

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> 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
APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

1. Applicant, (Name) _____ as _____, is an interested person. (§15-10-201, C.R.S.)
 2. The decedent died on the date of _____, at the age of _____ years, domiciled in the _____ County of _____, State of _____.
 3. Venue for this proceeding is proper in this county because the decedent
 - was a domiciliary of this county on the date of death.
 - was not a domiciliary of Colorado, but property of the decedent was located in this county on the date of death.
 4. No personal representative has been appointed in this state or elsewhere.
 A personal representative of the decedent has been appointed in this state or elsewhere as shown on the attached explanation. (§15-12-301, C.R.S.)
 5. Applicant
 - has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.
 - has received, or is aware of, a demand for notice. See attached demand or explanation.
 6. The date of decedent's last will is _____. The dates of all codicils are _____.
- The will and any codicils are referred to as the will. The will
- was deposited with this Court before the decedent's death. (§15-11-515, C.R.S.)
 - has been delivered to this Court since the decedent's death. (§15-11-516, C.R.S.)
 - accompanies this application.
 - has been probated in the State of _____. Authenticated copies of the will and of the statement probating it accompany this application. (§15-12-303, C.R.S.)
7. Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, applicant is unaware of any instrument revoking the will, is unaware of any prior wills which have not been expressly revoked by a later instrument, and believes that the will is the decedent's last will and was validly executed.
 8. No statutory time limitation applies to the commencement of these proceedings. (§15-12-108, C.R.S.)
 9. Name, address, and telephone number of the nominee for Personal Representative is _____
- _____
- Personal Representative is twenty-one (21) years of age or older, and has priority for appointment because of
 - nomination by the will.
 - statutory priority. (§15-12-203, C.R.S.)

reasons stated in the attached explanation.

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings. Any required renuncements accompany this application. (§15-12-310, C.R.S.)

10. The nominee is to serve in unsupervised administration and without bond. Bond is not required by the will, nor has bond been demanded by an interested person. (§§15-12-603 and 605, C.R.S.)

11. The decedent was was not married at time of death.

12. Listed below are the names and addresses of decedent's spouse, children, heirs and devisees, and the names and addresses of guardians or conservators of incapacitated or protected persons. (See instructions below.)

NAME (Include spouse, if any)	ADDRESS (or date of death)	AGE AND DATE OF BIRTH OF MINORS (or nature of disability)	INTEREST AND RELATIONSHIP (See instructions)
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APPLICANT REQUESTS that the will be admitted to informal probate; that the nominee be informally appointed as personal representative to serve without bond in unsupervised administration; and that Letters Testamentary be issued to the personal representative.

As the applicant and being sworn, I verify that the facts set forth in this application are true to the best of my knowledge information and belief.

Signature of Attorney for Applicant Date
(Type or Print name below)

Signature of Applicant Date
(Type or Print name, address and tele. # below)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____,
this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public

INSTRUCTIONS FOR PARAGRAPH 12:

Include any statements of legal disability or other incapacity required by Rule 10, C.R.P.P.

List the names and dates of death of any deceased devisees. (See applicable antilapse statute, §§15-11-601 and 603, C.R.S.)

Where a listed person is an heir, detail the relationship to the decedent which creates heirship. Examples: son, daughter of pre-deceased son. (§§ 15-11-101 to 114, C.R.S.)

Attach additional sheets if necessary.