RULE CHANGE 2020(27)

COLORADO PROBATE CODE FORMS

Forms 705, 809, 811, 843, 844, 877, 882, 915, 916, 922

☐District Court ☐D	enver Probate Court				
Court Address:	Co	unty, Colorado			
Count / tag. coo.					
In the Interest of:					
in the interest or.					
Respondent/Minor			▲ COURT USE ONLY ▲		
Attorney or Party Wit	thout Attorney (Name and	Address):	Case Numb		
Phone Number:	E-mai	l:	Division	Courtroom	
FAX Number:	Atty. F			Courtiooni	
	PROBATE	CASE INFORMATION	ON SHEET		
Full name of responde	ent/minor (ward/protecte	d person):			
Date of birth:	8	Social Security Number ((last 4 digits only)	:	
Full season of according	/				
Full name of guardian.	conservator (including t	co-guardian/co-conserva	nor or successor	guardian/conservator):	
Data of binths		Oi-l Oit - N	(last 4 disits and		
Date of birth:		Social Security Number	(last 4 digits only):	
Full name of guardian	conservator (including	co-guardian/co-conserva	ator or successor	guardian/conservator):	
Date of birth:		Social Security Number	(last 4 digits only):	
By checking this box,	I am acknowledging I am	filling in the blanks and not	changing anything	else on the form.	
		have made a change to the			
		VERIFICATION			
		(0)			
I declare under penalt	y of perjury under the la	w of Colorado that the fo	pregoing is true a	nd correct.	
Executed on the	day of	Executed on the	e day of (date)		
(date	e)		(date)		
(month)	(year)	(month)		year)	
at		at			
at(city or other location.	and state OR country)	(city or other l	location, and stat	e OR country)	

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

Note:

- This form is for court use only and is to be sealed by the court.
- Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.
- This completed form must be filed 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 Pro			
Court Address:	County, Colorad	0	
Court Address.			
1 1 1 1 1 1			
In the Interest of:			
		, COURT USE ONLY ,	
		Case Number:	
Respondent			
Respondent		Division: Courtroom:	
	ORDER APPOINTING	COURT VISITOR	
On the court's own motion, matter. The court finds that this		is appointed as the court visitor in this	
matter. The court finds that this	appointment is necessary [6	check all that apply):	
to investigate the allegate the	egations made in the Petition	on for Appointment of Guardian pursuant to § 15-14-	
and/or			
to investigate the alle	egations made in the Petitio	n for Appointment of a Conservator pursuant to § 15-	
Dr. :			Formatted: Font: (Default) Arial, 10 pt
		with § 15-14-113.5, C.R.S. within 14 days after the ssional without priority to serve pursuant to § 15-14-	Formatted: Font: (Default) Arial, 10 pt
		6-3.1-104, C.R.S. as emergency guardian.	Formatted: Font: (Default) Arial
Dto investigate and fi	lo o report in accordance :	with § 15-14-113.5, C.R.S. within 14 days after the	Formatted: Font: (Default) Arial, 10 pt
		ssional without priority to serve pursuant to § 15-14-	Formatted: Font: (Default) Arial, 10 pt
		§ 15-12-622, C.R.S. as special conservator.	
have access, without further related to, psychiatric, psy financial reports, evaluations, ar	ease or liability, to all releva /chological, drug, alcohol, nd other information.	ountability Act of 1996 or HIPAA, the court visitor must nt information regarding the respondent including, but medical, law enforcement, school, social services,	
		condent in person in order to fulfill the duties of a court at the following time and location:	
Date:	Time:	Courtroom or Division:	
Address:			
	and paid at state expense. A steep by the court.	mbursement from respondent's estate.). If finding of indigency has been made by the court. Magistrate □Probate Registrar □ (Deputy) Clerk of Court	

JDF 809SC R9/482020 ORDER APPOINTING COURT VISITOR

District	Court Denver Probate Court	
Court Add	County, Colorado	
In the Inte	erest of:	
<u> </u>	7.001.01.	
Responde		▲ COURT USE ONLY ▲
Court Visit	tor (Name):	Case Number:
	COURT VISITOR'S REP	<u>Division</u> <u>Courtroom</u>
<u> DEN</u>	IERGENCY GUARDIANSHIP SPECIAL CON	
Instruction t	to court visitor: Please complete every applicable sec	ction of this form. If a section is not
	olease enter N/A.	
<u>l,</u>	(name), subn	nit the following report pursuant to § 15-14-
	6. concerning the investigation that I conducted as the c	
guardianship	pursuant to § 15-14-312(5), C.R.S. special conservation	orship pursuant to § 15-14-412(3)(b), C.R.S.
I Inte	rview of Respondent:	
ı. IIIC	rview of Respondent.	
	the respondent, in person, on (date provided the Notice of Rights to Respondent (JDF 797) and	
	explained the rights contained therein.	id, to the extent the respondent was able to
<u>A.</u>	Other persons present at the interview:	
<u>B.</u>	Respondent's physical appearance:	
<u>C.</u>	Respondent was oriented to time and place	□Yes □No
<u>D.</u>	After I explained the substance of the petition, the natu	
	the respondent's rights to a hearing pursuant to § 15- duties of the emergency guardian or special conserva	
	respondent answered as follows:	
	 Do you understand what I've explained to you? If No, please explain or comment. 	Yes No Did not respond
	ii ito, picase explain of confinent.	
	O De vers and enstand the Netter of District D	-dt / IDE 707\0
	2. Do you understand the Notice of Rights to Respon	□ Yes □ No □ Did not respond

	If No, please explain or comment.	
<u>3.</u>	Do you have a lawyer? If Yes , please provide name:	☐Yes ☐No ☐Did not respond
<u>4.</u>	Do you want a lawyer to be appointed for you? If Yes, please explain:	☐Yes ☐No ☐Did not respond
<u>5.</u> —	Do you understand that all costs and expenses of the fees, will be paid from your estate unless the court di	
<u>6.</u>	Who are the family members or other people who are	•
<u>7.</u>	In the last year, are there any other persons you have understand issues and choices, (b) help you ask questanguage you understand, (d) communicate your decinion help you to exercise your decisions concerning your of financial affairs? (If applicable, names, contact information)	stions, (c) explain things to you in the isions to others, if needed, and/or (e) day-to-day health, safety, welfare, or
<u>8.</u>	In the last year, are there any other persons you have relevant information about your desires and personal information, etc. are noted in Section II below.)	•
applicat	s) Identified as a Member of Respondent's ble): Member's name, address, and contact information:	Supportive Community (if
	Was this person interviewed?	□Yes □No
	If No , please explain. Member's view on the respondent's limitations and w	hether the respondent's needs may be
	met by less restrictive means.	
JDF 811SC 9/2020	COURT VISITOR'S REPORT (EMERGENCY GUARDIANSHIP/S	SPECIAL CONSERVATORSHIP) Page 2 of 5

	Respondent's view as to the above individual's participation in the proceedings as it may
	serve the respondent's best interests.
	Should this member be granted permission to participate in the proceeding pursuant to
	section § 15-14-308(2) or § 15-10-201(27)
<u>2.</u>	Member's name, address, and contact information:
	Was this person interviewed? □Yes □No
	If No, please explain.
	Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.
	Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.
	Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27)
<u>3.</u>	Member's name, address, and contact information:
	Was this person interviewed? □Yes □No
	If No, please explain.
	Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

		Respondent's view as to the above individual's participation in the proceed	dings as it may
		serve the respondent's best interests.	
		Should this member be granted permission to participate in the proceeding	g pursuant to
		section § 15-14-308(2) or § 15-10-201(27)	☐Yes ☐No
III.	Sum	nmary of the Nature and Type of Supported Decision-Making Er	ngaged in by
	the	Respondent with the Assistance of Members of His or Her Sup	<u>portive</u>
	Con	nmunity:	
	_		
IV.	Rec	ommendations:	
	<u>A.</u>	In your opinion, were there less restrictive means of intervention?	Yes No
	_	If Yes, please explain:	
	_		
	_		
	_		
		In your opinion, are there less restrictive means of intervention available?	□Yes □No
	<u>B.</u>	In your opinion, are there less restrictive means of intervention available? If Yes, please explain:	□Yes □No
	<u>B.</u>		□Yes □No
	<u>B.</u>		□Yes □No
	B		□Yes □No
	B		
	-	If Yes , please explain:	
	-	If Yes, please explain: Any recommendations regarding the appropriateness of the emergency guard	
	-	If Yes, please explain: Any recommendations regarding the appropriateness of the emergency guard	

D	Any recommendation whether the newers of the emergency guardianchin and/or an exist
<u>D.</u>	Any recommendation whether the powers of the emergency guardianship and/or special
	conservatorship should be limited based on the desires and personal values of the respondent
	expressed by the respondent and the members of the supportive community?
_	
By checking	this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
	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.
	this box, I am acknowledging that I have made a change to the original content of this form.
By checking	this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION
By checking	this box, I am acknowledging that I have made a change to the original content of this form.
By checking	ver penalty of perjury under the law of Colorado that the foregoing is true and correct.
By checking	ver penalty of perjury under the law of Colorado that the foregoing is true and correct.
By checking I declare unde	VERIFICATION The penalty of perjury under the law of Colorado that the foregoing is true and correct. The day of this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION The day of this box, I am acknowledging that I have made a change to the original content of this form.
By checking I declare unde Executed on the	VERIFICATION The penalty of perjury under the law of Colorado that the foregoing is true and correct. The day of
By checking I declare unde Executed on the	VERIFICATION The penalty of perjury under the law of Colorado that the foregoing is true and correct. The day of this box, I am acknowledging that I have made a change to the original content of this form. VERIFICATION The day of this box, I am acknowledging that I have made a change to the original content of this form.
By checking I declare unde Executed on the at (city or other lease)	VERIFICATION The penalty of perjury under the law of Colorado that the foregoing is true and correct. The day of (month) (year) Docation, and state OR country)
By checking I declare unde Executed on the	VERIFICATION The penalty of perjury under the law of Colorado that the foregoing is true and correct. The day of (month) (year) Docation, and state OR country)
By checking I declare unde Executed on the at (city or other lease)	VERIFICATION The penalty of perjury under the law of Colorado that the foregoing is true and correct. The day of (month) (year) Docation, and state OR country)

n the Inter			
	est of:	COURT USE ONLY Case Number:	
Responder	nt	Division Courtroom	
	ORDER APPOINTING EMERGENCY GUA PURSUANT TO § 15-14-312,		
	ration of the Petition for Appointment of Emergency Guardiar (date),	for the above respondent and/or hearing	
e court fi	nds, determines and orders:		
1. Venu	e is proper.		
	e pursuant to § 15-14-312, C.R.S. was: asonable.		
	pensed with because the court finds from testimony that the appointment is delayed. The nature of the emergency is:	e respondent will be substantially harmed	
ii trie i	appointment is delayed. The nature of the emergency is.		
<u> </u>			
If this	order was issued without notice to the respondent and/or the	respondent's lawyer it along with Notice	
of Ap	pointment of Emergency Guardian and Notice of Right to	Hearing (JDF 844) must be personally	
	d on the respondent within 48 hours after the appointment. A vit (JDF 718) must be promptly filed with the court.	A copy of the completed Personal Service	
Пть	and the second state of a manifestation of the second state of the		Formatted: Indent: Left: 0.5", No bullets or numbering
protec	e court has appointed a professional without priority to servitive services pursuant to § 26-3.1-104, C.R.S. Accordingly	, the court will simultaneously appoint a	Tab stops: Not at 0" + 0.3" + 0.56" + 0.9" + 1.2" + 1.8" + 2.1" + 2.4" + 2.7" + 3" + 3.3" + 3.6" +
	visitor to investigate the appointment of the emergency guar pointment in accordance with § 15-14-312(5), C.R.S. and §		+ 4.2" + 4.5" + 4.8" + 5.1" + 5.4" + 5.7" + 6" +
trie ap	pointment in accordance with § 15-14-512(5), C.N.S. and §	10-14-113.3, C.N.3.	Formatted: Font: (Default) Arial, 10 pt
	ant to § 15-14-312(1), C.R.S., it is necessary to appoint an use of the likelihood of substantial harm to the respondent		Formatted: Font: (Default) Arial, 10 pt Formatted: Indent: Left: 0.3", No bullets or numbering
		is riealth, salety, or wellare, and that no	
beca	person appears to have authority and willingness to act in	the circumstances.	To material Indent. Lett. 0.5 , No bullets of humbern
beca other	person appears to have authority and willingness to act in emergency guardianship cannot exceed 60 days from appoi		Torrinated India. Ect. 6.5 , No suites of Indiasem
beca other		ntment.	Tomated Inches Edit 6.5 / No Suites of Humbern
beca other	emergency guardianship cannot exceed 60 days from appoint appoints the following person an emergency	ntment.	Total Lect. Co. 7, 10 Suites of Hambell

□ District Court □ Denver Probate Court _____County, Colorado

Court Address:

	Street address:					
	City:	State:	Zip Code:			
	Mailing address, if di	ifferent:				
	City:	State:	Zip Code:			
	Primary phone: E-mail address:					
6.	Appointment of a the respondent's		guardian, with or w	ithout notice, is not a determination		
7.	The court appoints th	The court appoints the following attorney to represent the respondent:				
	Name:			,		
	Address:					
	City:	State:	Zip Code:	Email address:		
	Primary Phone: Attorney Registration	n #:	Alternate Phone	e:		
3.	☐Medical powers of except as follows:	attorney, wheth	ner executed prior to or f	ollowing the entry of this order, are terminate		
9.						
	emergency guardian respondent's protecte . Letters of Guardia (date not to exceed 6	is deemed to ed health inform anship will be 60 days from a	be respondent's person nation, as provided in HI sissued. This emerge ppointment). An emerge	nal representative for all purposes relating IPAA, Section 45 CFR 164.502(g)(2). ncy guardianship expires on		
	emergency guardian respondent's protecte . Letters of Guardia (date not to exceed 6	is deemed to ed health inform anship will be 60 days from a	be respondent's person nation, as provided in HI sissued. This emerge ppointment). An emerge	nal representative for all purposes relating IPAA, Section 45 CFR 164.502(g)(2). ncy guardianship expires on		
10.	emergency guardian respondent's protecte . Letters of Guardia (date not to exceed 6	is deemed to ed health inform anship will be 60 days from a r. The powers a	be respondent's person nation, as provided in HI sissued. This emerge ppointment). An emerge	nal representative for all purposes relating IPAA, Section 45 CFR 164.502(g)(2). ncy guardianship expires on		
10.	emergency guardian respondent's protecte Letters of Guardia (date not to exceed 6 specified in this order	is deemed to ed health inform anship will be 60 days from a r. The powers a	be respondent's person nation, as provided in HI sissued. This emerge ppointment). An emerge	nal representative for all purposes relating IPAA, Section 45 CFR 164.502(g)(2). ncy guardianship expires on		
11.	emergency guardian respondent's protecte Letters of Guardia (date not to exceed 6 specified in this order	is deemed to ed health inform anship will be 60 days from al r. The powers a orders:	be respondent's person nation, as provided in HI sissued. This emerge ppointment). An emerge	ncy guardianship expires on_ gency guardian may exercise only the power		

☐District Court ☐Der			
Court Address:	County, Colorado		
Godit Addition.			
In the Interest of:			
		▲ COURT USE ONLY ▲	
Respondent			
Attorney or Party Witho	ut Attorney (Name and Address):	Case Number:	
Phone Number	E-mail:		
FAX Number:	Atty. Reg.#:	Division Courtroom	
	TICE OF APPOINTMENT OF EM		
AND NOTIC	E OF RIGHT TO HEARING PUR	SUANT TO § 15-14-312, C.R.S.	
o:	(respond	dent)	
	` .	,	
ho court appointed an on	porgancy guardian for you. Datails of the	appointment are included in the attached order.	
	ency guardian is NOT a determination of		
	, 0		
you would like the court ays after receiving your r		pointment, the court will hold a hearing within 14	
ays after receiving your r	equest.		
he court also appointed t	he following attorney to represent you fo	r the duration of the emergency appointment:	
ame:			
treet Address			
ity:	State:	Zip Code:	
lailing Address, if differer	nt;		
	State:		
	Alternate Phone:		
mail:			
The court has appointed	d a professional without priority to serve	pursuant to § 15-14-310(1), C.R.S. or protective	Formatted: Right: 0"
ervices pursuant to § 26	-3.1-104, C.R.S. Accordingly, the court	has appointed a court visitor to investigate the	Formatted: Font: (Default) Arial, 10 pt
ppointment of the emerge	ency guardian and file a report within 14	days after appointment in accordance with § 15-	Formatted: Font: (Default) Arial, 10 pt
4-312(5), C.R.S. and § 1	<u>5-14-113.5, C.R.S.</u>		(20000)
By checking this box, I	am acknowledging I am filling in the blar	nks and not changing anything else on the form.	
By checking this box, I	am acknowledging that I have made a c	hange to the original content of this form.	

VERIFICATION

I declare under per	nalty of perjury	under the law	of Colorado	that the fore	going is true and	correct.
Executed on the(day of _ date)	(month)	(year)			
at (city or other location	on, and state C	R country)	_			
(printed name)						
(Signature of Person	on Giving Notic	e or Attorney f	or Person (Giving Notice)		

Note:

• If the respondent and/or the respondent's lawyer were 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 Probate Court		
County, Colorado		
Court Address:		
In the Interest of		
In the Interest of:	A COURT USE ONLY	
	▲ COURT USE ONLY ▲	
	Case Number:	
Protected Person	Division Country and	
ORDER APPOINTING SPECIAL CON	Division: Courtroom:	
□ADULT □MINOR	IOERVATOR	
pon consideration of the Petition for Appointment of Conservator (date),	for the above person and hearing on	
he court finds that:		
Venue is proper and required notices have been given or waived	d	
2. An interested person seeks the appointment of a special conser	vator.	
3. The protected person's best interest will be served by the appoint	ntment of a special conservator.	
The court finds by clear and convincing evidence that:		
······································		
For the following reasons, it is necessary to appoint a special conservation		
erson's property as may be required for the support of the protecte ependent upon the protected person, until a hearing can be held on the		
It is necessary to appoint a special conservator to assist in the ac		
rrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S	5.)	
The court has appointed a professional without priority to	uppt to \$ 15 14 412(1) C.D.C. or o rublind	Formatted: Indent: Left: 0"
The court has appointed a professional without priority to serve pursudministrator pursuant to § 15-12-622, C.R.S. Accordingly, the court will		Formatted: Finderit: Left: 0 Formatted: Font: (Default) Arial, 10 pt
vestigate the appointment of the special conservator and file a report within 14 days after the appointment in		Formatted: Font: (Default) Arial, 10 pt
ccordance with § 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.	4	Formatted: No bullets or numbering, Widow/Orphan
<u>=</u>		control, Adjust space between Latin and Asian text, Adjust
		space between Asian text and numbers, Tab stops: Not at 0' + 0.3" + 0.56" + 0.9" + 1.2" + 1.5" + 1.8" + 2.1" +
		2.4" + 2.7" + 3" + 3.3" + 3.6" + 3.9" + 4.2" + 4.5" + 4.8" + 5.1" + 5.4" + 5.7" + 6" + 6.3"
he court appoints the following person as special conservat	or:	
lame:		
DF 877SC R9/202048 ORDER APPOINTING SPECIAL CONSERVATOR - ADULT (OR MINOR ——— Page 1 of	

City	ddress: State:	Zip Code:	
-	Address, if different:		
		Zip Code:	
Primary	Phone:	Alternate Phone:	
Email A	ddress:		
The co	urt directs the issuance of	f Letters of Conservatorship as follows:	
The lette	ers will expire on	(date), unless otherwise ordered by the court.	
The spe	cial conservator is granted only	y the following authority:	
The co	urt orders the following:		
1.		t notify the court within 30 days if his or her home address, emad/or of any change of address for the protected person.	il address,
2.	Special Conservator to the Pr petition and must advise the	nt, the special conservator must provide a copy of this Order of otected Person, if 12 years of age or older, and persons given no use persons using Notice of Appointment of Guardian and/or Cright to request termination or modification of the special conservation.	tice of the
3.		ngle transactions and protective arrangements. The special c	
4.	The special conservator will serve without bond for the fo	ollowing reason(s).	

	Spouse or partner in a civil union
	Adult Children
	Parents
	Special Conservator
	Agent under power of attorney

Relationship to Adult/Minor

Adult/Minor

5. Copies of all future court filings must be provided to the following:

Name of Interested Person

Formatted: Space Before: Auto

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
Protected Person	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Dhana Niverbani	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S FINANCIAL PLAN WI	
AND MOTION FOR APPROV	AL
□INITIAL REPORT	
INVENTORY VALUES AS OF DATE OF A	APPOINTMENT
□AMENDED REPORT	
INVENTORY VALUES AS OF DATE	(MM/DD/YYYY)
	,
DATE OF APPOINTMENT	(MM/DD/YYYY)
FILING DUE DATE(
	,
I, (conservator), move this cour	t to approve this Unitial DAmandad
conservator's Financial Plan with Inventory.	to approve this minital marmended
Constitution s i indificial Fidit with inventory.	

As grounds therefore, the conservator states the following:

- 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 Informa	tion:		f updated information from petition
	Name of Living Center or Nu	rsing Home, if app		
	ldress:		, 	
City:		State):	Zip Code:
Mailing A	ddress, if differnty:			
City:	State: _	Z	ip Code:	
Primary F	Phone: Alte	rnate Phone:		
	Conservator's Information:			if updated information from petition
Have you	ı had any criminal charges fil	ed against you or	convictions e	ntered since the last report? □Yes □ No
If Yes, ex	xplain:			·
Occupati	on:	_ Your Relationsh	ip to protecte	ed person:
Street Ac	ldress:			<u> </u>
City:	State: _	Zip Code:		
Mailing A	ddress, if different:			
City:	State:	Zip Code):	
	hone			
Email ad	dress:			
Name: _				f Updated Information from PetitionAge: ntered since the last Petition? □Yes □ No
If Yes, ex	plain:			
Occupati	on:	Your Relation:	ship to Proteo	cted Person:
Street Ac	ldress:			
City:	State: _	Zip Code:		
Mailing A	ddress, if different:			
City:	State:	Zip Code):	
Primaryp	hone	_ Alternate Teleph	one:	
Email ad	dress:	_		
1. <i>A</i>		identified to date s No If No, desc	ribe why and	provide for the present and future care of the what steps should be taken. If you would like t.

Page 2 of

2.	Should there be a change in scope of the Conservatorship?	
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	 Formatted: Indent: Left: 0.5"

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

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

□Bond has been waived by the Court.

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		

CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL JDF 882SC R69/192020

Page 3 of

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-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	nds,	Numb	er of Share	s or Identif	у	Curren	t Value	9
Securities, Annuities and		Acco	unt Numbei	•				
Investment Accounts (Na		(last 4	4-digits only	y)				
Joint Owner or Transfer o	n Death							
Beneficiary)								
□None								
						\$		
						1		
Total						\$		
Life Insurance (Name of	Type of	Policy		Face Amo	unt of	Policy	Cas	h Value
Company/Beneficiary)	''	•				•		
□None								
Zivone								
							\$	
							Ψ	
Total	1			-			\$	
							1 4	
Pension, Profit Sharing	Type of	Plan (4	l01(k),	Account #	#		Curi	rent Account Value
and Retirement Funds	IRA, 45	7, PER <i>A</i>	A, Military,	(last 4-dig	its onl	y, if		: Distributions should be
(Name of Beneficiary)	etc.)	-		applicable	e) .		listed	l in Step 1 above)
				''				
□None								
							\$	
							+*-	
Total	1						\$	
Motor Vehicles and	Year			Make and	Model		Esti	mated Value
Recreation Vehicles								e = what you could sell it
(Including Motorcycles,				1			for in	its current condition)
ATV's, Boats, etc.)								
(Names of Joint Owners)								
□None								
							\$	
							+ -	
Total							\$	
	1			1				

Real Estate (Indicate address) (Name any Joint Owners) □None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (Value = what you could sell it for in its current condition)
		\$
Total		\$
General Household and Other Pe	rsonal Property	Estimated Value
DM		(Value = what you could sell it for

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.	
Collectibles, Artwork, etc.	
Total	
Total	\$

Miscellaneous Assets (List each one separately	Estimated
and be specific.)	Value
None	(Value = what you could sell it for
	in its current condition)
	\$
Total	\$
Total Assets	\$
Enter this amount in Step 7.	

Step 4: Accrued Liabilities to Professionals

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	

Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	
Other Professional Fees	
Total Accrued Expenses Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$

Step 5: Other Current Liabilities/Debts

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

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

Summary

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

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

Page 9 of

(A) Total Assets (Total from Step 3)	\$
(B) Total Liabilities/Debt (Total from Step 5)	\$
Net Worth: (A) minus (B)	\$
Bond	
Bond has been set in the amount of \$	Surety has been posted.
for Approval. The Conservator now requests that bon 415, C.R.S.)	this Conservator's Financial Plan with Inventory and Motio d be set in the amount of \$ (§15-14)
Bond has been waived by the Court.	
By checking this box, I am acknowledging I am I form.	filling in the blanks and not changing anything else on th
By checking this box, I am acknowledging that I ha	ve made a change to the original content of this form.
IMP	ORTANT
interested parties, as indicated by the attached cer	tificate of service.
interested parties, as indicated by the attached cer A conservator is required to file an amended circumstances that requires a substantial deviation finds other property not included in the original inaccurate or misleading, the conservator must p	tificate of service. d "Financial Plan" whenever there is a change in from the existing plan. In addition, if the conservator is the instead property in the repare and file an amended "Inventory" with the cour
interested parties, as indicated by the attached cer A conservator is required to file an amended circumstances that requires a substantial deviatio finds other property not included in the original inaccurate or misleading, the conservator must p Copies of these amendments must be provided (419(2) C.R.S. THIS SECTION MUST BE COM	onservators and served on the protected person and a difficate of service. d "Financial Plan" whenever there is a change in n from the existing plan. In addition, if the conservator is "Inventory", or if the value of the listed property is repare and file an amended "Inventory" with the court to all interested parties. § 15-14-418(5) C.R.S. § 15-14-418(5) CRECTLY AND SIGNED NT MAY BE REJECTED.
interested parties, as indicated by the attached cer A conservator is required to file an amended circumstances that requires a substantial deviation finds other property not included in the original inaccurate or misleading, the conservator must p Copies of these amendments must be provided 419(2) C.R.S. THIS SECTION MUST BE COM OR THE DOCUME Colorado Law REQUIRES that the Conservator's Fina on the PROTECTED PERSON AND INTERESTED PI	rtificate of service. d "Financial Plan" whenever there is a change in from the existing plan. In addition, if the conservator "Inventory", or if the value of the listed property is repare and file an amended "Inventory" with the court to all interested parties. § 15-14-418(5) C.R.S. § 15-14 PLETED CORRECTLY AND SIGNED NT MAY BE REJECTED. Incial Plan with Inventory and Motion for Approval be server ERSONS pursuant to the Order Appointing Conservator, (44), C.R.S.). In the space below under the Certificate of every for each party listed on the Order Appointing
interested parties, as indicated by the attached cer A conservator is required to file an amended circumstances that requires a substantial deviation finds other property not included in the original inaccurate or misleading, the conservator must propies of these amendments must be provided that 19(2) C.R.S. THIS SECTION MUST BE COM OR THE DOCUME Colorado Law REQUIRES that the Conservator's Fina on the PROTECTED PERSON AND INTERESTED Princluding minors 12 years of age or older (§ 15-14-404 Service, list the names, addresses, and method of delices that the conservator and provide each party with a copy of this	rtificate of service. d "Financial Plan" whenever there is a change is not from the existing plan. In addition, if the conservated "Inventory", or if the value of the listed property is repare and file an amended "Inventory" with the court to all interested parties. § 15-14-418(5) C.R.S. § 15-14 PLETED CORRECTLY AND SIGNED NT MAY BE REJECTED. Incial Plan with Inventory and Motion for Approval be serve ERSONS pursuant to the Order Appointing Conservator, (44), C.R.S.). In the space below under the Certificate of every for each party listed on the Order Appointing
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interested parties, as indicated by the attached cer A conservator is required to file an amended circumstances that requires a substantial deviation finds other property not included in the original inaccurate or misleading, the conservator must propies of these amendments must be provided that 19(2) C.R.S. THIS SECTION MUST BE COMAINTERESTED PERSON AND INTERESTED PERSON AND INTERESTED PERSON AND INTERESTED PERSON AND INTERESTED PERSON and method of delicence, list the names, addresses, and method of delicence conservator and provide each party with a copy of this the law of Cole	rtificate of service. d "Financial Plan" whenever there is a change is not from the existing plan. In addition, if the conservator "Inventory", or if the value of the listed property is repare and file an amended "Inventory" with the court to all interested parties. § 15-14-418(5) C.R.S. § 15-14-418(5) C.R

at		at		
(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)		
Attorney Signature, (if any)		Date		
I certify that on		FICATE OF SERVICE copy of this (nam	ne of document) was served	
as follows on each of the following:				
Name and Address	R	Relationship to Decedent, Ward, or Protected Person	Manner of Service*	
*Insert one of the following: hand de	elivery, first-cla	ass mail, certified mail, e-service, or	fax.	
•				
		Signature		

▲ co	URT USE ONLY
Case Numbe	r:
Division	Courtroom
urt or its registrar	on
uit of its registrar	on
or follows:	
obate Registrar/(De	puty)Clerk of Court
obate Registrar/(De	puty)Clerk of Court
obate Registrar/(De	
t	Division OF ADMINISTRA urt or its registrar thority to act pure

Г	Day				
-	District Court ☐Denver Probate Court County, Colorado				
C	ourt Address:				
In	the Matter of the Estate of:	—			
D	eceased	▲ COURT USE ONLY ▲			
A	ttorney or Party Without Attorney (Name and Address):	Case Number:			
	hone Number: E-mail: AX Number: Atty. Reg. #:	Division Courtroom			
	APPLICATION FOR INFORMAL APPOINTMENT OF				
	****** Use this form if the decedent did no	-4 leave a will ******			
	Ose this form if the decedent did no	ot leave a will			
The	e applicant, an interested person pursuant to § 15-10-201(27),	C.R.S., makes the following statements:			
1.	Information about the applicant:				
	Name:Relationship	to Decedent:			
	Street Address:				
	City: State: Zip Co				
	Mailing Address, if different:				
	City: State: Zip Code:				
	Primary Phone: Alternate Phone				
	Email Address:				
2.	The decedent,, died on(dat	te) at the age of years. The decedent			
	was domiciled or resided in the City ofCounty of	, the 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				
	did not have his or her domicile or residence in Colorado, bu date of death.	it had property located in this county on the			
	This application is filed within the time period permitted by law	Three years or less have passed since the			
4.	This application is filed within the time period permitted by law. decedent's death, or circumstances described in § 15-12-108, C.F.				
5	The applicant:				
5.	''				
	has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the Decedent.				
	☐ has received or is aware of a Demand for Notice of Filings	or Orders concerning the Decedent. See			
	attached Demand for Notice of Filings or Orders or explanation.				
6.	☐No court has appointed a personal representative and no suc	h appointment proceeding is pending in this			
	state or elsewhere.	,			
	A court has appointed a personal representative or an appointr				
	(Attach a statement explaining the circumst	tances 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 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. ◆ 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, quardian 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

Primary Phone: Alternate Phone:						
Email Address:						
Or						
☐ Applicant 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: Alternate Phone:						
Email Address:						
1. 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 or equal renounced their right to appointment (JDF 912SC). All required renouncements access. 2. Bond is not required by the will and no interested person demanded that bond be a second of the control of the contr	company this application of the filed. (Skip #13 below					
renounced their right to appointment (JDF 912SC). All required renouncements acc	company this application of the second company the se					
renounced their right to appointment (JDF 912SC). All required renouncements accessed by the will and no interested person demanded that bond be Bond is required by will or is being demanded by an interested person. (Complete Bond in the amount of \$ has been demanded.	company this application of the second company the se					
renounced their right to appointment (JDF 912SC). All required renouncements accessed 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 \$	company this application of the second company the					
renounced their right to appointment (JDF 912SC). All required renouncements accessed 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 \$	company this application of the filed. (Skip #13 below ete #13 below.) 2-604, C.R.S.					
renounced their right to appointment (JDF 912SC). All required renouncements accessed 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 \$	company this application of the filed. (Skip #13 below ete #13 below.) 2-604, C.R.S.					
renounced their right to appointment (JDF 912SC). All required renouncements access to a second control of the	company this application of the filed. (Skip #13 below ete #13 below.) 2-604, C.R.S.					
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renounced their right to appointment (JDF 912SC). All required renouncements access to a proposition of the	company this application of filed. (Skip #13 below ete #13 below.) 2-604, C.R.S. \$ \$ \$					
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renounced their right to appointment (JDF 912SC). All required renouncements accessory. All required by the will and no interested person demanded that bond be all Bond is required by will or is being demanded by an interested person. (Completing Bond in the amount of \$	company this application of filed. (Skip #13 below ete #13 below.) 2-604, C.R.S. \$ \$ \$ \$ a published fee schedand any other bases upper second company this application.					
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renounced their right to appointment (JDF 912SC). All required renouncements accessory. All required by the will and no interested person demanded that bond be a bond is required by will or is being demanded by an interested person. (Completion of Bond in the amount of \$	company this application of filed. (Skip #13 below ete #13 below.) 2-604, C.R.S. \$ \$ \$ \$ a published fee schedand any other bases upper second company this application.					

* There is a continuin C.R.S.)	g obligation to disclose any	material changes to the ba	sis for charging fees. (§ 15-10-602				
15. The personal repr	The personal representative may compensate his, her, or its counsel.						
including the rate	es and basis for charging f	ees for any extraordinary	rsuant to a published fee schedule, services, and any other bases upon d below or in an attachment to this				
☐The basis of co	The basis of compensation has not yet been determined. *						
* There is a continuin C.R.S.)	g obligation to disclose any	material changes to the ba	sis for charging fees. (§ 15-10-602				
16. The applicant re- unsupervised admin		nformally appoint the noi	minee as personal representative in				
☐without bond		lacksquare with bond in the amount	of \$				
and that Letters of A	dministration be issued.						
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 foregoir	ng is true and correct.				
Executed on the(dat	day of e)	Executed on the(da	day of ate)				
(month)	,, (year)	(month)	(year)				
at(city or other location, and state OR country)		at (city or other location, and state OR country)					
(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 Co-App	(Signature of Co-Applicant, if any)				
Attorney Signature, (if	fany)	Date	_				

Note:

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

□ District Court □ Denver Probate Court County, Colorado	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Deceased Attorney or Party Without Attorney (Name and Addre	
Automey of Farty Willout Automey (Name and Addre	odse Number.
Phone Number: E-mail:	Division County or
FAX Number: Atty. Reg. #: PETITION FOR ADJUDICATION OF INT	Division Courtroom ESTACY AND FORMAL APPOINTMENT OF
	REPRESENTATIVE
****** Use this form if the de	cedent did not leave a will *******
The netitioner an interested person pursuant to \$	15-10-201(27), C.R.S., makes the following statements:
	13-10-201(21), O.N.O., makes the following statements.
Information about the petitioner:	Polatica de la Posa de d
	Relationship to Decedent
Street Address: City: State:	Zip Code:
Mailing Address, if different:	Zip Code
City: State: Zip C	Code:
Primary Phone: Alternate	
Email Address:	
	(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 by	pecause the decedent:
had his or her domicile or residence in this cour	•
Idid not have his or her domicile or residence i date of death.	n Colorado, but had property located in this county on the
	itted by law. Three years or less have passed since the 15-12-108, C.R.S. authorize tardy probate or appointment.
5. The Petitioner:	,
	gs or Orders and is unaware of any Demand for Notice of
Filings or Orders concerning Decedent.	
has received or is aware of a Demand for Notice Demand for Notice of Filings or Orders or explanate	ce of Filings or Orders concerning Decedent. See attached tion
JDF 922SC R69/492020 PETITION FOR ADJUDICATION OF IN	NTESTACY AND FORMAL APPOINTMENT OF PERSONAL
REPRESENTATIVE	Page 1 of 5

ı

6.	☐No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.				
		d a personal representative or an appointment pro			
		statement explaining the circumstances and ind . Attach a certified copy of the appointing doc			
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	family status:			
	a) Did a spouse or p	partner in a civil union survive the decedent?	□Yes □		
	b) Did the decedent	have a surviving parent?	□Yes □		
		have surviving children or other descendants? nt's surviving spouse or partner in a civil union ha	Yes U		
	are not descendants		□Yes □		
		edent's surviving descendants also descendants	of the		
	surviving spous	e or partner in a civil union?	□Yes □		
	f) Are any of the dec	cedent's children minors?	□Yes □	No	
_	 If a spouse, partner A sample of this sec 	ted, list the child's parent(s), guardian or conserva in a civil union, or child has predeceased the dec tion is included in the Instructions - JDF 907.	edent, include t		
	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.)	
ŀ					
İ					
-					
ŀ					
					Formatted, Forty (Default) Arial 10 of
10	. Petitioner is 21 year epresentative.	's of age or older and nominates himself or h	erself to be a	opointed as personal	Formatted: Font: (Default) Arial, 10 pt Formatted: Indent: Left: 0.25", No bullets or numbering
10	representative.	Ç			
10	representative. Or ☐ Petitioner is 21 year	rs of age or older and nominates himself/hers			
	or ☐Petitioner is 21 year representative along with	Ç	elf to be appo	inted as co-personal	

I

Name:		The Nominee is 21 yea	rs of age or older.		
Street Address:					
		Zip Code:			
		Zip Code:			
		Alternate Phone:			
Or					
		n be appointed as personal rep			
Name:		The Nominee is 21	years of age or older.		
Street Address:					
City:	State:	Zip Code:			
Mailing Address, if di	ferent:				
		Zip Code:			
		Alternate Phone:			
-					
Liliali Address.					
	the attached explanation				
renounced their right	to appointment (JDF 9	Paragraph 10 above) with prio	ments accompany this po	etition.	
	,	nterested person demanded that	Y 1	3 below.)	
		anded by an interested person has been den		•	Formatted: Numbered + Level: 1 + Numbering Style: 3, + Start at: 1 + Alignment: Left + Aligned at: 0" Indent at: 0.25"
13. Petitioner states the t	ollowing regarding the	decedent's estate, if required	by § 15-12-604, C.R.S.		
Estimated value of r	eal estate		\$		
	personal property		\$		
Annual income expe	ected from all sources		\$		
			TOTAL \$		
14. The personal represe	entative may receive o	ompensation.			
	2				
		amounts to be charged purs			
including the rates a	nd basis for charging	fees for any extraordinary se	ervices, and any other b	pases upon	

JDF 922SC R69/492020 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 3 of 5

	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.)
15.	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.)
16.	☐ Unsupervised administration is requested. ☐ Supervised administration is requested (additional filling fee required). Terms of the requested supervision are as follows:
will	er notice and hearing, the petitioner requests that the court determine that the decedent died without a l, determine the heirs of the decedent and formally appoint the nominee as personal representative to ve:
□ √	without bond with bond in the amount of \$
□i	n unsupervised administration
	I that Letters of Administration be issued or that previously issued Letters be confirmed. Petitioner o requests:
	a setting aside of prior informal findings as to testacy. a setting aside of prior informal appointment of personal Representative. other:
	922SC R69/142020 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL

JDF 922SC R69/492020 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSON REPRESENTATIVE Page 4 of 5

☐ By checking this box, I am acknowledging I am form. ☐ By checking this box, I am acknowledging that I h		
VEF	RIFICATION	
I declare under penalty of perjury under the law of Co	olorado that the foregoi	ing is true and correct.
Executed on the day of (date)	Executed on the(d	ate)
(month) (year)	(month)	(year)
at	at	
(city or other location, and state OR country)	(city or other location	, and state OR country)
(printed name)	(printed name)	
(Signature of Petitioner)	(Signature of Co-Pet	itioner, if any)
Attorney Signature, (if any)	Date	_

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

□District Court □Denv				
Court Address:	Co	unty, Colorado		
In the Interest of:			_	
Respondent/Minor			▲ co	URT USE ONLY
Attorney or Party Withou	t Attorney (Name and	Address):	Case Number	
Phone Number: FAX Number:	E-mail Atty. R		Division	Courtroom
	PROBATE (CASE INFORMATIO	N SHEET	
Full name of respondent/r	ninor (ward/protecte	d person):		
Date of birth:	§	Social Security Number (la	ast 4 digits only)	:
Full name of guardian/con	servator (including c	co-guardian/co-conservato	or or successor	guardian/conservator):
Date of birth:		Social Security Number (I	ast 4 digits only):
Full name of guardian/con	servator (including o	co-guardian/co-conservato	or or successor	guardian/conservator):
Date of birth:		Social Security Number (I	ast 4 digits only):
☐ By checking this box, I an☐ By checking this box, I an☐				
		VERIFICATION		
I declare under penalty of	perjury under the lav	w of Colorado that the for	egoing is true ar	nd correct.
Executed on the (date)	lay of	Executed on the	day of (date)	
(month)	-		, ()	
at	ctate OP country)	at	cation, and state	o OR country)

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

- 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 Prob		ado		
Court Address:	County, Colora	au0		
In the Interest of				
In the Interest of:				
			▲ COU	JRT USE ONLY
		Ca	se Numbe	r:
Respondent		Div	vision:	Courtroom:
	ORDER APPOINTIN	G COURT VISIT	OR	
On the court's own motion, matter. The court finds that this a		(check all that apply	y):	s the court visitor in this
uto investigate the alleg 305(1), C.R.S.	gations made in the Pet	ition for Appointmen	t of Guard	lian pursuant to § 15-14
and/or				
to investigate the allegate-	ations made in the Petit	tion for Appointment	of a Cons	ervator pursuant to § 15
to investigate and file appointment based on the 310(1), C.R.S. or protection	ne appointment of a pro-	fessional without pri	ority to se	rve pursuant to § 15-14
☐to investigate and file appointment based on the 413(1), C.R.S. or a public	ne appointment of a pro	fessional without pri	ority to se	rve pursuant to § 15-14
In compliance with the Health Inst have access, without further relea not limited to, psychiatric, psyc financial reports, evaluations, and	ase or liability, to all relev chological, drug, alcoho	vant information rega	arding the	respondent including, bu
The court visitor must also have a visitor. If a hearing has been set,				
Date:	Time:	Courtroom	or Divisio	on:
Address:				
The visitor fee is: ☐ the responsibility of the petition ☐ to be submitted to the court and ☐ to be determined at a later date	d paid at state expense.			
Date:		☑Magistrate ☑Probat	e Registrar	☐ (Deputy) Clerk of Court

District	Court Denver Probate Court			
Court Add	ress:			
In the Inte	erest of:			
Responde	ent	▲ co	OURT USE ON	LY 🛦
Court Visit	for (Name):	Case Numb	er:	
		Division	Courtroo	m
	COURT VISITOR'S RE IERGENCY GUARDIANSHIP □SPECIAL CO	_	шр Псом	DINED
guardianship Inte I interviewed (location). I p	s. concerning the investigation that I conducted as the pursuant to § 15-14-312(5), C.R.S. special conservative of Respondent: the respondent, in person, on	atorship pursuant to) § 15-14-412(3	3)(b), C.R.S.
В.	Respondent's physical appearance:			
C.	Respondent was oriented to time and place		□Yes	□No
D.	After I explained the substance of the petition, the nather respondent's rights to a hearing pursuant to § 15 duties of the emergency guardian or special conserves respondent answered as follows:	-14-312(2), if appli	cable; and the	powers and
	Do you understand what I've explained to you? If No, please explain or comment.	☐Yes	⊒No □Did no	ot respond
	2. Do you understand the Notice of Rights to Response	•	⊒No □Did n	ot respond

		If No , please explain or comment.	
	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:	-
	5.	Do you understand that all costs and expenses of the fees, will be paid from your estate unless the court	
	6.	Who are the family members or other people who a	re the most helpful to you?
	7.	In the last year, are there any other persons you had understand issues and choices, (b) help you ask que language you understand, (d) communicate your dehelp you to exercise your decisions concerning your financial affairs? (If applicable, names, contact inforbelow.)	r day-to-day health, safety, welfare, or
	8.	In the last year, are there any other persons you have relevant information about your desires and personal information, etc. are noted in Section II below.)	·
II.	Person(s	s) Identified as a Member of Respondent's le):	s Supportive Community (if
	1.	Member's name, address, and contact information:	
		Was this person interviewed? If No , please explain.	□Yes □No
		Member's view on the respondent's limitations and met by less restrictive means.	whether the respondent's needs may be

	Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.			
	Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27)			
•	Member's name, address, and contact information:			
	Was this person interviewed? □Yes □No			
	If No , please explain.			
	Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.			
	Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.			
	Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27)			
-	Member's name, address, and contact information:			
	Was this person interviewed?			
	If No , please explain.			
	п но, рісаэс ехріаін			
	Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.			

	Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.				
	Should this member be granted permission to participate in the proceedin section § 15-14-308(2) or § 15-10-201(27)	g pursuant to Yes			
	nmary of the Nature and Type of Supported Decision-Making E Respondent with the Assistance of Members of His or Her Sup				
Con	nmunity:				
	ommendations:				
Rec	ommendations: In your opinion, were there less restrictive means of intervention? If Yes, please explain:	□Yes □			
	In your opinion, were there less restrictive means of intervention?	□Yes □			
	In your opinion, were there less restrictive means of intervention? If Yes, please explain: In your opinion, are there less restrictive means of intervention available?				
Α.	In your opinion, were there less restrictive means of intervention? If Yes , please explain:				
А.	In your opinion, were there less restrictive means of intervention? If Yes, please explain: In your opinion, are there less restrictive means of intervention available? If Yes, please explain:	Yes Yes			
Α.	In your opinion, were there less restrictive means of intervention? If Yes, please explain: In your opinion, are there less restrictive means of intervention available?	□Yes □			
А.	In your opinion, were there less restrictive means of intervention? If Yes, please explain: In your opinion, are there less restrictive means of intervention available? If Yes, please explain: Any recommendations regarding the appropriateness of the emergency guard	□Yes □			

D. Any recommendation whether the powers of the emergency guardianship and/or special conservatorship should be limited based on the desires and personal values of the respondent as expressed by the respondent and the members of the supportive community? 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, (year) at (city or other location, and state OR country)		
conservatorship should be limited based on the desires and personal values of the respondent as expressed by the respondent and the members of the supportive community? 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 theday of,		
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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 day of,,,,,,, at		box, rain addressioning that river made a ditallige to the original content of this form.
Executed on the day of,, (date) (month) (year)		VERIFICATION
Executed on the day of,, (date) (month) (year)	I declare under	penalty of periury under the law of Colorado that the foregoing is true and correct.
at		
at	Executed on the	(date) (month) (year)
(city or other location, and state OR country)	at	
	(city or other loc	cation, and state OR country)
7. 2. (c. 1. c. c. c.)	(-2-(-1	
(printed name)	(printed name)	
(sign of the	(signature)	
(Signature)	(2.3)	

L Di	istrict Court Denver Probate Court	
Cour	County, Colorado tt Address:	
In th	e Interest of:	 .
		COURT USE ONLY
		Case Number:
Resp	pondent	Division Courtroom
		S EMERGENCY GUARDIAN FOR ADULT NT TO § 15-14-312, C.R.S.
	TOROGA	11 10 3 15 14 512, 5.14.6.
•	onsideration of the Petition for Appointmen	t of Emergency Guardian for the above respondent and/or hearing
The co	ourt finds, determines and orders:	
1.	Venue is proper.	
2	Notice pursuant to § 15-14-312, C.R.S.	was.
۷.	Reasonable.	was.
		Is from testimony that the respondent will be substantially harmed
	if the appointment is delayed. The natur	· · · · · · · · · · · · · · · · · · ·
	-	
	-	
	If this order was issued without notice to t	he respondent and/or the respondent's lawyer, it along with Notice
	of Appointment of Emergency Guardian	and Notice of Right to Hearing (JDF 844) must be personally
	served on the respondent within 48 hours Affidavit (JDF 718) must be promptly filed	after the appointment. A copy of the completed Personal Service
	/ madvit (02) / 10) madvise promptly med	with the oddit.
		al without priority to serve pursuant to § 15-14-310(1), C.R.S. or
		104, C.R.S. Accordingly, the court will simultaneously appoint a nt of the emergency guardian and file a report within 14 days after
		-14-312(5), C.R.S. and § 15-14-113.5, C.R.S.
•	Duranest to \$45.44.040(4), Q.D.Q. it is	
3.		necessary to appoint an emergency guardian for the respondent harm to the respondent's health, safety, or welfare, and that no
		and willingness to act in the circumstances.
4.	The emergency guardianship cannot ex	ceed 60 days from appointment.
5.	The court appoints the following p	person an emergency guardian for the respondent:
	Name:	
		Zip Code:

	Mailing address, if d	ifferent:			
	City:	State:	Zip Code:		
	Primary phone: E-mail address:		Alternate phone:		
6.	Appointment of a the respondent's		guardian, with or w	ithout notice, is not a d	etermination o
7.	The court appoints the	ne following atto	rney to represent the re	spondent:	
	Name:				
	Address:				
	City:	State:	Zip Code:	Email address:	
	Primary Phone: Attorney Registration	n #:	Alternate Phone	e:	
3.				ollowing the entry of this ord	
10.	respondent's protect Letters of Guardia (date not to exceed	ed health inform anship will be 60 days from ap	issued. This emerge ppointment). An emerge	nal representative for all pur PAA, Section 45 CFR 164.s ncy guardianship expires or ency guardian may exercisency guardian are as follow	502(g)(2). ne only the powers
11.	The court further	orders:			
:			<u> </u>	. <u></u>	
			Judge	Magistrate	

□ District Court □ Den			
Court Address:	County, Color	ado	
In the Interest of:			
Respondent			▲ COURT USE ONLY ▲
Attorney or Party Withou	ıt Attorney (Na	me and Address):	Case Number:
Phone Number:FAX Number:	E-mail:		Division Courtroom
		POINTMENT OF EMERGE	
		T TO HEARING PURSUAN	
Го:		(respondent)	
The court appointed an em	ergency guard	ian for you. Details of the appoin	tment are included in the attached order.
		s NOT a determination of your inc	
f you would like the court t	o review the a	ppropriateness of the appointme	nt, the court will hold a hearing within 14
days after receiving your re			•
The court also appointed th	ne following att	orney to represent you for the du	ration of the emergency appointment:
Name:	_		
			
		:	Zip Code:
=		Zip	
		Alternate Phone:	
Email:			
The court has appointed	l a professiona	I without priority to serve pursuar	nt to § 15-14-310(1), C.R.S. or protective
services pursuant to § 26-	3.1-104, C.R.S	S. Accordingly, the court has ap	pointed a court visitor to investigate the
appointment of the emerge 14-312(5), C.R.S. and § 15			er appointment in accordance with § 15-
11012(0), 0.11.0. and 3 10	-14-113 5 C F		
	5-14-113.5, C.F		
Th omas and a second			
☐ By checking this box, I a			not changing anything else on the form.
	am acknowled	ging I am filling in the blanks and	
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	am acknowled	ging I am filling in the blanks and	

VERIFICATION

I declare under	penalty of perjury	under the law	v of Colorad	o that the fo	regoing is ti	rue and correct.
Executed on the	e day of _ (date)	(month)	(year)	,		
at(city or other loo	cation, and state (OR country)				
(printed name)						
(Signature of Pe	erson Giving Noti	 ce or Attorney	for Person	Giving Notic	e)	

Note:

• If the respondent and/or the respondent's lawyer were 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 Probate Court County, Colorado	
Court Address:	
In the Interest of:	▲ COURT USE ONLY ▲
	Case Number:
Protected Person ORDER APPOINTING SPECIAL CON	Division: Courtroom: ISFRVATOR
□ADULT □MINOR	IOLIN ATOM
Upon consideration of the Petition for Appointment of Conservator (date),	for the above person and hearing on
The court finds that:	
 Venue is proper and required notices have been given or waived An interested person seeks the appointment of a special conser The protected person's best interest will be served by the appointment 	vator.
The court finds by clear and convincing evidence that:	
For the following reasons, it is necessary to appoint a special conserperson's property as may be required for the support of the protected dependent upon the protected person, until a hearing can be held on the	ed person or individuals who are in fact
☐It is necessary to appoint a special conservator to assist in the ac arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S	
☐The court has appointed a professional without priority to serve pursuadministrator pursuant to § 15-12-622, C.R.S. Accordingly, the court will investigate the appointment of the special conservator and file a report accordance with § 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.	Il simultaneously appoint a court visitor to
The court appoints the following person as special conservat	or:
Name:	
Street Address:	
City: State: Zip Code:	

Mailing	Address, if differ	ent:		
City:		State:	Zip Code:	
Primary	Phone:		Alternate Phone:	
Email A	ddress:			
The co	ourt directs the	issuance of Le	etters of Conservatorship a	s follows:
The lett	ers will expire on		(date), unless other	wise ordered by the court.
The spe	ecial conservator	is granted only th	e following authority:	
The co	ourt orders the	following:		
1.			otify the court within 30 days if here of any change of address for the	nis or her home address, email address, ne protected person.
2.	Special Conser petition and mu	vator to the Prote	cted Person, if 12 years of age persons using Notice of Appoi	provide a copy of this Order Appointing or older, and persons given notice of the ntment of Guardian and/or Conservator cication of the special conservatorship.
3.				rrangements. The special conservator. The report must include the following
4.	The special cor		wing reason(s).	
		(date		bond must be posted with the court by rety, notice of any proceeding must be
5.	Copies of all fut	ure court filings m	nust be provided to the following	:
	Name of Interes	ested Person		Relationship to Adult/Minor Adult/Minor
				Spouse or partner in a civil union

		Adult Children
		Parents
		Special Conservator
		Agent under power of attorney
6.	The court further orders:	
Date: _		
		□Judge □Magistrate

□District Court □De	enver Probate Court				
	_ County, Colorado				
Court Address:					
In the Interest of:					
			A (COU	RT USE ONLY
Protected Person					
Attorney or Party With	out Attorney (Name and Address):	C	ase Num	nber:	
Dhana Numbar	E maile				
Phone Number:	E-mail:	_			_
FAX Number:	Atty. Reg. #:	D	ivision		Courtroom
C	ONSERVATOR'S FINANCIAL P	LAN WITH	IINVEN	NTO	RY
	AND MOTION FOR A	PPROVAI	L		
	□INITIAL REP	ORT			
10	IVENTODY VALUES AS OF DA	TE OE AD	DOINT	МЕ	NT

INVENTORY VALUES AS OF DATE OF APPOINTMENT

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

DATE OF APPOINTMENT	
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:

DATE OF ADDOLUTATION

- **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:		: Che	Check if updated information from petition		
lame:			Age :		
Include Name of Living	Center or Nursing	g Home, if applicable)			
Street Address:					
Oity:		State:	Zip Code:		
Mailing Address, if differ	nty:				
City:	State:	Zip Code:			
Primary Phone:	Alternat	e Phone:			
Conservator's I	nformation:	□Che	eck if updated information from petition		
Name:			Age:		
Have you had any crimin	nal charges filed a	against you or convictio	ns entered since the last report? □Yes □ No		
f Yes, explain:					
Occupation:	Y	our Relationship to prot	tected person:		
Street Address:					
City:	State:	Zip Code:			
Mailing Address, if different	ent:				
City:	_ State:	Zip Code:			
Primaryphone	Al	ternate Telephone:			
Email address:					
Co-Conservato	r's Information:	(if applicable) \Box Che	eck if Updated Information from Petition		
		, , ,	Age:		
Have you had any crimin	nal charges filed a	against you or convictio	ns entered since the last Petition? □Yes □ No		
f Yes, explain:					
			rotected Person:		
Street Address:					
Jueer Address		Zip Code:			
	State:				
City: Mailing Address, if differe					
City:	ent:				
City: Mailing Address, if differe	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.

ı .	nservatorship?
☐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	Number of Share Account Number (last 4-digits only	r	Curren	t Value
□None					
				\$	
Total				\$	
				1 7	
Life Insurance (Name of Company/Beneficiary) None	Type of	Policy	Face Amount of	Policy	Cash Value
					\$
Total					\$
Total					Ψ
Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)		Plan (401(k), 7, PERA, Military,	Account # (last 4-digits only applicable)	y, if	Current Account Value (Note: Distributions should be listed in Step 1 above)
- None					\$
					T
Total					\$
10101					Ψ
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year		Make and Model		Estimated Value (Value = what you could sell it for in its current condition)
					\$
Total			1		\$
IUIAI			<u> </u>		Ψ
Real Estate (Indicate addr (Name any Joint Owners) None	ess)	Type of Property Land, etc.)	r (Home, Rental,		ted what you could sell it for rent condition)

Total	Φ
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.	

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

Total

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 Inventory

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)	\$

Net Worth: (A) minus (B) \$

☐ 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.
IMPORTANT
This document must be signed and dated by all conservators and served on the protected person and all interested parties, as indicated by the attached certificate of service.

A conservator is required to file an amended "Financial Plan" whenever there is a change in circumstances that requires a substantial deviation from the existing plan. In addition, if the conservator finds other property not included in the original "Inventory", or if the value of the listed property is inaccurate or misleading, the conservator must prepare and file an amended "Inventory" with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.

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

Colorado Law **REQUIRES** that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below under the Certificate of Service, 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 document.

		VERIFICATION	
I declare under penalty of p	erjury under the lav	w of Colorado that the forego	ing is true and correct.
Executed on the da (date)	y of	Executed on the(c	day of
(month)		(month)	,, (year)
at(city or other location, and s	state OR country)	at (city or other location	n, and state OR country)
(printed name)		(printed name)	
(Signature of Conservator/Successor)		(Signature of Co-Co	nservator/Successor, if any)
Attorney Signature, (if any)		Date	
		RTIFICATE OF SERVICE	

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	

□ District Court □ Denver Probate Court		
County, Colorado		
Court Address:		
In the Matter of the Estate of:		
	▲ co	JRT USE ONLY
	Case Number	
Bassassi	D: :::	0
Deceased LETTERS DTESTAMENTARY D	Division	Courtroom
LETTERS WIESTAWIENTARY C	JOF ADMINISTRA	TION
(name) was appointed or qualified by this	court or its registrar	on
(date) as:	· ·	
Personal Representative; or		
☐Successor Personal Representative.		
The decedent died on(date).		
These Letters are proof of the Personal Representative's	authority to act purs	uant to § 15-12-701, et
seq., C.R.S.		
The Developed Development the court of the c		
☐ The Personal Representative's authority is unrestricted.		
☐The Personal Representative's authority is restricted	as follows:	
-		
Date:		
	Probate Registrar/(Dep	uty)Clerk of Court
CERTIFICATIO	N	
Certified to be a true copy of the original in my custody and to be	in full force and effect	as of
(date).		
	Probate Registrar/(Dep	outy)Clerk of Court
	J \ -1	- ·

	□ District Court □ Denver Probate Court	
_	County, Colorado	
	ouit Address.	
_	and a Martine of the Forest of	_
ır	n the Matter of the Estate of:	
		▲ COURT USE ONLY ▲
_	Deceased Attorney (Name and Address):	Case Number:
' '	morney of that y vinious vines (Name and vidal 600).	Gado Nambon
	Phone Number: E-mail:	
F	AX Number: Atty. Reg. #:	
	APPLICATION FOR INFORMAL APPOINTMENT OF	PERSONAL REPRESENTATIVE
	****** Use this form if the decedent did no	ot leave a will ******
Th	e applicant, an interested person pursuant to § 15-10-201(27), (PS makes the following statements:
		5.11.0., makes the following statements.
1.	Information about the applicant:	
	Name: Relationship	to Decedent:
	Street Address:	
	City: State: Zip Co	de:
	Mailing Address, if different:	
	City: State: Zip Code:	
	Primary Phone: Alternate Phone	e:
	Email Address:	
2.	The decedent,, died on(date	e) at the age of vears. The decedent
	was domiciled or resided in the City ofCounty of	
	, ,	
3.	Venue for this proceeding is proper in this county because the dec	
	had his or her domicile or residence in this county on the date of	
	did not have his or her domicile or residence in Colorado, but date of death.	t had property located in this county on the
4.	This application is filed within the time period permitted by law. decedent's death, or circumstances described in § 15-12-108, C.R.	
5.	The applicant:	
	☐ has not received a Demand for Notice of Filings or Orders an	nd is unaware of any Demand for Notice of
	Filings or Orders concerning the Decedent.	
	has received or is aware of a Demand for Notice of Filings attached Demand for Notice of Filings or Orders or explanation.	or Orders concerning the Decedent. See
6.	☐No court has appointed a personal representative and no such	a appointment proceeding is pending in this
Ο.	state or elsewhere.	appointment proceeding is pending in this
	☐A court has appointed a personal representative or an appointm	
	(Attach a statement explaining the circumst	ances 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 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. ◆ 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, quardian 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

	Primary Phone:	Alternate Phone:	 -
	Email Address:		
	Or		
	Applicant nominates	s the following person be appointed as personal representative	/e.
	Name:	The Nominee is 21 years of a	age or older.
	Street Address:		
		State: Zip Code:	
	Mailing Address, if diffe	erent:	
	City:	State: Zip Code:	
	Primary Phone:	Alternate Phone:	
	Email Address:		
11	The nominee has prior	ity for appointment because of:	
• • • •	□statutory priority. (§		
	_	ne attached explanation.	
	Doroono with prior or oc	aval rights to appointment are as follows:	
ļ	Persons with phor or ec	qual rights to appointment are as follows:	
		in those identified in Paragraph 10 above) with prior or equal appointment (JDF 912SC). All required renouncements acc	
12.	•	anded by an interested person. (Complete #13 below.)	
	Bond in the amount	of \$ has been demanded.	
13.	Applicant states the fol	llowing regarding the decedent's estate, if required by § 15-12	2-604, C.R.S.
	Estimated value of re	eal estate	\$
	Estimated value of pe	ersonal property	\$
	Annual income expec		\$
	•	TOTAL	\$
		101712	
14.	The personal represen	tative may receive compensation.	
	The hourly rates to	o he charged any amounts to be charged nursuant to s	a nublished foe schedule
		o be charged, any amounts to be charged pursuant to 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. *		
	☐The basis of compe	ensation has not yet been determined. *	
* T	horo io o continuina abl	igation to displace any material changes to the basis for the	ging food (\$ 15 10 500
	nere is a continuing obt R.S.)	ligation to disclose any material changes to the basis for char	ying 1865. (8 15-10-602

JDF 916SC R9/2020 APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 3 of 4

15. The personal representative may compensate	his, her, or its counsel.
including the rates and basis for charging fe	nounts to be charged pursuant to a published fee schedule, ees for any extraordinary services, and any other bases upon calculated, are as stated below or in an attachment to this
The basis of compensation has not yet bee	en determined. *
* There is a continuing obligation to disclose any r C.R.S.)	material changes to the basis for charging fees. (§ 15-10-602
16. The applicant requests that the registrar in unsupervised administration to serve:	formally appoint the nominee as personal representative in
without bond	with bond in the amount of \$
and that Letters of Administration be issued.	
form.	am filling in the blanks and not changing anything else on the 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 Applicant)	(Signature of Co-Applicant, if any)
Attorney Signature, (if any)	 Date

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

	District Court Denver F						
C	ourt Address:	ny, colorado					
Īn	the Matter of the Estate of	of:					
D.	eceased				A (COURT US	SE ONLY
	ttorney or Party Without Atto	orney (Name and Addr	ess):		Case Nun	nber:	
DI	hana Nijimshari	Г: il-					
1	hone Number: AX Number:	E-mail: Atty. Reg. #:			Division	Co	ourtroom
	PETITION FOR ADJU	JDICATION OF IN	TESTACY		ORMAL		
		PERSONAL I	REPRESE	ENTATI	VE		
	***** Us	se this form if the d	ecedent di	id not le	ave a wil	******	
The	e petitioner, an interested	nerson nursuant to \$	5 15-10-201	(27) C.R	S makes	the follo	wing statements:
	•		, 13-10-201	(27), O.K	.o., make	s the folio	wing statements.
1.							
	Name:						
	Street Address:						
	City:	State:	Zip C	Code:			
	Mailing Address, if differen						
	City:	-					
	Primary Phone:	Alternate	e Phone:				
	Email Address:			_			
2.	The decedent,	_, died on		_ (date) a	t the age o	f yea	rs. The decedent
	was domiciled or resided in	n the City of		_ County	of		, State of
							
3.	Venue for this proceeding	is proper in this county	because the	e decede	ent:		
•	had his or her domicile	• •					
	did not have his or her date of death.		•			located in	this county on the
4.	This petition is filed within decedent's death, or circur						
5.	The Petitioner:						
	has not received a Der		ngs or Orde	ers and is	unaware	of any De	emand for Notice of
	Filings or Orders concerning has received or is awar	•	ice of Filing	ıs or Orda	ers concer	nina Dece	dent. See attached
	Demand for Notice of Filing		_	Jo or Orac	7.3 00110611	mig Dece	doni. Oct allacileu
IDE	: 02280 P0/2020 PETITION F0	•		EODMAL	ADDOINTME	NT OF DEDS	CONAL

6.	☐No court has appoint state or elsewhere.	nted a personal representative and no such appoir	ntment proceed	ding is pending in this		
	(Attach personal representativ	ed a personal representative or an appointment pro a statement explaining the circumstances and indi re. Attach a certified copy of the appointing doc	cating the nam	e and address of the		
7.		closed on an attached explanation and after the e		sonable diligence, the		
	Decedent's marital and	A family status:				
0.		partner in a civil union survive the decedent?	□Yes □	No		
	, ,	nt have a surviving parent?	□Yes □			
	c) Did the deceder	nt have surviving children or other descendants? lent's surviving spouse or partner in a civil union ha	□Yes □	No		
	are not descendar	its of the decedent? cedent's surviving descendants also descendants of	□Yes □			
	•	se or partner in a civil union?	□Yes □	No		
	• .	ecedent's children minors?	□Yes □	No		
	name and address If a minor child is li If a spouse, partne	onservator has been appointed for one of the person the guardian or conservator. isted, list the child's parent(s), guardian or conservator in a civil union, or child has predeceased the decent on is included in the Instructions - JDF 907.	itor.	•		
	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.)		
-						
-						
-						
ŀ						
10.	. ☐Petitioner is 21 ye representative.	ars of age or older and nominates himself or he	erself to be a	ppointed as personal		
	Or □Petitioner is 21 ye	ars of age or older and nominates himself/herse	elf to be appo	inted 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:	State:	Zip Code:	
	Mailing Address, if different:	Address, if different:		
	City: Sta	ite: Zip Co	de:	
	Primary Phone:		Alternate Phone:	
	Email Address:			
	Or			
	_	owing person be ap	pointed as personal representati	ve.
			The Nominee is 21 years of a	
			Zip Code:	
	•		·	
	_		. I.	
	City: S			
	•		ernate Phone:	
	Email Address:			
		ed explanation. Its to appointment a	re as follows: aph 10 above) with prior or equa	
	☐Bond is being demanded by ☐Bond in the amount of \$	an interested perso	·	
	Estimated value of real estate	<u> </u>		\$
	Estimated value of personal p			\$
	Annual income expected from	all sources	TOTAL	\$
14.	The personal representative m	ay receive compens		, ·
	including the rates and basis	for charging fees f	es to be charged pursuant to a or any extraordinary services, a d, are as stated below or in an att	and any other bases upon

☐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	d, any amounts to be charged pursuant to a published fee schedule, charging fees for any extraordinary services, and any other bases upon 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 re □Supervised administration is req are as follows:	equested. uested (additional filing fee required). Terms of the requested supervision
	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:	e issued or that previously issued Letters be confirmed. Petitioner
☐ a setting aside of prior informal findin☐ a setting aside of prior informal appo☐ other:	•

\square By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.				
☐ By checking this box, I am	acknowledging that	I have made a change to	the original content of this form.	
	V	/ERIFICATION		
I declare under penalty of perj	ury under the law of	Colorado that the forego	ing is true and correct.	
Executed on the day of (date)		Executed on the day of (date)		
(month)	(year)	(month)	(year)	
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 Petitioner)		(Signature of Co-Petitioner, if any)		
Attorney Signature, (if any)		Date		

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

Amended and Adopted by the Court, En Banc, August 21, 2020, effective September 1, 2020

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court