District Court Denver Proba County, Court Address:	ate Court Colorado				
Deceased			COUR	T USE ONLY	
Attorney or Party Without Attorne	y (Name and Address):	Case N	umber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Division	1	Courtroom	
-	MENT OF PERSONA	-		C.R.S.	

- I, \_\_\_\_\_ (personal representative), state the following:
- 1. Six months have passed since the original appointment of a general personal representative for this estate or at least one year has passed since the decedent's death.
- 2. The date of the original appointment was \_\_\_\_\_\_.
- 3. Except as may be disclosed on an attached explanation, the undersigned or a prior personal representative has fully administered this estate by making payment, settlement, or other disposition of: all lawful claims; expenses of administration; federal and state estate taxes; inheritance taxes and other death taxes; and the decedent's estate's federal and state income taxes. The assets of the estate have been distributed to the persons entitled to receive such assets in the amount and in the manner to which they were entitled. If any claims are listed on an attached explanation as remaining undischarged, the explanation states whether the distributions were made subject to possible liability with the agreement of the distributees or must state in detail other arrangements to accommodate outstanding liabilities.
- 4. The undersigned has sent a copy of this statement to all distributees of this estate and to all creditors or other claimants whose claims are neither paid nor barred, and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.
- 5. No court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

This statement is filed for the purpose of closing this estate. The appointment of the personal representative will terminate one year after this statement is filed with the court if no proceedings involving the undersigned are then pending.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the 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 o	f perjury	under the law	of Colorado that the	foregoing is true ar	nd correct.

Executed on the day of		Executed on the day of(date)			
(month)	, (year),	(month)	,,,,,,		
at (city or other locatior	n, and state OR country)	_ at (city or other location	i, and state OR country)		
(printed name)		(printed name)			
(Signature of Person	al Representative)	(Signature of Co-Pers	sonal Representative, if any)		

## CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_as follows on each of the following: \_ (date), a copy of this \_\_\_\_\_ (name of document) was served

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*	

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

Signature