This is a <u>starter packet</u> containing the <u>bare minimum</u> amount of paperwork required.

Your specific case and situation may benefit from and necessitate the inclusion of additional documents.

For more information, please visit our website:



	District Court	Denver Probate Court Coun	ty, Colorado				
Co	ourt Address:		ty, colorado				
ln	the Matter of the	Estate of:					
					A COURT I	USE ONLY	•
	eceased	hout Attornov (Name and A	ddrooo);	Cor	se Number:	DOL ONL!	
Al	lorney or Party Will	hout Attorney (Name and A	aaress):	Cas	se number:		
Pr	none Number:	E-mail:					
	AX Number:	Atty. Reg. #	:		ision (		
		PPLICATION FOR INF	• · · · · · · · · · · · · · · · · · · ·				
	INFC	ORMAL APPOINTMEN	T OF PERSO	ONAL REP	PRESENTAT	IVE	
		****** Use this form i	f the deceder	nt left a will	*****		
The a	applicant, an inter	rested person pursuant to	<b>8 15-10-201(2)</b>	7). C.R.S m	akes the follo	wing statemen	ıts:
	••	•	3 10 10 20 1(2)	. ,,		g ctatoo	
1. I	nformation about	the applicant:					
١	Name:		Relations	ship to Deced	dent:		
5	Street Address:						
C	City:	State:	Zip Code	:		· · · · · · · · · · · · · · · ·	
N	Mailing Address, if o	different:					
C	City:	State: Zi	p Code:				
F	Primary Phone:		_Alternate Pho	one:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		(name) diec					The
C	decedent was domi	ciled or resided in the City o	f	_County of _		, the State o	f
_	·						
, ·	longo for this	anding in present to the control	h, bossus - 41	door do-t-			
_		eeding is proper in this coun omicile or residence in this co	•				
_	_	or her domicile or residence	-		ty located in this	s county on the	date
	of death.	or not domining of residence	Colorado, bu	at had proper	y loodiod iii iili	o ocurry on the	aate
<b>1</b> . T	This application is f	filed within the time period	permitted by la	aw. Three ve	ars or less hav	ve passed since	e the
		r circumstances described i					
<b>5</b> . T	Γhe applicant:						
Ţ	has not received	I a Demand for Notice of F	ilings or Orders	s and is una	ware of any De	emand for Notic	ce of
_	<b>_</b>	ncerning the decedent.					
		s aware of a Demand for Not of Filings or Orders or expla		Orders conc	erning the Dece	edent. See atta	ched

6.	No court has appointed a personal representative and no such appointment proceeding is pending in state or elsewhere.				
	☐A court has appointed a personal representative or an appointment proce (Attach a statement explaining the circumstate	nces and indicating the name and			
	address of the personal representative. Attach a certified copy of the appoint has been finalized.)	nting document if the appointment			
7.	The date of the decedent's last will is				
The dates of all codicils are					
	The will and any codicils are collectively referred to as "the Will." The applicant believes that it is the dece last will and that it was validly executed.				
	Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property Colorado that were not expressly revoked by a later instrument.				
	☐The original will				
	was deposited with this court before the decedent's death. (§ 15-11-51	5, C.R.S.);			
	has been delivered to this court since the decedent's death. (§ 15-11-5	516, C.R.S.); or			
	☐ is filed with this application. ☐ An e-filed copy of the will is filed with this application.				
☐The original will be delivered to the court forthwith.					
	The will is an electronic will executed in compliance with § 15-11-1305 the will is filed with this application.	, C.R.S. and an e-filed copy of			
The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and a cert copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.					
	The will has been probated in the State of and of the statement probating it are filed with this application. (§ 15-12-402,	Authenticated copies of the will C.R.S.)			
8.	Decedent's marital and family status:				
	a) Did a spouse or partner in a civil union survive the decedent?	□Yes □No			
	b) Did the decedent have a surviving parent?	□Yes □No			
	c) Did the decedent have surviving children or other descendants?	□Yes □No			
	d) Does the decedent's surviving spouse or partner in a civil union have surv				
	are not descendants of the decedent?  e) Are all of the decedent's surviving descendants also descendants of the	□Yes □No			
	surviving spouse or partner in a civil union?	□Yes □No			
	f) Are any of the decedent's children minors?	□Yes □No			
	1) The dry of the decedent's dimarch himore.				
9.	The names and addresses of the decedent's spouse, partner in a civil devisees are as follows:	union, children, other heirs and			
	<ul> <li>If a guardian or conservator has been appointed for one of the persons lie</li> </ul>	sted below, also provide the name			
	and address of the guardian or conservator.	•			
	• If a minor child is listed, list the child's parent(s), guardian or conservator				
	<ul> <li>If a spouse, partner in a civil union, or child has predeceased the decede</li> <li>A sample of this section is included in the Instructions - JDF 906.</li> </ul>	ent, include the date of death.			

**Address or Date of Death** 

Name

Age,

only if Minor Relationship (e.g.

spouse, partner in a civil union,

child, brother,

10.	☐Applicant is 21 years of age or older and nominates himself/herself to be appointed as personal representative.						
	Or	Or					
	☐Applicant is 21 year	$oldsymbol{\square}$ Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal					
	representative along wit	representative along with the following as a co-personal representative.					
	Name:		T	he Nominee is 21 years o	of age or old	er.	
	Street Address:						
				Zip Code:			
		Mailing Address, if different: Zip Code: Zip Code:					
				Alternate Phone:			
	Email Address:						
	Or						
	☐Applicant nominates the following person be appointed as personal representative.						
	Name:			_ The Nominee is 21 yea	ers of age or	older.	
	Street Address:				3 - 3		
				Zip Code:			
	•					<del></del>	
	Mailing Address, if different: Zip Code:						
	•		•	_ Alternate Phone:			
	Email Address:						
11.	The nominee has priorit  ☐statutory priority. (§ 1	• • • •		f:			
	☐reasons stated in the attached explanation.						
	Persons with prior or equal rights to appointment are as follows:						
	All person(s) (other than	those identified	in Paragrap	h 10 above) with prior or	equal right	to appointment have	

renounced their right to appointment (JDF 912SC). All required renouncements accompany this application.

**12.** The personal representative may receive compensation.

guardian for spouse, etc.)

asis for charging fees. (§ 15-10-602) a published fee schedule, including any other bases upon which a feenment to this application.*
a published fee schedule, including any other bases upon which a fee nment to this application.*
a published fee schedule, including any other bases upon which a fee nment to this application.*
any other bases upon which a feenment to this application.*
any other bases upon which a feenment to this application.*
acic for charging food. (\$ 15.10.60)
acic for charging food (\$ 15.10.60)
asis for charging foos (\$ 15.10.60)
asis for charging fees. (§ 13-10-002
at bond be filed. (Skip #15 below.)
(Complete #15 below.)
l.
by § 15-12-604, C.R.S.
\$
\$
\$
OTAL \$
.

## **VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. \_\_\_\_ day of (date) Executed on the \_ Executed on the \_ day of (date) (month) (year) (month) (year) (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) Attorney Signature, (if any) Date

## Note:

Please remember to add any AKA names in the caption, if applicable.

□ District Court □ Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Addre	ss): Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
ACCEPTANCE	OF APPOINTMENT
I accept appointment to, and agree to perform the dutie	es and discharge the trust of, the office of:
☐Personal Representative;	
☐Successor Personal Representative;	
☐Special Administrator; or	
Other:	<u> </u>
I submit personally to the jurisdiction of this court in an	y proceeding relating to this matter.
VEDI	FICATION
VERI	FICATION
I declare under penalty of perjury under the law of Colo	orado that the foregoing is true and correct.
Executed on the day of,, (year	,
(date) (month) (year	)
at (city or other location, and state OR country)	
(city of other location, and state of country)	
(printed name)	
(signature)	

## Note:

- This form is for decedent estate matters only.
- For guardianships and conservatorships matters use the Acceptance of Office (JDF 805).

_						
	District Court Denver Probate Court					
	County, Colorado Court Address:					
	In the Matter of the Estate of:					
		▲ COURT USE ONLY ▲				
		Case Number:				
	Deceased					
-		Division: Courtroom:				
	ORDER FOR INFORMAL PROBATE OF INFORMAL APPOINTMENT OF PERSONAL F					
Up	oon consideration of the Application for Informal Probate of Will an	d Informal Appointment of Personal				
	epresentative filed by (applicant					
TH	HE REGISTRAR FINDS, DETERMINES, AND ORDERS:					
	The applicant is an interested person and has filed a complete and verif	ied application.				
2.	The decedent died on (date) and 120 hours have	elapsed since the decedent's death. If				
	the decedent was not a resident of Colorado, 30 days have elapsed since the decedent's death, or the personal representative appointed at the decedent's domicile or residence is the applicant. (§ 15-12-307, C.R.S.)					
		,				
3.	The decedent was domiciled or resided in the City ofof	County of, State				
4.	Venue is proper in this county.					
5.	The application was filed within the time period permitted by law.					
6.	The decedent left a will dated					
	The dates of all codicils are					
	The will and any codicils are referred to as the will. The original will, electronic will executed in compliance with § 15-11-1305, C.R.S., and/or e-filed copy of the					
	duly executed, unrevoked will is in the registrar's possession.  There are no known prior wills which have not been expressly revoked by a later instrument.					
	The will is admitted to informal probate.					
7.	The following person is qualified to serve and is appointed as personal	representative:				
	Name: The Nominee is 2	•				
	Street Address:					
	City: State: Zip Code:					
	Mailing Address, if different:					
	City: State: Zip Code:					
	Primary PhoneAlternate Phone:	· · · · · · · · · · · · · · · · · · ·				
	Email Address:					
8.	Appointment is made $\square$ with $\square$ without bond in unsupervised adminis	tration.				
9.	Letters Testamentary will be issued.					
Da	ate:					
		☐Magistrate ☐Registrar				

□ District Court □ Denver Probate Court		
County, Colorado		
Court Address:		
In the Matter of the Estate of:		
	▲ cou	RT USE ONLY
	Case Number:	
	5	•
Deceased Deceased	Division	Courtroom
LETTERS ☐TESTAMENTAR	Y UOF ADMINISTRA	IION
(name) was appointed or qualified by th	is court or its registrar on	
(date) as:		
☐Personal Representative; or		
☐Successor Personal Representative.		
Γhe decedent died on(date).		
the decedent died on(date).		
These Letters are proof of the Personal Representative	's authority to act pursua	nt to § 15-12-701, et.
seq., C.R.S.	·	
_		
☐The Personal Representative's authority is unrestri	icted; or	
☐The Personal Representative's authority is restricted	ed as follows:	
Data		
Date:	Probate Registrar/(Deputy	/)Clerk of Court
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CERTIFICAT	TION	
Contified to be a true come of the animinal in the contact of the	ho in full force and effect or	of
Certified to be a true copy of the original in my custody and to l	De III IUII IOICE AND ETTECT AS	UI
(22.5).		
	Probate Registrar/(Deputy	y)Clerk of Court