

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ Custodian of the Will (Name) _____ Decedent (Name) _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ _____ Phone Number: E-mail: FAX Number: Atty. Reg. #:	Lodged Will Number: _____
SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S.	

1. I, _____ (custodian's name), submit the Last Will and Testament of _____ (decedent's name), and Codicil(s) if applicable, for lodging with the court pursuant to § 15-11-516, C.R.S.
 2. Custodian's mailing address (including city, state, and zip code):

 3. Decedent's date of death: _____.
 4. Decedent's residence/domicile at the time of their death (including city, state, and zip code):
_____.
 5. Check all applicable boxes below:
 - I have no knowledge of the decedent's residence/domicile at the time of their death.
 - I have no knowledge that any other original Last Will and Testament and/or Codicil exists.
 - I acknowledge that _____ (name), may possess a different original Last Will and Testament and/or Codicil.
 - At this time, I do not intend on filing a probate case with the court.
 6. 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.

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) (month) (year)

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

(printed name)

(signature)