

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ IN THE MATTER OF <input type="checkbox"/> THE ESTATE OF: <input type="checkbox"/> Deceased <input type="checkbox"/> Protected Person <input type="checkbox"/> Minor <input type="checkbox"/> Incapacitated Person	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
PERSONAL SERVICE AFFIDAVIT	

State of _____

_____ County _____

I served a copy of the notice of hearing on (title of pleading) _____

_____ together with a copy of the pleading, on each of the following:

Name	Date	Place	Manner of Service
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I am over the age of 18 years, and I am not interested in nor a party to this matter.

Signed under oath before me on: _____
 (Date) _____ Name

 Notary Public
 My commission expires: _____