

<input type="checkbox"/> District Court <input type="checkbox"/> 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):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNTS PURSUANT TO SMALL ESTATE PROCEDURE	

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		
TOTAL RECEIPTS		

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

Items	
Other	

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

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

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

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

Note:

- Public Administrators must attach their detailed fees/costs account statement to this form.
- Public Administrators must file this form with the court at the closing of the small estate.

DRAFT