

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNT PURSUANT TO SMALL ESTATE PROCEDURE	

Pursuant to section 15-12-621(6), C.R.S. all estates administered by a public administrator pursuant to the small estate procedure shall be closed by the filing of a public administrator's statement of account with the appointing district or probate court. The statement of account shall set forth all receipts and disbursements made during the administration of the estate including the public administrator's fees and costs, and the fees and costs of the public administrator's staff and investigators. Upon filing of the public administrator's statement of account and all fee statements, the public administrator shall be discharged and released from all further responsibility and all liability with regards to the estate.

COMES NOW, _____, the Public Administrator/Deputy Public Administrator for the _____ Judicial District hereby states as follows:

1. That the Estate of _____, decedent, is a small estate as defined in C.R.S. 15-12-1201, as amended.
2. That the decedent died on _____.
3. The claims period for the claims against the estate ended on _____.
4. That a filing fee of _____ accompanies this statement as the gross assets of this Estate are:
 more than \$500.00 but less than \$2,000.00 or more than \$2,000.00.

ITEMS OF RECEIPT (Detail Listing and/or Attached Ledger)		
	Description	Receipt Value
1		
2		
3		
TOTAL RECEIPTS		

ASSET	DESCRIPTION OF ASSETS DONATED OR DISPOSED OF
Collectibles	
Clothing	
Household Items	

Miscellaneous Items	
Other	

PUBLIC ADMINISTRATOR/DEPUTY PUBLIC ADMINISTRATOR FEES & COSTS (INCLUDING PUBLIC ADMINISTRATOR STAFF/INVESTIGATOR FEES), AND ESTATE EXPENSES/CLAIMS PAID (ATTACH ALL FEES/COSTS STATEMENTS)		
	Description	Amount Paid
1		
2		
TOTAL FEES, COSTS & EXPENSES/CLAIMS PAID		

DISTRIBUTIONS TO HEIRS/DEVISEES AND FUNDS PAID TO THE COLORADO DEPARTMENT OF THE TREASURY		
	First and Last Name of Recipient/Dept. of the Treasury	Funds Distributed
1		
2		
3		
TOTAL FUNDS DISTRIBUTED		

PUBLIC ADMINISTRATOR LOSS SUMMARY (Unpaid Fees/Costs and/or Attach Ledger)					
	Loss of PA Fees	Loss of PA Costs	Loss of PA Staff/Investigator Fees	Effective Rate	Total Fees/Costs Lost
TOTALS & GRAND TOTAL OF FEES/COST LOST					

- 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.

I understand that this Statement is subject to audit and verification.

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) (month) (year)

at _____
(city or other location, and state OR country)

(printed name)

(signature)

Note:

- Public Administrators must attach their detailed fees/costs account statement to this form.
- Public Administrators must file this form with the court at the closing of the small estate.