| □ District Court □ Denver Probate Court                                                                                                                                 |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| County, Colorado Court Address:                                                                                                                                         |                                              |
|                                                                                                                                                                         |                                              |
| In the Interest of:                                                                                                                                                     |                                              |
|                                                                                                                                                                         |                                              |
| Protected Person                                                                                                                                                        | ▲ COURT USE ONLY ▲                           |
| Attorney or Party Without Attorney (Name and Address):                                                                                                                  | Case Number:                                 |
|                                                                                                                                                                         |                                              |
| Phone Number: E-mail: FAX Number: Atty. Reg. #:                                                                                                                         | Division Courtroom                           |
| WAIVER OF HEARING, WAIVER OF FINAL CONSEI                                                                                                                               |                                              |
| AUDIT, AND APPROVAL OF SCHEDUL                                                                                                                                          | E OF DISTRIBUTION                            |
| I, (name), am                                                                                                                                                           |                                              |
|                                                                                                                                                                         |                                              |
| <ul><li>☐ the protected person.</li><li>☐ personal representative of the estate of the protected person.</li></ul>                                                      |                                              |
| Successor of the protected person. (§ 15-12-1201, C.R.S.)                                                                                                               |                                              |
| Dother:                                                                                                                                                                 |                                              |
|                                                                                                                                                                         |                                              |
| I am 21 years of age or older. I waive receipt, filing and/or audit of the I on the Petition for Termination of this conservatorship.                                   | Final Conservator's Report and court hearing |
| ·                                                                                                                                                                       |                                              |
| I approve all acts of the conservator, including all claims paid, fees pa<br>any, and the distribution of all assets of the conservatorship in the amo<br>Distribution. |                                              |
| WARNING: Pursuant to § 15-14-431(2), C.R.S. a conservator is Report, unless otherwise directed by the court. By signing this that the conservator file a Final Conser   | form, you give up your right to require      |
| If you do not understand this form, you should seek legal or tax advice.                                                                                                |                                              |
| ☐ By checking this box, I am acknowledging I am filling in the blanks and no ☐ By checking this box, I am acknowledging that I have made a change to the                |                                              |
|                                                                                                                                                                         |                                              |
| VERIFICATION                                                                                                                                                            |                                              |
| I declare under penalty of perjury under the law of Colorado that the fo                                                                                                | pregoing is true and correct.                |
|                                                                                                                                                                         |                                              |
| Executed on the day of,, (date) (month) (year)                                                                                                                          |                                              |
|                                                                                                                                                                         |                                              |
| at<br>(city or other location, and state OR country)                                                                                                                    |                                              |
| ,                                                                                                                                                                       |                                              |
| (printed name)                                                                                                                                                          |                                              |
| (signature)                                                                                                                                                             |                                              |