❑ District Court ❑ 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): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Division Courtroom
NOTICE OF DISALLOWANCE OF CLAIM	

TO: _____, Claimant:
Name

The undersigned, as Personal Representative of this estate, disallows

❑ all of your claim

❑ $ _____of your claim for $ _____

presented on _____.
Date

Failure to protest any disallowance by filing a Petition for Allowance or commencing a proceeding within sixty days after the mailing of this Notice shall result in your claim or the disallowed portion being forever barred.

_____
Type or Print name of Attorney for Personal Representative

_____
Signature of Personal Representative or Attorney Date

_____

_____

_____

_____
Type or Print name, address & tele. # of Personal Representative

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CERTIFICATE OF MAILING

I certify that I mailed a true copy of the above Notice of Disallowance of Claim to _____,
Name
Claimant, on _____ by depositing it in the United States Mail, postage prepaid, addressed as follows:
Date

_____

_____

_____

_____
Signature of Person Certifying Service