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| **Office of the State Court Administrator**  1300 Broadway Ste 1200, Denver, CO, 80203 | *This box is for court use only.* |
| **In the interest of:**  Creator: |
| **Filed by:**  Name:  Mailing Address:  Phone  Fax:  Email:  Bar Number:  (For lawyers) |  |
| **Request for Deletion** | |

I request my electronic estate planning documents be deleted pursuant to C.R.S. § 15-23-122.

**1. My Information**

My name is: and I am the creator of the electronic estate planning documents filed pursuant to C.R.S. § 15-23-101. Proof of identification is attached.

**2. Requested Information**

I request the following information: *(check all that apply.)*

a certified copy of the electronic estate planning documents filed with the State Court Administrator.

that the documents filed in my creator’s folder be deleted.

Other: .

**3. Notarized Signature**

I swear/affirm under oath that I have read the foregoing and that the statements set forth therein are true and correct to the best of my knowledge.

Print Your Name Your Signature

Subscribed and affirmed, or sworn to before me in the County of , State of , this  day of , 20 .

My commission expires:

Notary Public/Deputy Clerk