□Di	istrict Court Denver Probate Court					
Cour	County, Colorado rt Address:					
In th	e Matter of the Estate of:					
	eased	▲ COURT USE ONLY ▲				
Attor	rney or Party Without Attorney (Name and Address):	Case Number:				
Phon	ne Number: E-mail:					
	Number: Atty. Reg. #:	Division Courtroom				
Α	PPLICATION FOR INFORMAL APPOINTMENT	OF PERSONAL REPRESENTATIVE				
	****** Use this form if the decedent did	l not leave a will ******				
he ap	plicant, an interested person pursuant to § 15-10-201(27	7), C.R.S., makes the following statements:				
. Info	ormation about the applicant:					
Nar	me:Relations	ship to Decedent:				
Stre	eet Address:					
City	y:State:Zip	Code:				
Mai	iling Address, if different:					
City	y: State: Zip Code:					
Prir	mary Phone: Alternate Pl	hone:				
Em	ail Address:					
2. The	e decedent,, died on(	(date) at the age of vears. The decedent				
	s domiciled or resided in the City of County of					
···ac	5 do::::::::::::::::::::::::::::::::::::					
	nue for this proceeding is proper in this county because the					
_	had his or her domicile or residence in this county on the da					
	did not have his or her domicile or residence in Colorado, bu death.	It had property located in this county on the date				
	This application is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.					
	•	on the dathonize taray probate or appointment.				
	'''					
	has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice Filings or Orders concerning the Decedent.					
has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See a						
Der	mand for Notice of Filings or Orders or explanation.					
i. 🗖 1	No court has appointed a personal representative and no s	such appointment proceeding is pending in this				
state or elsewhere.						
	A court has appointed a personal representative or an appo					
	(Attach a statement explaining the circuit	mstances and indicating the name and address				

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 surviving spouse or partner in a civil union □Yes □No □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 in a civil union, Minor child, brother, guardian for spouse, etc.) 10. Applicant is 21 years of age or older and nominates himself or herself to be appointed as personal representative. Or Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative. Name: \_\_\_\_\_ The Nominee is 21 years of age or older. Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mailing Address, if different: City: State: Zip Code:

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

Primary Phone:		Alternate Phone:		
Email Address:				
Or				
☐Applicant nominates th	e following person	be appointed as personal representati	ointed as personal representative.	
Name:		The Nominee is 21 years of age or older.		
Street Address:				
City:	_ State:	Zip Code:		
Mailing Address, if differe	nt:			
City:	State:	_ Zip Code:		
Primary Phone:	Alter	nate Phone:		
Email Address:	_			
The nominee has priority		cause of:		
■statutory priority. (§15-	*			
reasons stated in the a	ttached explanatio	n.		
Persons with prior or equa	I rights to appointm	nent are as follows:		
☐Bond in the amount of☐Bond is not being dem	\$anded. (Skip #13   ving regarding the cestate	decedent's estate, <b>if</b> required by § 15-1	2-604, C.R.S.	
		TOTAL	\$	
. The personal representati	ve may receive co	mpensation.		
	,			
		unts to be charged pursuant to a publis		
		ny extraordinary services, and any oth as stated below or in an attachment to		
charged to the estate will	be calculated, are	as stated below of in an attachment to	инѕ аррисацоп.	
☐The basis of compensa	ation has not vet be	een determined.*		

C.R.S.)

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602

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15. The personal rep	presentative may compensate	e his, her, or its counsel.					
the rates and ba	☐ The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *						
☐The basis of o	compensation has not yet bee	en determined. *					
* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)							
16. The applicant re unsupervised admi		nformally appoint the no	minee as personal representative in				
☐without bond	I	with bond in the amount	with bond in the amount of \$				
and that Letters of	Administration be issued.						
	• •	<u> </u>	ot changing anything else on the form. the original content of this form.				
	,	VERIFICATION					
I declare under pena	lty of perjury under the law o	f Colorado that the foregoi	ng is true and correct.				
Executed on the day of		Executed on the day of					
(month)	(year)	(month)	,,,,,				
at	and state OR sountry	_ at	and state OD sountmy)				
(city or other location, and state OR country)		(city or other location	, and state OR country)				
(printed name)		(printed name)	<del></del>				
(Signature of Applicant)		(Signature of Co-Applicant, if any)					
Attorney Signature, (if any)		Date	_				
Note:							

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