

<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>PETITION TO RE-OPEN ESTATE PURSUANT TO § 15-12-1008, C.R.S.</b>	

**The Petitioner makes the following statements:**

**1. Information about the Petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**2.** The estate has been settled and the Personal Representative has been discharged or one year has passed since the closing statement has been filed with the Court.

**3.** Petitioner desires to re-open the estate to:

distribute property briefly described as:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**4.** Petitioner nominates the following person to be appointed as Personal Representative:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

- The Nominee is the previously-appointed Personal Representative.
- The previously-appointed Personal Representative is unable or unwilling to serve and the Nominee is 21 years of age or older, and the Nominee has priority for appointment because of:
  - Nomination by the will.
  - Statutory priority. (§ 15-12-203, C.R.S.)
  - reasons stated below:

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Persons with prior or equal rights to appointment have renounced their rights to appointment or have been given notice of these proceedings. **Any required renuncements accompany this Petition.**

5.  The persons to receive distribution have changed, as identified below:

Name	Address (or date of death)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

- The persons to receive distribution have not changed from the original proceedings. Distribution is as follows:

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

6. The 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.

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- The basis of compensation has not yet been determined.

7. The 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.

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The basis for compensation has not yet been determined.

**Petitioner requests that the Court, after such notice as it may direct, re-open the estate and appoint the Personal Representative identified in section 4 above. In addition, the Petitioner requests the Court:**

issue Letters of Administration.

issue Letters Testamentary.

upon reporting to the Court that the above purposes have been accomplished, discharge the Personal Representative and re-close the estate.

Other: \_\_\_\_\_

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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### VERIFICATION

I \_\_\_\_\_ (Petitioner) swear/affirm under penalty of perjury, that I have read the foregoing *PETITION TO RE-OPEN ESTATE PURSUANT TO §15-12-1008, C.R.S* and that the statements set forth therein are true and correct to the best of my knowledge. (§ 15-10-310, C.R.S.)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Note:** This form may not be used to re-open an estate closed pursuant to § 15-12-1009, C.R.S.