

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> IN THE MATTER OF THE ESTATE OF: _____ <hr/> Deceased	
Attorney or Party Without Attorney (name and address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____
APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED ADMINISTRATION)	

Applicant makes the following statements:

1. Applicant, _____ (name), is an interested person (§15-10-201, C.R.S.).
2. Letters Testamentary of Administration were issued on _____ (date).
3. Administration is unsupervised.
4. The previously appointed personal representative, _____ (name) has:
 - tendered a resignation.
 - died _____ (date of death).
 - been removed by order of the Court issued on _____ (date).
 - other: _____.
5. Applicant:
 - has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.
 - has received, or is aware of, a demand for notice. See attached demand or explanation.
6. Name, address, and telephone number of the nominee for successor personal representative is:

The nominee is 21 years of age or older and has priority for appointment because of:

- nomination by will.
 - nomination by person(s) with priority.
 - statutory priority.
 - other: _____
- _____

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to §15-12-310, C.R.S. Any required renouncements accompany this application.

7. The Applicant hereby adopts the statements in the application or petition for appointment that led to the appointment of the person being succeeded, except for the following changes or corrections:

8. Applicant requests that the nominee be informally appointed as successor personal representative to serve without bond in unsupervised administration and that Letters be issued to the successor personal representative.

As the applicant and being sworn, I verify that the facts set forth in this application are true to the best of my knowledge, information, and belief.

Signature of Attorney for Applicant Date

Signature of Applicant Date
(Type or print name, address and telephone # below)

Type or Print name

Address

City, State, Zip Code

Phone Number

Subscribed to and affirmed or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20____, by _____.

My Commission Expires: _____

Notary Public/Clerk