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| District Court 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 |
| APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE(THIS FORM MAY NOT BE USED WITH SUPERVISED ADMINISTRATION) | |

**Applicant makes the following statements:**

1. **Information about the applicant:**

Name: Relationship to Decedent

Street Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address, if different:

City: State: Zip Code:

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

1. Letters ❑Testamentary ❑of Administration were issued on (date).
2. Administration is unsupervised.
3. The previously appointed personal representative, (name) has:

tendered a resignation.

died (date of death).

been removed by order of the court issued on (date).

other: .

1. Applicant:

has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.

has received, or is aware of, a demand for notice. See attached demand or explanation.

1. Name, address, and telephone number of the nominee for successor personal representative is:

The nominee is 21 years of age or older and has priority for appointment because of:

nomination by will.

nomination by person(s) with priority.

statutory priority.

other:

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to § 15-12-310, C.R.S. Any required renouncements accompany this application.

1. The successor personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

The basis of compensation has not yet been determined.

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

1. The successor personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

The basis of compensation has not yet been determined.

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

1. The applicant hereby adopts the statements in the application or petition for appointment that led to the appointment of the person being succeeded, except for the following changes or corrections:

1. Applicant requests that the nominee be informally appointed as successor personal representative to serve without bond in unsupervised administration and that Letters be issued to the successor personal representative.

 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 Executed on the \_\_\_\_\_\_ day of

(date) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_,

(month) (year) (month) (year)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed name) (printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant) (Signature of Co-Applicant, if any)

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Attorney Signature, (if any) Date