



**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service , or fax.

\_\_\_\_\_  
**Signature**

**Note:**

- If you are an attorney or represented by an attorney, you/your attorney will file this form and all attachments with the court via Colorado Courts Efiling (CCE).
- If you are not an attorney or represented by one, you will submit this form and all attachments by emailing them to the court. Follow the instructions provided in the CCOCR User’s Manual for the correct email address and procedure.