☐District Court 〔	Denver Probate Court County, Colorado		
Court Address:	Godiny, Golorado		
		_	
☐In the Interest	of:		
☐In the Matter o	f the Estate of:		
		▲ COURT	USE ONLY
Attorney or Party	Without Attorney (Name and Address):	Case Numbe	r:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
FAX Number.	WITHDRAWAL OR SATISFACTION OF CLAIM A		Courtiooni
I,estate and to the fibelow_and	(claimant), hereby gra iduciary and any successor for any liability in conf		
withdraw the	claim.		
acknowledge	e that the claim has been satisfied.		
Date(s) Obligation Incurred	Type or Description of Claim or Serv	ice	Amount
		Total	¢.
		Total	\$
—	pox, I am acknowledging I am filling in the blanks and not coox, I am acknowledging that I have made a change to the		
	VERIFICATION		
I declare under pen	alty of perjury under the law of Colorado that the fore	going is true an	d correct.
Evacuted on the			
Executed on the	, day of,,		

al
(city or other location, and state OR country)
(printed name)
(signature)