□ District Court □ Der	over Probate Court	County, Colorado		
Court Address:		County, Colorado		
		_		
In the Matter of the Est	ate of:			
			▲ COURT USE O	MIV A
Deceased				'NLT —
Attorney or Party Withou  Phone Number:  FAX Number:	t Attorney (Name and Ad E-mail: Atty. Reg. #:	dress):	Case Number:  Division Courtro	nom
	FIED STATEMENT C	F PERSONAL RI		2011
			§15-12-1003, C.R.S.	
l,	<b>,</b>		e of this estate) state the	Ç
<ol> <li>Six months have pass or at least one year ha</li> <li>The date of the original</li> </ol>	as passed since the Dece		Personal Representative	for this estate
lawful claims; expens taxes; and the deced distributed to the pers entitled. If any claims	ally administered this esta es of administration; fede lent's estate's federal an ons entitled to receive su	ate by making paymed eral and state estate of d state income taxes ch assets in the amounted ed explanation as rer	undersigned or a precent, settlement or other distaxes, inheritance taxes as. The assets of the estant and in the manner to what is	sposition of: all and other death ate have beer which they were
claimants whose clai		barred, and has fu	of this estate and to all cr rnished a full account in affected.	
5. No Court order prohib	its the informal closing of	this estate. Administr	ation of this estate is not s	supervised.
This statement is filed for terminate one year after the pending.				
		oath that I have	al Representative, I swelle read the foregoing State set forth therein are true nowledge.	ement and tha
Signature of Attorney	 Date	Signature of Pers	sonal Representative	Date

Subscribed and affirmed, this, this	or sworn to be	fore me in the County of of, 20	_, State of
My Commission Expires: _		Notary Public/Clerk	
I certify that onfollowing:		ERTIFICATE OF SERVICE (date) a copy of this Statement was served on e	each of the
Full Name	Relationship to Decedent	Address	Manner of Service*
*Insert one of the following:	: Hand Delivery, F	irst-Class Mail, Certified Mail, E-Served or Faxed.	
		Signature	