|  |  |
| --- | --- |
| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **In the Interest of:**  **In the Matter of the Estate of:** | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| RECEIPT AND RELEASE | |

Received from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Personal Representative Conservator

Partial Full payment and satisfaction of the following:

the devise to me in the will under article(s) .

my share of the estate as a devisee in the will.

my share of the estate as an heir.

my distribution from the conservatorship case.

Other:

Cash in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Tangible personal property described as: **\***

Real property described as: **\***

The following securities: **\***

Other (describe): **\***

I grant a partial release and satisfaction to the estate and to the fiduciary and any successor as to the above partial distribution.

I grant a full and final release and satisfaction to the estate and to the fiduciary and his or her successors for any liability in connection with my interest in the estate.

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

**\*Attach additional sheets as necessary.**

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

Date Signature of Person Acknowledging Signing Receipt and Release

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

Print Name

**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)