

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>IN THE MATTER OF <input type="checkbox"/> THE ESTATE OF:</b> <input type="checkbox"/> Minor <input type="checkbox"/> Deceased	
▲ <b>COURT USE ONLY</b> ▲	
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg.#: _____	Case Number:  Division                      Courtroom
<b>AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT AS GUARDIAN FOR MINOR AND NOTICE</b>	

**AFFIDAVIT OF ACCEPTANCE**

STATE OF \_\_\_\_\_  
 \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, (Name of guardian/affiant) \_\_\_\_\_, of  
 (Address of guardian/affiant) \_\_\_\_\_,  
 (Telephone number of guardian/affiant) \_\_\_\_\_, being sworn, state:

1. I accept the appointment of me as guardian for (Name of minor) \_\_\_\_\_,  
 (Address of minor) \_\_\_\_\_,  
 an unmarried minor, \_\_\_\_\_ years of age, born on (date) \_\_\_\_\_.
2. The appointment was made by a written instrument of the minor's parent, (Name of parent) \_\_\_\_\_,  
 \_\_\_\_\_, dated \_\_\_\_\_ and filed in:  
 this Court, Case No. \_\_\_\_\_  
 the \_\_\_\_\_ Court, \_\_\_\_\_ County \_\_\_\_\_,  
 State of \_\_\_\_\_, Case No. \_\_\_\_\_.
3. The names of the parents of the minor are \_\_\_\_\_ and \_\_\_\_\_.  
 both are dead. \_\_\_\_\_ was the last to die and at that time was a  
 resident of \_\_\_\_\_ County \_\_\_\_\_, State of \_\_\_\_\_.  
 \_\_\_\_\_ is dead and \_\_\_\_\_  
 survives, but has been adjudged incapacitated.  
 both are alive, but both have been adjudged incapacitated.
4. I know of no other appointment of a guardian which supersedes this appointment by written instrument. No other guardian has been appointed.
5. I submit personally to the jurisdiction of this Court in any proceeding relating to this guardianship that may be instituted by any interested person. Notice of any such proceeding may be mailed to me by ordinary mail at my address stated above, or at such other address as I may later report to the Court.

NOTE: This Affidavit is for use under Part 2 of Article 14 of the Colorado Probate Code as amended effective July 1, 1981.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian/Affiant

Subscribed and sworn to before me on (date) \_\_\_\_\_.

(IF Notary) My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/(Deputy) Clerk of Court

**NOTICE**

TO: ( \* \_\_\_\_\_ and) \_\_\_\_\_  
(Name of minor) (Name of custodian or nearest adult relative)

As required by law, this Notice is sent to inform you of the acceptance by (Name of guardian) \_\_\_\_\_  
\_\_\_\_\_ of the testamentary appointment as guardian for (Name of minor)  
\_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

If you are the minor and fourteen years of age or older, you may cause this appointment to terminate by filing with the Court in which the Will was probated your written objections to this appointment within thirty days after this Notice. However, filing of such objections will not preclude the appointment of this or another suitable guardian by the Court in a proper proceeding.

\* Notice must be given to the minor if he/she is thirteen years of age or older.

NOTE: If more than one minor, a separate form should be used for each.

Receipt of the above Notice is acknowledged.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Minor

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Custodian or Nearest Adult Relative