□District Court □Denver F					
Court Address:	nty, Colorado				
In the Matter of the Estate of	of:	-			
Deceased		<b>A</b>	COUF	RT USE ONLY	<b>A</b>
Attorney or Party Without Attorney	orney (Name and Address):	Case Nu	ımber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Division		Courtroom	
DECEDENT'S ESTATE INVENTORY					

Within 3months after appointment, a personal representative must prepare an inventory of property owned by the decedent that is subject to disposition by will or intestate succession. The inventory must list the property with reasonable detail, indicate the decedent's interest in the property, and include the fair market value as of the decedent's date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property must be completed.

If additional space is needed, separate sheets may be used. The inventory must be sent to interested persons who request it or it may be filed with the court.

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

Schedule 1 – Real Estate (State name in which title is held and list complete  None	e addresses.)		R	Type of Property (Home, ental, Land, etc.)	Estimated Value (what you could sell it for in its current condition)
					\$
Total (also enter this total on the Inventor	ry Summary	on page 1	)		\$
Schedule 2 – Stocks, Bonds, Mutual Fuinvestment Accounts (State name in which title is held.)  None	unds, Secu	rities and	\$	lumber of Shares or Account Number t 4-digits only)	Value
					\$
Total (also enter this total on the Inventor	v Summarv	on nago 1)			\$
Total (also enter this total on the inventor)	y Summary	on page 1)			Ψ
					<b>,</b>
Schedule 3 – Mortgage, Notes, Cash, Checking, Savings, Certificates of Deposit Savings Accounts (State name in which title is held.)  None		Type o		Account Number (last 4- digits only)	Balance
					\$
Total (also enter this total on the Inventor	v Summarv	on nage 1)			\$
Total (also enter this total on the inventor)	y Julilliai y	on page 1)			Ψ
Schedule 4 – Life Insurance (Include only those items payable to the estate.)  None		icy # digits)		Net Procee Payable t	
	+				

Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds (Include only those items payable to the estate.)  None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Value
			\$
Total (also enter this total on the Inventory Sum	mary on page 1)		\$

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

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

## **Liens and Encumbrances on Inventoried Assets**

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

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

form.  By checking this box, I am acknowled	edging that I have made a change to the origin	al 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	Executed on the day o (date)	d on the day of(date)		
(month) (year)		(year)		
at (city or other location, and state OR cou	at (city or other location, and state OR country)			
(printed name)	(printed name)			
(Signature of Personal Representative)	(Signature of Co-Personal Rep	(Signature of Co-Personal Representative, if any)		
Attorney Signature, (if any)	Date			
I certify that on	CERTIFICATE OF SERVICE (date), a copy of this (name	ne of document) was served		
as follows on each of the following:  Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*		
*Insert one of the following: hand delive	ery, first-class mail, certified mail, e-service, or	fax.		
	<del></del>			
	Signature			