r, first-class mail, certified mail, e-service, o	or fax.
	Signature	

Court Address:	unty, Colorado		
In the Matter of the Estate Deceased	of:	A	COURT USE ONLY
Attorney or Party Without At	torney (Name and Address):	Case Nu	umber:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg.#:	Division	Courtroom
	□INTERIM □FINAL A	CCOUNTING	
FOR PERIO	D: FROM	TO	
	PURSUANT TO C.	R.P.P. 31	

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

SUMMARY OF RECEIPTS AND EXPENDITURES ONLY

Balance on hand at the beginning of this accounting period	\$
Add: Total funds received or collected during this accounting period from page 2	\$
Less: Total payments during this accounting period from page 3	\$
Balance on hand at the end of this accounting period	\$

	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	
Total Net \	/alue (Total Gross Value minus Liens and Encumbrances)	

Detail Listing of Funds Received or Collected During Accounting Period

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

Date	Description of Funds Received or Collected	Amount
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	Descripti	on of Payments	Amount
Page of			\$
Total			\$
	v	ERIFICATION	
I declare under per	alty of perjury under the law of Co	olorado that the foregoing is tro	ue and correct.
Executed on the(c	day of late)	Executed on the day (date)	y of
(month)	,,, (year)	(month)	_,, (year)
at (city or other location	on, and state OR country)	at(city or other location, and	d state OR country)
(printed name)		(printed name)	
(Signature of Perso	onal Representative)	(Signature of Co-Persona	Il Representative, if any)

Date

Attorney Signature, (if any)

District Court Denver Pro	bate Court Colorado	T		
Court Address:	Colorado			
In the Matter of the Estate of			-	
				NIET LICE ONLY
Deceased	(1)		_	OURT USE ONLY
Attorney or Party Without Attorn	ey (Name and Addre	ess):	Case Numb	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroom
NOTICE TO CREDITO	ORS BY PUBLIC	ATION PURSU	JANT TO § 1	5-12-801, C.R.S.
	NOTICE T	O CREDITORS	S	
Estate of	, Deceased	Case I	Number	
District Court of Denver Probate Court of the on or before	ne City and County o	f Denver, Colorad		
		Type or Print na	me of Person Gi	ving Notice
		Address		
Publish only this portion of	of form.	City, State, Zip	Code	
*Insert date not earlier than for of Decedent's death, whichever Name of Newspaper: Instructions to Newspaper: Public	r occurs first.			

VERIFICATION

i deciare under p	penalty of perjui	ry under the la	w of Colorado	o that the fol	regoing is tru	ie and correct.	
Executed on the		(month)		,			
at (city or other loc	ation, and state	OR country)					
(printed name)							
(Signature of Pe	erson Giving Not	tice or Attorne	v for Person (Givina Notic	e)		

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:	
Deceased	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE TO CREDITORS BY PURSUANT TO § 15-	
NOTICE TO CRI	EDITORS
All persons having claims against the above named esta representative or to the court identified above on or before _ may be forever barred.	ate are required to present them to the personal(date)**, or the claims
Date:	nature of Personal Representative or Attorney
G.g.	iatare of the field in the presentative of the field in the
Prin	t Name of Personal Representative
Add	ress
City	, State and Zip Code
VERIFICAT	ION
I declare under penalty of perjury under the law of Colorado the	hat the foregoing is true and correct.
Executed on the day of,, (year)	
at	
at (city or other location, and state OR country)	
(printed name)	
(Signature of Person Giving Notice or Attorney for Person Giv	ring Notice)

**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.).

Signature

□ District Court □ Denver Proba			
Court Address:	blorado	-	
In the Matter of the Estate of:			
Deceased		▲ COURT	JSE ONLY
Attorney or Party Without Attorney	(Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:		Courtroom
	FICE OF DISALLOWAN PURSUANT TO § 15-12		
	PURSUANT TO 9 15-12	2-000, C.R.S.	
To:	(claim	nant):	
The personal representative of this			(date)
as follows:			
☐all of your claim.			
\$(disallowed	l) of your claim in the amoun	t of \$(tot	al amount of claim).
Failure to protest any disallow proceeding within 63 days after portion being forever barred.			
Date:		ure of Personal Representativ	/e
	Print N	lame of Personal Representa	tive
	Addres	SS	
	City, S	State and Zip Code	
	Phone	Number	
	VEDIEIOATIO	.	
I declare under penalty of perjury u	VERIFICATIO		rect
		tale follogoling to true and out	
Executed on the day of	(month) (year)		
at			
at (city or other location, and state OR	country)		

(printed name)			
(роддо)			
(signature)			
		CERTIFICATE OF SERVICE	
		ate), a copy of this (name	ne of document) was served
as follows on ea	ach of the following:		
N	lame and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of th	ne following: hand delivery	, first-class mail, certified mail, e-service, or	fax.
		Signature	

□District Court □Denve		
Court Address:	ounty, Colorado	
In the Matter of the Estat	e of:	
Deceased		▲ COURT USE ONLY ▲
	Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom JRSUANT TO § 15-12-806, C.R.S.
netition: Information about the Name:	petitioner:	e claim(s) in the amount(s) set forth in thi
Street Address:		
City:	State: Zip Code:	
Mailing Address, if differ	rent:	
City:	State: Zip Code:	
• 1		
Each claim listed below has not been paid.	is valid, was presented within the tim	ne for presenting claims as provided by law, an
Claim		Amount
11		
By checking this box, I prm.		blanks and not changing anything else on the change to the original content of this form.
	VEDIEICATION	
declare under penalty of pe	VERIFICATION erjury under the law of Colorado that to	he foregoing is true and correct.
	y of,, (month) (year)	
at city or other location, and s	tate OR country)	

(printed name)	_	
(signature)	_	
Attorney Signature, (if any)	Date	
I certify that on	CERTIFICATE OF SERVICE (date), a copy of this (r	name of document) was served
as follows on each of the following:	(date), a copy or this (i	idine of decament, was served
Name and Address	Relationship to Decedent, Ward or Protected Person	Manner of Service*
*Insert one of the following: hand del	ivery, first-class mail, certified mail, e-service	e, or fax.
	Signature	

District Court Door	vor Droboto Court	
☐District Court ☐Denv	/er Probate Court County, Colorado	
Court Address:	odanty, dolorado	
In the Matter of the Det	ermination of Heirs or Devisees or Both	_
and of Interests in Prop		
		▲ COURT USE ONLY ▲
Attornov or Porty Without	t Attorney (Name and Address):	Case Number:
Altomey of Party Williou	t Attorney (Name and Address).	Case Number.
Phone Number:	E-mail:	
	Atty. Reg. #:	Division Courtroom
	R THE DETERMINATION OF HEIRS AND OF INTERESTS IN PRO	OR DEVISEES OR BOTH,
	entitled to file this petition in accordance	with § 15-12-1302(1), C.R.S., makes th
ollowing statements:		
. Information about the	•	
Name:		
Street Address:		
City:	State: Zip Code:	
Mailing Address, if diff	erent:	
City:	State: Zip Code:	<u></u>
Primary Phone:	Alternate Phone:	
Email Address:		
2. The petitioner:		
is an interested pe	rson. The interest is as follows:	
Petitioner is an	owner by descent or succession as defined	by §15-12-1301(2), C.R.S.;
Petitioner is an	alleged heir or devisee of a decedent addres	ssed in this petition; or
	person claiming an ownership interest derive § 15-12-1301(2), C.R.S. or from an alleged h	
is a person who m	ay be affected by the ownership of property	
The property that is th	e subject of this petition is (including legal de	scription if real property):
	Description of Property (ONLY IF KNOWN, petitioner may in	
Property 1	fractional or percentage owners	nip)
Property 2 (if any)		
Property 3 (if any)		
Property 4 (if any)		

	This petition also covers any other property owned by the Original Decedent (as defined below) at the time of his or her death or that the Original Decedent was entitled to at the time of his or her death.
	☐ This petition does not cover any other property owned by the Original Decedent.
4.	This petition concerns the following decedent(s), who are related by successive interests in the property described in Paragraph 3 above if there is more than one decedent:
	(name of each
	decedent). The decedent with the originating property interest will be referred to herein as the Original
	Decedent; each other decedent will be referred to as an Additional Decedent. The information in Paragraph 5
	through 13 is provided for the Original Decedent and each Additional Decedent.
for	r each decedent covered by this petition, starting with the Original Decedent and continuing in order each Additional Decedent (if any), complete items 5 through 13. (Note: Use additional pages if cessary.)
Ori	ginal Decedent [name]:
5a.	The Original Decedent, at the age of years, died on (date)
at .	(place of death).
	One year or more has passed since the date of the Original Decedent's death. Administration of the Original Decedent's estate has not been granted or commenced in any jurisdiction.
	Administration of the Original Decedent's estate has been granted or commenced, but the estate has been
	settled without a determination of the descent or succession of all or a portion of the Original Decedent's property.
8a.	The Original Decedent was last domiciled or resided in the City of County of, State of
9a.	The Original Decedent died without a Will.
-	The Original Decedent died with a Will. The date of the Original Decedent's last Will is The dates of all codicils are The
	Will and any codicils are referred to as the Will.
	☐ The Will was admitted to probate in (county and Court), State of, in Case No, on (date). Certified copies of the Will and the order admitting the Will to probate are filed with this petition. (§ 15-12-1302(4)(a), C.R.S.)
	The Will has not been probated. The Will has been lodged in (Court). The petitioner believes that is the Original Decedent's last Will and that it was validly executed. 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. A certified copy of the Will is attached or, if certification is not possible, a copy of such Will is attached, along with an explanation as to why certification was not possible. (§ 15-12-1302(4)(b), C.R.S.)

f IThe Will has not been probated and the original Will has not been lodged with any Court. The Will is
lost, destroyed, or otherwise unavailable. The petitioner believes that is the Original Decedent's last
Will and that it was validly executed. 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. A copy of the Will is attached or, if a copy if not available, the contents of the Will
are set forth in an attachment to this petition.

10a. List names, addresses, and relationship of all interested persons as defined in § 15-12-1301(1), C.R.S., including owner(s) by descent or succession, an alleged heir or devisee of a decedent, any other person claiming an ownership interest derived from an owner by descent or succession, or an alleged heir or devisee in any property the descent or succession of which is to be determined by this petition for the Original Decedent.

- ♦ 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 Original Decedent, include the date of death.
- See additional instructions below.

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

- **11a.** This petition concerns the descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above.
- **12a.** The owners by descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above:

Owner(s) by Descent or Succession	Share of Original Decedent's Interest in Property (Fraction or Percentage)

13a. The relief sought by this petition is not inconsistent with any previous administration of the Original Decedent's property.

Firs	rst Additional Decedent (if any)	[name]:	
5b.	b. The First Additional Decedent,	(name), at the age of	years,
	died on (date), at	(place of d	eath).
6b.	o. One year or more has passed since the date of the First Addi	tional Decedent's death.	
	 Administration of the First Additional Decedent's estate jurisdiction. 	has not been granted or comme	enced in any
	Administration of the First Additional Decedent's estate has been settled without a determination of the descent or su Decedent's property.		
8b.	b. The First Additional Decedent was last domiciled or resided in	n the City ofCc	ounty of
	, State of		
9b.	 The First Additional Decedent died without a Will. □ The First Additional Decedent died with a Will. The date of . The dates of all codicils are 	the First Additional Decedent's last	
	The Will was admitted to probate in case No, on admitting the Will to probate are filed with this petition.	(date). Certified copies of the Will a (§ 15-12-1302(4)(a), C.R.S.)	, in and the order
	The Will has not been probated. The Will has been loc (Court). The petitioner believes that is the First Addit executed. Except as may be disclosed in an attached diligence, the petitioner is unaware of any instrumer Wills relating to property in Colorado that have not be certified copy of the Will is attached or, if certification along with an explanation as to why certification was re-	ional Decedent's last Will and that explanation and after the exercise of revoking the Will and is unaware been expressly revoked by a later it is not possible, a copy of such Will	of reasonable of any prior nstrument. A I is attached,
	The Will has not been probated and the original Will lost, destroyed, or otherwise unavailable. The petition last Will and that it was validly executed. Except as n after the exercise of reasonable diligence, the petition and is unaware of any prior Wills relating to property in by a later instrument. A copy of the Will is attached or are set forth in an attachment to this petition.	er believes that is the First Additionand nay be disclosed in an attached experis unaware of any instrument revon Colorado that have not been expre	al Decedent's planation and oking the Will essly revoked

- 10b. List names, addresses, and relationship of all interested persons as defined in § 15-12-1301(1), C.R.S., including owner(s) by descent or succession, an alleged heir or devisee of a decedent, any other person claiming an ownership interest derived from an owner by descent or succession, or an alleged heir or devisee in any property the descent or succession of which is to be determined by this petition for First Additional Decedent.
 - ♦ 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 First Additional Decedent, include the date of death.
 - See additional instructions below.

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

- **11b.** This petition concerns the descent or succession of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 3 above.
- **12b.** The owners by descent or succession (including fractional or percentage interest) of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 3 above:

Owner(s) by Descent or Succession	Share of First Additional Decedent's Interest in Property (Fraction or Percentage)

- **13b.** The relief sought by this petition is not inconsistent with any previous administration of the First Additional Decedent's property.
- **14.** Jurisdiction is proper because the Original Decedent and each Additional Decedent died leaving an interest in real property in Colorado or died domiciled in Colorado leaving an interest in personal property, wherever located.
- **15.** Venue for this proceeding is proper in this county because the Original Decedent (and each Additional Decedent) was (were) domiciled or resided in this county on the date of death or left property situated in this county.
- **16.** Based on the foregoing, the petitioner requests that the Court determine the Original Decedent's interest in the property identified in Paragraph 3 to be held as follows:

Owner(s) by Descent or Succession (including address)	Share of Original Decedent's Interest in Property (Fraction or Percentage)

property, a description of the property and any other pertinent facts.			
form.			d not changing anything else on the he original content of this form.
		VERIFICATION	
I declare under penal	ty of perjury under the law of	Colorado that the foregoin	g is true and correct.
Executed on the(dat	day of e)	Executed on the(da	day of te)
(month)	,, (year)	(month)	(year)
at	and state OR country)	_ at	on, and state OR country)
(city or other location,	and state OR country)	(city or other location	n, and state OR country)
(printed name)		(printed name)	
(Signature of Petitioner)		(Signature of Co-Pe	etitioner, if any)
Attorney Signature, (ii	f any)	Date	

Petitioner requests that after notice and any required hearing, the court enter judgment and decree determining that the petitioner has standing to bring this action and determining the heirs or devisees of the Original Decedent and each Additional Decedent, or both, the owners by descent or succession of the

Instructions for each paragraph 10:

• Include any statements regarding legal disability or other incapacity required by C.R.P.P. 12, and §15-12-1302(3)(d)(IX), 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.) If the name or address of any interested person is unknown, include a statement detailing the reasonable, diligent efforts made to determine the name and/or address of such interested person. (§ 15-12-1302(3)(e), C.R.S.) Attach additional pages if necessary.

□District Court □De	enver Probate Court	
	_ County, Colorado	
Court Address:		44
and of Interests in Pro	etermination of Heirs or Devisees or Both operty of:	COURT USE ONLY
Deceased	(2)	
Attorney or Party Witho	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	SUCCESSION PURSUANT TO § 15-12-13	03, C.R.S.
	hich accompanies this notice, has been fil	led alleging that the above decedent(s) die
	Description of Property	Location of Property
Property 1	Docompaint of Freporty	200ation of Freporty
Property 2		
Property 3)	
Property 4		
The hearing on the petit may be continued:	tion will be held at the following time and lo	ocation or at a later date to which the hearing
Date:	Time: Courtroo	om or Division:
The hearing will take and	provimataly Days Dhaves De-	ninutos
The nearing will take app	proximatelydays □hours □m	imutes.
Note:		

- You must answer the petition on or before the hearing date and time specified above.
- Within the time required for answering the petition, all objections to the petition must be in writing, filed with the court and served on the Petitioner and any required filing fee must be paid.
- The hearing must be limited to the petition, the objections timely filed, and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter a decree without a hearing.

☐ By checking this box, I am acknowledgin☐ By checking this box, I am acknowledgin☐	=	
	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	<i>y</i>)	
(printed name)		
(Signature of Person Giving Notice or Attor	ney for Person Giving Notice) CERTIFICATE OF SERVICE	
I certify that on (da		(name of document) was served
as follows on each of the following: Name and Address	Relationship to Decede	nt Manner of Service*
*Insert one of the following: hand delivery,	first-class mail, or certified mail.	
	,	
	Signature	

Court Address:	County Coloredo	
	County, Colorado	
and of Interests in P	Determination of Heirs or Devisees or Both Property of:	COURT USE ONLY
Deceased	havit Attaması (Noma ayal Addusas).	Coop Number
Attorney or Party With	hout Attorney (Name and Address):	Case Number:
Phone Number	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	ed alleging that the above decedent(s) died lea	iving the following property (including l
		ving the following property (including l
description if real prope		ving the following property (including le
description if real properroperty 1	erty):	
Property 1 Property 2	erty):	
Property 1 Property 2 Property 3	erty):	
Property 1 Property 2 Property 3	erty):	
Property 1 Property 2 Property 3 Property 4 The hearing on the pe	erty):	Location of Property
Property 1 Property 2 Property 3 Property 4 The hearing on the permay be continued:	Description of Property	Location of Property tion or at a later date to which the hea
Property 1 Property 2 Property 3 Property 4 The hearing on the permay be continued: Date:	Description of Property etition will be held at the following time and locate Time: Courtroom of	Location of Property tion or at a later date to which the hea
Property 1 Property 2 Property 3 Property 4 The hearing on the permay be continued: Date: Address:	Description of Property etition will be held at the following time and locate	Location of Property tion or at a later date to which the hea or Division:

- You must answer the petition on or before the hearing date and time specified above.
- Within the time required for answering the petition, all objections to the petition must be in writing, filed with the court and served on the petitioner and any required filing fee must be paid.
- The hearing shall be limited to the petition, the objections timely filed and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter a decree without a hearing.

Publish only this portion of form.

Nome of Newspaper	
Name of Newspaper:	
Instructions to Newspaper: Publish the above notice once a week for 3 consecutive cale	ndar weeks.
☐ By checking this box, I am acknowledging I am filling in the blanks and not changing form.	anything else on the
By checking this box, I am acknowledging that I have made a change to the original conte	ent of this form.
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the foregoing is true and co	rrect.
Executed on the day of,, (date) (month) (year)	
(date) (month) (year)	
at (city or other location, and state OR country)	
(city or other location, and state OR country)	
(printed name)	
(Signature of Person Giving Notice or Attorney for Person Giving Notice)	

Note:

- 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 3 consecutive weeks with the last date of the publication being at least 35 days before the date of the hearing pursuant to § 15-12-1303(3), 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.

Phone Number: E-mail:	DMINISTRATION)
Deceased Attorney or Party Without Attorney (name and address): Phone Number: E-mail:	Case Number: Division Courtroom EUCCESSOR PERSONAL DMINISTRATION)
Attorney or Party Without Attorney (name and address): Phone Number: E-mail: FAX Number: Atty. Reg. #: APPLICATION FOR INFORMAL APPOINTMENT OF S REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED AI Applicant makes the following statements: Information about the applicant: Name: Relationship to Decedent Street Address: Relationship to Decedent Street Address: State: Zip Code: Primary Phone: State: Zip Code: Alternate Phone	Case Number: Division Courtroom EUCCESSOR PERSONAL DMINISTRATION)
Attorney or Party Without Attorney (name and address): Phone Number: E-mail: FAX Number: Atty. Reg. #: APPLICATION FOR INFORMAL APPOINTMENT OF S REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED AI Applicant makes the following statements: Information about the applicant: Name: Relationship to Decedent Street Address: Relationship to Decedent Street Address: State: Zip Code: Primary Phone: State: Zip Code: Alternate Phone	Case Number: Division Courtroom EUCCESSOR PERSONAL DMINISTRATION)
Phone Number: E-mail: Atty. Reg. #: APPLICATION FOR INFORMAL APPOINTMENT OF S REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED AI Applicant makes the following statements: Information about the applicant: Name: Relationship to Decedent Street Address: Relationship to Decedent Street Address: State: Zip Code: Mailing Address, if different: State: Zip Code: City: State: Zip Code: Primary Phone: Alternate Phone	Division Courtroom EUCCESSOR PERSONAL DMINISTRATION)
Atty. Reg. #: APPLICATION FOR INFORMAL APPOINTMENT OF S REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED AI pplicant makes the following statements: Information about the applicant: Name: Relationship to Decedent Street Address: Relationship to Decedent Street Address: State: Zip Code: Mailing Address, if different: State: Zip Code: City: State: Zip Code: Alternate Phone	DMINISTRATION)
Atty. Reg. #: APPLICATION FOR INFORMAL APPOINTMENT OF S REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED AI pplicant makes the following statements: Information about the applicant: Name: Relationship to Decedent Street Address: Relationship to Decedent Street Address: State: Zip Code: Mailing Address, if different: State: Zip Code: City: State: Zip Code: Alternate Phone	DMINISTRATION)
REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED AI pplicant makes the following statements: Information about the applicant: Name: Relationship to Decedent Street Address: State: Zip Code: Mailing Address, if different: State: Zip Code: City: State: Zip Code: Primary Phone: Alternate Phone	DMINISTRATION)
Information about the applicant: Name: Relationship to Decedent Street Address: State: Zip Code: Mailing Address, if different: State: Zip Code: City: State: Zip Code: Alternate Phone	
Name: Relationship to Decedent Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone	
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone	
City: State: Zip Code: Mailing Address, if different: State: Zip Code: City: State: Zip Code: Primary Phone: Alternate Phone	
City: State: Zip Code: Mailing Address, if different: Zip Code: City: State: Zip Code: Primary Phone: Alternate Phone	
Mailing Address, if different: City: State: Zip Code: Primary Phone: Alternate Phone	
City: State: Zip Code: Primary Phone: Alternate Phone	
Primary Phone: Alternate Phone	
Letters Testamentary of Administration were issued on	(date).
Administration is unsupervised.	
The previously appointed personal representative, tendered a resignation.	(name) has:
died (date of death).	
been removed by order of the court issued on other:	(date).
Applicant:	
□ has not received a demand for notice and is unaware of any demand appointment proceeding concerning the decedent that may have been that received, or is aware of, a demand for notice. See attached demand for notice.	filed in this state or elsewhere.
. Name, address, and telephone number of the nominee for successor p	ersonal representative 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.
	There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, R.S.)
8.	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.
	here 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 serv without bond in unsupervised administration and that Letters be issued to the successor personal representative.			
☐ By checking this box, I am ackn form.	owledging I am filling in the b	blanks and not changing anything else on the	
☐ By checking this box, I am acknow	vledging that I have made a ch	hange to the original content of this form.	
	VERIFICATION		
I declare under penalty of perjury und	ler the law of Colorado that the	e foregoing is true and correct.	
Executed on the day of (date)		the day of (date)	
(month) (yea	r) (month)	(year)	
at	at		
at (city or other location, and state OR c	country) (city or oth	her location, and state OR country)	
(printed name)	(printed na	ame)	
(Signature of Applicant)	(Signature	e of Co-Applicant, if any)	
Attorney Signature, (if any)	Date		

		ver Probate County, Co		71	
Co	ourt Address:	•			
In	the Matter of the Est	ate of:		_	
				A COURT HEE	ONLY A
	eceased torney or Party Withou	t Attornov (Name and Address):	Case Number:	ONLY A
Λι	torney or Farty Withou	t Attorney (Name and Address).	Case Number.	
Ph	ione Number:		E-mail:	11 5 -	
	X Number:		Atty. Reg. #:	Division; Cour	troom:
	PETITION	FOR FINA	AL SETTLEMENT PURSUA	NT TO § 15-12-1001, C.R.	S.
	Heirship:		resolved or notice has been giv mination of heirship is not reque		Solved Glaillis.
	determination is requested at this time. Complete Schedule of H		filainakia kala		
			·	THEIRSNIP DEIOW.	
		Age	dditional pages if needed.) Address of Heir	Share of Intestate	Relationshi
	Schedule of Heirship	o. (Attach a	dditional pages if needed.)		
	Schedule of Heirship	Age	dditional pages if needed.)	Share of Intestate Estate(*Complete this column only if there is intestate	
	Schedule of Heirship	Age	dditional pages if needed.)	Share of Intestate Estate(*Complete this column only if there is intestate	
	Schedule of Heirship	Age	dditional pages if needed.)	Share of Intestate Estate(*Complete this column only if there is intestate	Relationshi to Deceden
	Schedule of Heirship	Age	dditional pages if needed.)	Share of Intestate Estate(*Complete this column only if there is intestate	
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	Schedule of Heirship Name of Heir	Age if minor	dditional pages if needed.)	Share of Intestate Estate(*Complete this column only if there is intestate property.)	
	Schedule of Heirship Name of Heir	Age if minor tion (attacl	Address of Heir	Share of Intestate Estate(*Complete this column only if there is intestate property.)	to Deceden
	Schedule of Heirship Name of Heir Schedule of Distribu Name of Person	Age if minor tion (attacl	Address of Heir Address of Heir h additional pages if needed) Address of Person Receiving	Share of Intestate Estate(*Complete this column only if there is intestate property.)	to Deceden
	Schedule of Heirship Name of Heir Schedule of Distribu Name of Person	Age if minor tion (attacl	Address of Heir Address of Heir h additional pages if needed) Address of Person Receiving	Share of Intestate Estate(*Complete this column only if there is intestate property.)	to Deceden
	Schedule of Heirship Name of Heir Schedule of Distribu Name of Person	Age if minor tion (attacl	Address of Heir Address of Heir h additional pages if needed) Address of Person Receiving	Share of Intestate Estate(*Complete this column only if there is intestate property.)	to Deceden

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, 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.			
			dence of distribution, that the court onal representative's bond.
form.			and not changing anything else on the other of the original content of this form.
		VERIFICATION	
I declare under penalty	of perjury under the law of		ing is true and correct.
Executed on the(date		Executed on the(day of date)
(month)	,, (year)	(month)	(year)
at(city or other location, a	and state OR country)	_ at (city or other loca	tion, and state OR country)
(printed name)		(printed name)	
(Signature of Petitione	r)	(Signature of Co-	Petitioner, if any)
Attorney Signature, (if	any)	Date	

	enver Probate Court _ County, Colorado	
Court Address:	_ county, colorado	
In the Matter of the E	Estate of:	
Bassasad		▲ COURT USE ONLY ▲
Deceased Attorney or Party With	nout Attorney (Name and Address):	Case Number:
		211
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
	, , ,	RANCE ON PETITION FOR FINAL
	SETTLEMI	ENT
****	* Attendance at this hearing is no	t required or expected. ******
time, and location or at	a later date to which the hearing may (Select a future date	
Time: 8:00 a.m.		,
Address:		
	***** IMPORTANT !	NOTICE****
Address: Interested persons have manner provided by the of personal representation	e Colorado Probate Code, including th	own rights and interests within the time and in the e appropriateness of claims paid, the compensation stribution of estate assets. The court will not review
Interested persons have manner provided by the of personal representation adjudicate these or of the control of the personal representative (www.courts.state.co.us) hearing. If any objection as required will result in	ve the responsibility to protect their of the Colorado Probate Code, including the tives, attorneys, and others, and the distriction that the petition must wishing to object to the petition must district distriction and the compact of the coloration of the coloration of the court materials. If no objection is filed, the court materials are considered as a constant of the court materials.	www rights and interests within the time and in the eappropriateness of claims paid, the compensation stribution of estate assets. The court will not review ted to do so by an interested person. file a specific written objection with the court on one to the person requesting the court order and the railable on the Colorado Judicial Branch website y take action on the petition without further notice of within 14 days after filing the objection, contact the otimely set the objection for an appearance hearing ropriate.
Interested persons have manner provided by the of personal representation adjudicate these or of the control of the hearing and personal representative (www.courts.state.co.us) hearing. If any objection court to set the objection as required will result in Actual distribution of estimates.	ve the responsibility to protect their of the Colorado Probate Code, including the tives, attorneys, and others, and the distriction matters unless specifically request wishing to object to the petition must district distriction must district furnish a copy of the objection for, JDF 722 (Objection form) is as as). If no objection is filed, the court matter for an appearance hearing. Failure on further action as the court deems appearance assets normally does not occur at	wwn rights and interests within the time and in the eappropriateness of claims paid, the compensation stribution of estate assets. The court will not review ted to do so by an interested person. file a specific written objection with the court on on to the person requesting the court order and the railable on the Colorado Judicial Branch website y take action on the petition without further notice of within 14 days after filing the objection, contact the otimely set the objection for an appearance hearing ropriate. the hearing.
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Interested persons have manner provided by the of personal representation adjudicate these or of the Any interested person before the hearing and personal representative (www.courts.state.co.us) hearing. If any objection court to set the objection as required will result in Actual distribution of estimates. By checking this beform.	ve the responsibility to protect their of the Colorado Probate Code, including the tives, attorneys, and others, and the distriction matters unless specifically request wishing to object to the petition must district distriction must district furnish a copy of the objection for, JDF 722 (Objection form) is as as). If no objection is filed, the court material is filed, the objecting party must, on for an appearance hearing. Failure of further action as the court deems appearate assets normally does not occur at the court of the court distriction of the court distriction of the court distriction as the court distriction of the court distriction as the court distriction of the court distric	wwn rights and interests within the time and in the eappropriateness of claims paid, the compensation stribution of estate assets. The court will not review ted to do so by an interested person. file a specific written objection with the court on on to the person requesting the court order and the railable on the Colorado Judicial Branch website y take action on the petition without further notice of within 14 days after filing the objection, contact the otimely set the objection for an appearance hearing ropriate. the blanks and not changing anything else on the

VERIFICATION

xecuted on the	day	of	,,	
	(date)	of(month)	(year)	
ity or other loca	ation, and sta	ate OR country)		
rinted name)				
ignature of Pe	rson Giving N	Notice or Attorney	<i>(</i>)	
		CEI	RTIFICATE OF SERVICE	
certify that on _		(date)	, a copy of this notic	e along with the
otion/petition w	as served a	s follows on each	of the following:	
Na	ame and Ad	dress	Relationship to Decedent, Ward, or Protected Person	Manner of Service
nsert one of the	e tollowing: h	nand delivery, firs	t-class mail, certified mail, e-service, o	r tax.
			Signature	

	District Court Denver Probate Court County, Colorado	Til			
C	Court Address:				
Īr	the Matter of the Estate of:				
D	eceased	A	COL	JRT USE ONLY	
	ttorney or Party Without Attorney (Name and Address):	Case N	Numbe	r:	
	hone Number: E-mail:				
	AX Number: Atty. Reg. #:	Divisio	n	Courtroom	
	STATEMENT OF PERSONAL R	EPRESENT	TIVE		
	CLOSING ADMINISTRATION PURSUAN	NT TO §15-12	2-100	3, C.R.S.	
	/) - (-(-(-(b(f-II-			
, _	(personal representative	e), state the follo	wing:		
1.	Six months have passed since the original appointment of a g	general persona	I repre	sentative for this esta	ite or
	at least one year has passed since the decedent's death.				
2.	The date of the original appointment was				
3.	Except as may be disclosed on an attached explanation, the has fully administered this estate by making payment, settle expenses of administration; federal and state estate taxes; in decedent's estate's federal and state income taxes. The aspersons entitled to receive such assets in the amount and in claims are listed on an attached explanation as remaining undistributions were made subject to possible liability with the detail other arrangements to accommodate outstanding liability.	ement, or other nheritance taxes sets of the estantian the manner to ndischarged, the agreement of the manner to file.	dispose and control and contro	sition of: all lawful cla other death taxes; and ore been distributed to they were entitled. It unation states whethe	aims; d the o the f any er the
4.	The undersigned has sent a copy of this statement to all distributes whose claims are neither paid nor barred, and undersigned's administration to the distributees whose interest	has furnished			
5.	No court order prohibits the informal closing of this estate. Ac	dministration of t	his est	ate is not supervised.	
rep	is statement is filed for the purpose of closing this presentative will terminate one year after this statemen volving the undersigned are then pending.				
☐ for	By checking this box, I am acknowledging I am filling in the $m.$	blanks and no	t chan	ging anything else or	n the
	By checking this box, I am acknowledging that I have made a	change to the or	riginal o	content of this form.	

		VERIFICATION			
I declare under pena	lty of perjury under the la	aw of Colorado that the foregoing is true	e and correct.		
Executed on the day of (date)		Executed on the day (date)	Executed on the day of		
(month)	(year)	(month)	,, (year)		
at (city or other location	n, and state OR country)	at (city or other location, and sta	ate OR country)		
(printed name)		(printed name)			
(Signature of Person	al Representative)	(Signature of Co-Personal Re	presentative, if any)		
I certify that on as follows on each o	(date	ERTIFICATE OF SERVICE e), a copy of this (na	me of document) was served		
	and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*		
*Insert one of the foll	lowing: hand delivery, fir	rst-class mail, certified mail, e-service, o	or fax.		
		Signature			

District Court Denver Probate County, C		
Court Address:	olorado	
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. #: ENT OF PERSONAL RE	Division Courtroom
		TO §15-12-1204, C.R.S
OLOGINO SINA	LE LOTATE I ORGOAIGI	10 g13-12-1204, C.IV.0
I,	(personal representative)	-
personal property held by or in th	e possession of the decedent s of administration, reasona	d encumbrances, did not exceed the value of t as fiduciary or trustee, exempt property, family able funeral expenses, and reasonable and the decedent.
2. The undersigned has fully admini	stered this estate by disbursin	ng and distributing it to the persons entitled.
claimants to whom the undersign	ned is aware whose claims ar	outees of this estate and to all creditors or other re neither paid nor barred and has furnished a e distributees whose interests are affected.
4. No court order prohibits the inform	nal closing of this estate. Adn	ministration of this estate is not supervised.
	year after this statement	estate. The appointment of the personal is filed with the court if no proceedings
☐ By checking this box, I am acknown.	owledging I am filling in the b	blanks and not changing anything else on the
☐ By checking this box, I am acknow	vledging that I have made a ch	hange to the original content of this form.
	VERIFICATION	I
I declare under penalty of perjury und	ler the law of Colorado that the	e foregoing is true and correct.
Executed on the day of (date)	Executed on	the day of (date)
(month) (year)	,(month)	,,,
at	at	
(city or other location, and state OR c	country) (city or other	r location, and state OR country)

(printed name)	(printed name)	
(Signature of Personal Representative)	(Signature of Co-Personal Rep	resentative, if any)
	CERTIFICATE OF SERVICE	
I certify that on (data as follows on each of the following:	ate), a copy of this (name	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	fax.
		
	Signature	

Note:

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

District Court Denver Probat		
Court Address:	olorado	
In the Matter of the Estate of:		
Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney	y (Name and Address):	Case Number:
Phone Number:	E-mail:	Division Courtroom
FAX Number: VFRIFIED APP	Atty. Reg. #: I ICATION FOR CERTIF	FICATE FROM REGISTRAR
	PURSUANT TO § 15-12-	
l,	, as the	ne personal representative surety state:
		(name) as personal representative of
this estate has terminated.The personal representativeNo action concerning this expressions.		
		estate appears to have been fully administered and ure the obligation of the personal representative in
☐ By checking this box, I am ack form.	knowledging I am filling in th	the blanks and not changing anything else on the
☐ By checking this box, I am ackn	owledging that I have made a	a change to the original content of this form.
	VERIFICATIO	ION
I declare under penalty of perjury un	nder the law of Colorado that	at the foregoing is true and correct.
Executed on the day of (date)	Executed	d on the day of (date)
(month) (yea	r) (month	th) (year)
at (city or other location, and state OR	at	other location, and state OR country)
(city or other location, and state OR	t country) (city or oth	ther location, and state OR country)
(printed name)	(printed na	name)
(Signature of Personal Representat	tive) (Signature	re of Co-Personal Representative, if any)
Attorney Signature, (if any)	 Date	

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. #.: RESPONSE TO NOTICE AND ORDER CLOSI	Division Courtroom
· · · · · · · · · · · · · · · · · · ·	
The personal representative requests that the estate remain op-	pen until(date).
☐ By checking this box, I am acknowledging I am filling in form.	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.
VERIFICATIO	DNI
I declare under penalty of perjury under the law of Colorado that	at the foregoing is true and correct.
Executed on the day of,,,,	
at	
(city or other location, and state OR country)	
(printed name)	
(Signature of Personal Representative or Attorney)	

CERTIFICATE OF SERVICE

	Relationship to Decedent, War	rd
Name and Address	or Protected Person	Manner of Service*
sert one of the following: hand deli	very, first-class mail, certified mail, e-service	e. or fax.
sort one of the fenerality. Harra don	very, met elace mail, ceramed mail, e certie	o, or raza

Note:

• 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.

	ver Probate Court		
Court Address:	ounty, Colorado		
In the Matter of the Esta	ite of:		-
Deceased			COURT USE ONLY
Attorney or Party Without	Attorney (Name and Addi	ress):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg.#:		Division Courtroom
			TO § 15-12-1008, C.R.S.
he petitioner makes the Information about the	-		
	•	Relationship to	Decedent
•	erent:	•	
	State: Zip		
			<u> </u>
•			
Email Address:			
The estate has been s		epresentative has	been discharged or one year has passo
The estate has been since the closing stater Petitioner desires to re	settled and the personal rement has been filed with the open the estate:	epresentative has	been discharged or one year has passo
. The estate has been since the closing stater	settled and the personal rement has been filed with the open the estate:	epresentative has	been discharged or one year has passe
The estate has been since the closing staterPetitioner desires to re	settled and the personal rement has been filed with the open the estate:	epresentative has	been discharged or one year has passe
The estate has been since the closing staterPetitioner desires to re	settled and the personal rement has been filed with the open the estate:	epresentative has	been discharged or one year has passo
The estate has been since the closing staterPetitioner desires to re	settled and the personal rement has been filed with the open the estate:	epresentative has	been discharged or one year has passe
The estate has been so since the closing stater. Petitioner desires to re ☐ to distribute propert	settled and the personal rement has been filed with the open the estate:	epresentative has	peen discharged or one year has passe
The estate has been since the closing stater Petitioner desires to re	settled and the personal rement has been filed with the open the estate:	epresentative has	been discharged or one year has passe
 The estate has been so since the closing stater Petitioner desires to re ☐ to distribute propert 	settled and the personal rement has been filed with the open the estate:	epresentative has	been discharged or one year has passe
 The estate has been so since the closing stater Petitioner desires to re ☐ to distribute propert 	settled and the personal rement has been filed with the open the estate:	epresentative has	peen discharged or one year has passe
The estate has been so since the closing stater. Petitioner desires to re ☐ to distribute propert ☐ other:	settled and the personal rement has been filed with the open the estate: by briefly described as:	epresentative has ne court.	
The estate has been so since the closing stater. Petitioner desires to re to distribute propert other: Petitioner nominates the	settled and the personal rement has been filed with the open the estate: by briefly described as: the following person to be a	epresentative has ne court.	
The estate has been so since the closing stater. Petitioner desires to re to distribute propert other: Petitioner nominates the Name:	settled and the personal rement has been filed with the open the estate: by briefly described as:	epresentative has ne court.	al representative:

	Mailing Address, if different City:					Phone
	Email Address:					
	☐ The nominee is the pr☐ The previously-appoir years of age or older, and ☐ Nomination by the ☐ Statutory priority. ☐ reasons stated be	nted personal red the nominee he will.	epresentative is unabl nas priority for appoint	e or unwilling to	serve ar	nd the nominee is 21
5.	Persons with prior or equipment of these proof. The persons to receive	eedings. Any	required renounceme	ents accompany		
) -	Name		dress or Date of Dea		Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
	The persons to receive	vo distribution	have not changed fro	m the original pr	acadina	Distribution is as
	The persons to receive follows:	ve distribution	nave not changed fro	m the original pro	oceeaing	gs. Distribution is as
	Name of Person Receiving Distribution		of Person Receiving	Distribution		Description of Distribution
ò .	The personal representation. The hourly rates to including the rates and which a fee charged to application.	be charged, and basis for charg	ny amounts to be ch ging fees for any extra	aordinary services	s, and a	ny other bases upon
	☐The basis of compens	ation has not ye	et been determined.			
7.	The personal representa	tive may compe	ensate his, her, or its co	ounsel.		

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.					
☐The basis for compensation has not yet	been determined.				
the personal representative identified court:	Petitioner requests that the court, after such notice as it may direct, re-open the estate and appoint the personal representative identified in section 4 above. In addition, the petitioner requests the court:				
☐issue Letters of Administration.					
representative and re-close the estate.	pove purposes have been accomplished, discharge the personal				
Other:					
form.	I am filling in the blanks and not changing anything else on the 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)	Executed on the day of (date)				
(month) (year)	(month) (year)				
at(city or other location, and state OR country)	at (city or other location, and state OR country)				
(printed name)	(printed name)				
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)				
Attorney Signature (if any)	 Date				

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 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. 2019 is \$68,000; 2017 and 2018 is \$66,000; Y.O.D. 2016, 2015, and 2014 is \$64,000; and Y.O.D. 2013 is \$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 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.

VERIFICATION AND ACKNOWLEDGMENT				
I,(name) swear/affirm under oath, that I have read the foregoing COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S. and that the statements set forth therein are true and correct to the best of my knowledge.				
Printed name		Signature	Date	
Subscribed and affirmed, or sworn to before me in the County of, State of, this day of, 20				
My Commission Expires:		 Notary Public/Clerk		

Amended and Adopted by the Court, En Banc, May 30, 2019, effective June 7, 2019.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court