

<input type="checkbox"/> District Court <input type="checkbox"/> 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 _____
DECEDENT'S ESTATE INVENTORY PURSUANT TO §15-12-706 – 708, C.R.S.		

Within three months after appointment, a Personal Representative shall list and value the estate's assets and liabilities, clearly identifying each item and the Decedent's interest in the item. Assets shall be listed and the fair market value given as of the date of the Decedent's death. The Inventory shall be sent to interested persons who request it or the original Inventory may be filed with the Court.

INVENTORY SUMMARY		
Schedule	Asset Category	Value
A	Cash, Bank, Checking, Savings, Certificate of Deposits and Health Accounts	
B	Stocks, Bonds, Mutual Funds, Securities and Investment Accounts	
C	Life Insurance	
D	Pension, Profit Sharing, Annuities and Retirement Funds	
E	Motor Vehicles and Recreation Vehicles	
F	Real Estate	
G	General Household and Other Personal Property	
H	Miscellaneous Assets	
Total Gross Value		
I	Liabilities/Debts	
Total Net Value		

Inventory of Assets

Report the fair market value of each category of asset in the chart below as of the date of the decedent's death. By indicating "**None**", you are stating affirmatively that the estate does not have assets in that category. Enter the total for each Schedule on the Summary on page 1.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) shall be completed.

Schedule A – Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution) (State name in which title is held) <input type="checkbox"/> None		Type of Account	Account Number (last 4-digits only)	Balance
				\$
Total				\$
Schedule B – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts (State name in which title is held) <input type="checkbox"/> None		Number of Shares or Identify Account Number (last 4-digits only)	Value	
			\$	
Total			\$	
Schedule C – Life Insurance (Include only those items payable to the estate) <input type="checkbox"/> None	Type of Policy	Face Amount of Policy	Cash Value	
			\$	
Total			\$	
Schedule D – Pension, Profit Sharing, Annuities and Retirement Funds (Include only those items payable to the estate) <input type="checkbox"/> None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Value	
			\$	
Total			\$	
Schedule E – Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (State name in which title is held) <input type="checkbox"/> None	Year	Make and Model	Value (what you could sell it for in its current condition)	
			\$	
Total			\$	

Schedule F – Real Estate (State name in which title is held and indicate address) <input type="checkbox"/> None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (what you could sell it for in its current condition)
		\$
Total		\$
Schedule G – General Household and Other Personal Property (If titled, state name in which title is held) <input type="checkbox"/> None		Estimated Value (what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)		\$
<i>Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.</i>		
Total		\$
Schedule H – Miscellaneous Assets (List each item separately and be specific) (If titled, state name in which title is held) <input type="checkbox"/> None		Estimated Value (what you could sell it for in its current condition)
		\$
Total		\$
Total Assets		\$

Inventory of Liabilities/Debts

Report the value of each liability/debt in the chart below as of the date of the Decedent's death.

Schedule I – Description of Liability/Debt	Name of Financial Institution	Account Number (last 4-digits only)	Balance
Mortgages (principal due only)			\$
Car Loans			
Home Improvement Loans			
Student Loans			
Credit Card Debt			
Federal Taxes Owed			
State and Local Taxes Owed			
Other Liabilities/Debt (Please list)			
Other Liabilities/Debt (Please list)			
Total Liabilities/Debt			\$

I state under penalty of perjury that this is a true and complete Inventory of this estate, during the period shown, to the best of my knowledge, information and belief. I understand that this Inventory is subject to audit and verification.

Date: _____

Signature of Personal Representative

Address

City, State and Zip Code

CERTIFICATE OF SERVICE

The Inventory shall be sent to interested persons who request it or the original Inventory may be filed with the Court.

I certify that on _____ (date) a copy of this Inventory was served on each of the following:

Full Name	Relationship to Decedent	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature