|  |  |
| --- | --- |
| District Court Denver Probate Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt 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  |
| DECEDENT’S ESTATE INVENTORY |

Within 3months after appointment, a personal representative must prepare an inventory of property owned by the decedent that is subject to disposition by will or intestate succession. The inventory must list the property with reasonable detail, indicate the decedent’s interest in the property, and include the fair market value as of the decedent’s date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property must be completed.

If additional space is needed, separate sheets may be used. The inventory must be sent to interested persons who request it or it may be filed with the court.

|  |
| --- |
| **INVENTORY SUMMARY**  |
| **Schedule** | **Asset Category** | **Value** |
| **1** | Real Estate |  |
| **2**  | Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts |  |
| **3** | Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts  |  |
| **4** | Life Insurance |  |
| **5** | Pensions, Profit Sharing Plans, Annuities, and Retirement Funds |  |
| **6** | Motor and Recreation Vehicles |  |
| **7** | Other Assets |  |
| **Total Gross Value** |  |
| **8** | Liens and Encumbrances on Inventoried Assets |  |
| **Total Net Value (Total Gross Value minus Liens and Encumbrances)** |  |

|  |  |  |
| --- | --- | --- |
| **Schedule 1 – Real Estate** (State name in which title is held and list complete addresses.) **None** | **Type of Property (Home, Rental, Land, etc.)** | **Estimated Value****(what you could sell it for in its current condition)** |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (also enter this total on the Inventory Summary on page 1)** | $ |

|  |  |  |
| --- | --- | --- |
| **Schedule 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts** (State name in which title is held.)**None**  | **Number of Shares or Account Number****(last 4-digits only)** | **Value**  |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (also enter this total on the Inventory Summary on page 1)** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule 3 – Mortgage, Notes, Cash, and Bank Checking, Savings, Certificates of Deposit and Health Savings Accounts** (State name in which title is held.) **None**  | **Type of Account** | **Account Number****(last 4-digits only)** | **Balance** |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (also enter this total on the Inventory Summary on page 1)** | $ |

|  |  |  |
| --- | --- | --- |
| **Schedule 4 – Life Insurance**(Include only those items payable to the estate.)**None**  | **Policy #** **(last 4 digits)** | **Net Proceeds Paid or Payable to Estate** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (also enter this total on the Inventory Summary on page 1)** | $ |
| **Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds** (Include only those items payable to the estate.)**None** | **Type of Plan (401(k), IRA, 457, PERA, Military, etc.)**  | **Account #****(last 4-digits only, if applicable)** | **Value**  |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (also enter this total on the Inventory Summary on page 1)** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule 6 – Motor and Recreation Vehicles**(Including motorcycles, ATV’s, boats, etc.) (State name in which title is held.)**None**  | **Year** | **Make and Model** | **Estimated****Value****(what you could sell it for in its current condition)** |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total (also enter this total on the Inventory Summary on page 1)** | $ |

|  |  |
| --- | --- |
| **Schedule 7 – Other Assets** (If titled, stated name in which title is held) **None**  | **Estimated****Value****(what you could sell it for in its current condition)** |
|  | $ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total (also enter this total on the Inventory Summary on page 1)** | $ |
| **Total Assets (also enter this total on the Inventory Summary on page 1)** | $ |

**Liens and Encumbrances on Inventoried Assets**

If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule 8 –****Description of Liability/Debt** | **Name of Financial Institution** | **Account Number****(last 4-digits only)** | **Balance** |
| Mortgages  |  |  | $ |
| Mortgages  |  |  |  |
| Motor Vehicle Loans |  |  |  |
| Other Secured Debt  |  |  |  |
| Other Secured Debt  |  |  |  |
| **Total Encumbrances on Inventoried Assets (also enter this total on the Inventory Summary on page 1)** | $ |

 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 Personal Representative) (Signature of Co-Personal Representative, if any)

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

Attorney Signature, (if any) Date

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), a copy of this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of document) was served as follows on each of the following:

|  |  |  |
| --- | --- | --- |
| **Name and Address** | **Relationship to Decedent, Ward, or Protected Person** | **Manner of Service\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

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

 Signature