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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court<br>_____ County, Colorado<br>Court Address:<br><hr/> <b>In the Matter of the Estate of:</b><br><br><b>Deceased</b> |  |
| Attorney or Party Without Attorney (Name and Address):<br><br>Phone Number: _____                      E-mail: _____<br>FAX Number: _____                         Atty. Reg. #: _____                    | <b>▲    COURT USE ONLY    ▲</b><br><br>Case Number:<br><br>Division                      Courtroom |
| <b>PETITION FOR FINAL SETTLEMENT<br/>         PURSUANT TO § 15-12-1001, C.R.S.</b>   |  |

1. The Personal Representative of this estate has collected and managed the assets, filed the inventory and accounting, and completed all other acts required by law.
  
2. All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
  
3. Heirship:
  - has been determined or determination of heirship is not requested.
  - determination is requested at this time. Complete Schedule of Heirship below.

**Schedule of Heirship.** (attach additional pages if needed)

| Name of Heir | Age if minor | Address of Heir | Share of Intestate Estate* | Relationship to Decedent |
|--------------|--------------|-----------------|----------------------------|--------------------------|
|              |              |                 |                            |                          |
|              |              |                 |                            |                          |
|              |              |                 |                            |                          |
|              |              |                 |                            |                          |
|              |              |                 |                            |                          |
|              |              |                 |                            |                          |
|              |              |                 |                            |                          |
|              |              |                 |                            |                          |

\*Complete this column only if there is intestate property.

4. **Schedule of Distribution** (attach additional pages if needed)

| Name of Person Receiving Distribution | Address of Person Receiving Distribution | Description of Distribution |
|---------------------------------------|--|-----------------------------|
|                                       |  |                             |
|                                       |  |                             |
|                                       |  |                             |
|                                       |  |                             |
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|                                       |  |                             |

5. Unless an evidentiary hearing is required by law or by the Court, the Personal Representative requests, after notice of non-appearance hearing pursuant to Colorado Rules of Probate Procedure Rule. 8.8, that the Court determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the Personal Representative to distribute all remaining assets of the estate as set forth in the Schedule of Distribution, Section 4, above; and accept the accounting as presented.

6. **Petitioner further requests that upon filing final receipts or evidence of distribution, that the Court discharge the Personal Representative and any surety on the Personal Representative's bond.**

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.)

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I (Petitioner) verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date