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| <input type="checkbox"/> District Court <input type="checkbox"/> 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 SMALL ESTATE PURSUANT TO §15-12-1204, C.R.S | |

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

1. The value of the entire estate of the Decedent, less liens and encumbrances, did not exceed the value of personal property held by or in the possession of the Decedent as fiduciary or trustee, exempt property, family allowance, costs and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the Decedent.

2. The undersigned has fully administered this estate by disbursing and distributing it to the persons entitled.

3. The undersigned has sent a copy of this Statement to all distributees of this estate and to all creditors or other claimants to whom the undersigned is aware 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.

4. 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.)

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| Signature of Attorney | Date |
| Signature of Personal Representative | Date |

NOTE:

This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.

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

Signature