❑ 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

STATEMENT OF PERSONAL REPRESENTATIVE
CLOSING ADMINISTRATION PURSUANT TO §15-12-1003, C.R.S.

I, _____(Personal Representative of this estate) state the following:

1. Six months have passed since the original appointment of a general Personal Representative for this estate or at least one year has passed since the Decedent's death.

2. The date of the original appointment was _____.

3. Except as may be disclosed on an attached explanation, the undersigned or a prior Personal Representative has fully administered this estate by making payment, settlement, or other disposition of: all lawful claims; expenses of administration; federal and state estate taxes; inheritance taxes and other death taxes; and the Decedent's estate's federal and state income taxes. The assets of the estate have been distributed to the persons entitled to receive such assets in the amount and in the manner to which they were entitled. If any claims are listed on an attached explanation as remaining undischarged, the explanation states whether the distributions were made subject to possible liability with the agreement of the distributees or shall state in detail other arrangements to accommodate outstanding liabilities.

4. The undersigned has sent a copy of this Statement to all distributees of this estate and to all creditors or other claimants whose claims are neither paid nor barred, and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.

5. No Court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

This Statement is filed for the purpose of closing this estate. The appointment of the Personal Representative will terminate one year after this Statement is filed with the Court if no proceedings involving the undersigned are then pending.

VERIFICATION

I (Personal Representative) 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 Personal Representative Date

_____
Signature of Attorney Date

CERTIFICATE OF SERVICE

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

Full Name	Relationship	Address	Manner of

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

_____
Signature