

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
ACCEPTANCE OF APPOINTMENT	

I accept appointment to, and agree to perform the duties and discharge the trust of, the office of:

- Personal Representative.
- Special Administrator.
- Other: _____

I submit personally to the jurisdiction of this Court in any proceeding relating to this matter.

- 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. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

Date: _____

Signature

Print Name

Address

City, State, Zip Code

(Area Code) Home Telephone Number

Note: This form is for Decedent Estate matters only. For Guardianships and Conservatorships matters use the Acceptance of Office (JDF 805).