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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: |
| PETITION FOR FINAL SETTLEMENT PURSUANT TO § 15-12-1001, C.R.S. | |

1. The personal representative of this estate has collected and managed the assets and completed all other acts required by law.
2. All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
3. Heirship:

has been determined or determination of heirship is not requested.

determination is requested at this time. Complete Schedule of Heirship below.

**Schedule of Heirship.** (Attach additional pages if needed.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Heir** | **Age if minor** | **Address of Heir** | **Share of Intestate Estate(**\***Complete this column only if there is intestate property.)** | **Relationship to Decedent** |
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1. **Schedule of Distribution (attach additional pages if needed)**

|  |  |  |
| --- | --- | --- |
| **Name of Person Receiving Distribution** | **Address of Person Receiving Distribution** | **Description of Distribution** |
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1. Unless an evidentiary hearing is required by law or by the court, the personal representative requests, after notice of a hearing without appearance pursuant to C.R.P.P. 24 that the court determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the personal representative to distribute all remaining assets of the estate as set forth in the Schedule of Distribution, Section 4, above; and accept the accounting as presented.
2. **Petitioner further requests that upon filing final receipts or evidence of distribution, that the court discharge the personal representative and any surety on the personal representative’s bond.**

 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)

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(printed name) (printed name)

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

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

Attorney Signature, (if any) Date