

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> IN THE MATTER OF THE ESTATE OF: Deceased: 	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division Courtroom
APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR	

1. Applicant, (Name) _____
 as _____, is an interested person. (Section 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 Colorado.
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. 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.
5. Except as may be disclosed on an attached explanation, applicant is unaware of any unrevoked will relating to property located in this state.
 - 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. (Section 15-11-515, C.R.S.)
 - has been lodged with this Court before the decedent's death. (Section 15-11-516, C.R.S.)
 - is filed with this application
 - has been probated in the State of _____. Authenticated copies of the will and of the statement probating it are filed with this application. (Section 15-12-402, C.R.S.)
 - is lost, destroyed, or otherwise unavailable. See attached explanation. (Section 15-12-402, C.R.S.)
6. Appointment of a special administrator is necessary
 - to protect the decedent's estate prior to appointment of a personal representative. (Section 15-12-614, C.R.S.)
 - because a prior appointment has been terminated. (Section 15-12-609, C.R.S.)
7. No more than 3 years have passed since the decedent's death. (Section 15-12-108, C.R.S.)
 - More than 3 years have passed since the decedent's death. A statutory time limitation would apply to the commencement of these proceedings except for the circumstances described in an attachment to this application.
8. The general character and probable value of decedent's estate is (Section 15-12-604, C.R.S.):
 - Estimated value of real estate \$ _____.
 - Estimated value of personal property \$ _____.
 - Estimated annual income expected from all sources \$ _____.

9. _____
Name, address and telephone number of the nominee for Special Administrator

_____ is 21 years of age or older, and has priority for appointment because of

- nomination by the will as personal representative.
- statutory priority. (Sections 15-12-203 and 615, 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 renouncements accompany this application (Section 15-12-310, C.R.S.)

10. 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 the appointment of (Name) _____,
as special administrator to serve with bond in the amount of \$ _____ and without notice and hearing.

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.

DATE: _____

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

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

State of _____
County of _____

Subscribed and sworn to before me by the applicant on _____.

My commission expires _____

Notary Public

INSTRUCTIONS FOR PARAGRAPH 10:

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, Sections 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.

(Sections 15-11-101 to 114, C.R.S.)

Attach additional sheets if necessary.