❑District Court ❑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): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

DECEDENT'S ESTATE INVENTORY

Within three months after appointment, a Personal Representative shall 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 shall be completed.

If additional space is needed, separate sheets may be used. The Inventory shall 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 and Cash	
4	Life Insurance	
5	Pensions, Profit Sharing Plans, Annuities and Retirement Funds	
6	Motor and Recreation Vehicles	
7	Other Assets	
Total Gross Value		
8	Liens and Encumbrances on Inventoried Assets	
Total Net Value		

Schedule 1 – Real Estate (List complete addresses.) ❑None	Type of Property (Home, Rental, Land, etc.)	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 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts ❑None	Number of Shares or Account Number (last 4-digits only)	Value
		$
Total (also enter this total on the Inventory Summary on page 1)		$

Schedule 3 – Mortgages, Notes and Cash (Mortgages and notes payable to the Decedent, cash on hand, checking and savings accounts and certificates of deposit.) ❑None	Type of Account	Account Number (last 4-digits only)	Balance
			$
Total (also enter this total on the Inventory Summary on page 1)			$

Schedule 4 – Life Insurance (Include only those items payable to the estate.) ❑None	Policy # (last 4 digits)	Net Proceeds Paid or Payable to Estate
Total (also enter this total on the Inventory Summary on page 1)		$

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 Summary on page 1)			$

Schedule 6 – Motor and Recreation Vehicles (Including motorcycles, ATV's, boats, etc.) ❑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 ❑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 Inventoried Assets (also enter this total on the Inventory Summary on page 1)			$

I state under penalty of perjury that this is a true and complete Inventory of this estate to the best of my knowledge, information and belief. I understand that this Inventory is subject to audit and verification.

Date: ______________________

____
Signature of Personal Representative

____
Address

____
City, State and Zip Code

CERTIFICATE OF SERVICE

The Inventory shall be sent to interested persons who request it or the original Inventory may be filed with the Court.

I certify that on _____________________ (date) a copy of this Inventory was served on each of the following:

Name of Person to Whom you are Sending this Document	**Relationship to Decedent**	**Address**	**Manner of Service***

***Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.**

____
Signature