

<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
NOTICE OF DISALLOWANCE OF CLAIMS PURSUANT TO §15-12-806, C.R.S.	

To: _____ (name of Claimant):

The Personal Representative of this estate disallows the claim presented on _____ (date) as follows:

- all of your claim.
- \$ _____ of your claim in the amount of \$ _____.

Failure to protest any disallowance by filing a Petition for Allowance of Claims or commencing a proceeding within 63 days after the mailing of this Notice shall result in your claim or the disallowed portion being forever barred.

Date: _____

 Signature of Personal Representative

 Print Name of Personal Representative

 Address

 City, State and Zip Code

 Phone Number

CERTIFICATE OF SERVICE

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

Full Name	Relationship to Decedent	Address	Manner of Service*

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

 Signature