❑ District Court ❑ Denver Probate Court _____ County, Colorado Court Address: **IN THE MATTER OF ❑THE ESTATE OF:** ❑ Deceased ❑ Protected Person ❑ Minor ❑ Incapacitated Person	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Division Courtroom
ACCEPTANCE OF APPOINTMENT	

I accept appointment to, and agree to perform the duties and discharge the trust of, the office of

❑ Personal Representative.

❑ Special Administrator.

❑ Conservator.

❑ Guardian.

❑ _____.

I submit personally to the jurisdiction of this Court in any proceeding relating to this matter.

DATE: _____

_____
Signature of Fiduciary
(Type or Print name, address, & tele. # of Fiduciary below)

_____

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