

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
<b>In the Matter of the Estate of:</b>	
<b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNTS PURSUANT TO SMALL ESTATE PROCEDURE</b>	

Pursuant to section 15-12-621(6), C.R.S. all estates administered by a public administrator pursuant to the small estate procedure shall be closed by the filing of a public administrator's statement of account with the appointing district or probate court. The statement of account shall set forth all receipts and disbursements made during the administration of the estate including the public administrator's fees and costs, and the fees and costs of the public administrator's staff and investigators. Upon filing of the public administrator's statement of account, the public administrator shall be discharged and released from all further responsibility and all liability with regards to the estate.

COMES NOW, \_\_\_\_\_, the Public Administrator/Deputy Public Administrator for the \_\_\_\_\_ Judicial District hereby states as follows:

1. That the Estate of \_\_\_\_\_, decedent, is a small estate as defined in C.R.S. 15-12-1201, as amended.
2. That the decedent died on \_\_\_\_\_.
3. The claims period for the claims against the estate ended on \_\_\_\_\_.
4. That a filing fee of \_\_\_\_\_ accompanies this statement as the gross assets of this Estate are:  
 more than \$500.00 but less than \$2,000.00 or  more than \$2,000.00.

ITEMS OF RECEIPT (Detail Listing and/or Attached Ledger)		
	Description	Receipt Value
1		
2		
3		
<b>TOTAL RECEIPTS</b>		

ASSET	DESCRIPTION OF ASSETS DONATED OR DISPOSED OF
Collectables	
Clothing	
Household Items	
Miscellaneous	

Items	
Other	

<b>PUBLIC ADMINISTRATOR/DEPUTY PUBLIC ADMINISTRATOR FEES &amp; COSTS (INCLUDING PUBLIC ADMINISTRATOR STAFF/INVESTIGATOR FEES), AND ESTATE EXPENSES/CLAIMS PAID (ATTACH ALL FEES/COSTS STATEMENTS)</b>		
	Description	Amount Paid
1		
2		
<b>TOTAL FEES, COSTS &amp; EXPENSES/CLAIMS PAID</b>		

<b>DISTRIBUTIONS TO HEIRS/DEVISEES AND FUNDS PAID TO THE COLORADO DEPARTMENT OF THE TREASURY</b>		
	First and Last Name of Recipient/Dept. of the Treasury	Funds Distributed
1		
2		
3		
<b>TOTAL FUNDS DISTRIBUTED</b>		

<b>PUBLIC ADMINISTRATOR LOSS SUMMARY (Unpaid Fees/Costs and/or Attach Ledger)</b>					
	Loss of PA Fees	Loss of PA Costs	Loss of PA Staff/Investigator Fees	Effective Rate	Total Fees/Costs Lost
<b>TOTALS &amp; GRAND TOTAL OF FEES/COST LOST</b>					

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. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

**I state under penalty of perjury that this is a true and complete Public Administrator's Statement of Accounts of this estate to the best of my knowledge, information and belief. I understand that this Statement is subject to audit and verification.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Public/Deputy Public Administrator

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code