

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division _____      Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE</b> <b>(THIS FORM MAY NOT BE USED WITH SUPERVISED ADMINISTRATION)</b>	

**Applicant makes the following statements:**

**1. Information about the applicant:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. Letters  Testamentary  of Administration were issued on \_\_\_\_\_ (date).

3. Administration is unsupervised.

4. The previously appointed personal representative, \_\_\_\_\_ (name) has:  
 tendered a resignation.  
 died \_\_\_\_\_ (date of death).  
 been removed by order of the court issued on \_\_\_\_\_ (date).  
 other: \_\_\_\_\_.

**5. Applicant:**

has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.  
 has received, or is aware of, a demand for notice. See attached demand or explanation.

6. Name, address, and telephone number of the nominee for successor personal representative is:

\_\_\_\_\_  
 \_\_\_\_\_

The nominee is 21 years of age or older and has priority for appointment because of:

nomination by will.

nomination by person(s) with priority.

statutory priority.

other: \_\_\_\_\_

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to § 15-12-310, C.R.S. Any required renouncements accompany this application.

7. The successor personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

8. The successor personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

9. The applicant hereby adopts the statements in the application or petition for appointment that led to the appointment of the person being succeeded, except for the following changes or corrections:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Applicant requests that the nominee be informally appointed as successor personal representative to serve without bond in unsupervised administration and that Letters be issued to the successor personal representative.

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.

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### 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)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Co-Applicant, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date