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| District Court Denver Probate Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt 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  |
| ACCEPTANCE OF APPOINTMENT |

I accept appointment to, and agree to perform the duties and discharge the trust of, the office of:

Personal Representative;

Successor Personal Representative;

Special Administrator; or

Other: .

I submit personally to the jurisdiction of this court in any proceeding relating to this matter.

**VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_,

 (date) (month) (year)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city or other location, and state OR country)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

**Note:**

* This form is for decedent estate matters only.
* For guardianships and conservatorships matters use the Acceptance of Office (JDF 805).