□ District Court □ Denve							
Court Address:							
In the Matter of the Estat	e of:						
Deceased				COURT USE ONLY			
Attorney or Party Without	Attorney (Name an	d Address):	Case Number:				
Phone Number:	E-mail:						
FAX Number:	Atty. Re		Division				
WITHDRAV		ND FOR NOTICE O NT TO § 15-12-204,		OR ORDERS			
	FUNGUA	MIT 10 8 13-12-204,	C.N.J.				
I		(demandant) hereby	withdraw my	Demand for Notice of Filing			
or Orders filed on			Withdraw Triy	Domana for Notice of Fining			
or ordere med en		(aato):					
		VERIFICATION					
I declare under penalty of pe	eriury under the lav	w of Colorado that the fo	regoing is true	and correct			
			logoling to true	and correct.			
Executed on the da (date)	y or, (month)	(year)					
at							
at (city or other location, and s	tate OR country)						
(printed name)							
(signature)							
Attorney Signature, (if any)		Date					
		RTIFICATE OF SERVIC					
I certify that on as follows on each of the follows		, a copy of this	(na	me of document) was served			
Name and A	-	Relationship to Dece		Manner of Service*			
		or Protected P	erson				

							 -
Insert one of	the following:	hand delivery, fir	st-class mai	I, certified ma	ail, e-service, o	r fax.	
	· ·	•					
				Sign	ature		