| _ | | | | | | | |
|----|-----------------------------------------------|-----------------------|---------------------|---------------|------------------|--------------|-------------------|
| | □ District Court □ Denv | | | | | | |
| | Court Address: | County, Colorado | | | | | |
| | | | | | | | |
| | In the Matter of the Esta | te of: | | | | | |
| | | | | | | | |
| | Deceased | | | | ▲ co | URT USE | ONLY |
| | Attorney or Party Without | Attorney (Name a | and Address): | | Case Number | er: | |
| | | | | | | | |
| | Discount of the second | 5 | | | | | |
| | Phone Number: FAX Number: | E-mail: Attv. Reg. | #: | | Division | Cour | troom |
| | | APPLICATION | FOR INFOR | | OINTMENT | • | |
| | OF SPECI | AL ADMINIST | RATOR PUR | SUANT TO | O § 15-12-6 | 14, C.R. | .S. |
| | | | | | | | |
| Th | e applicant, an intereste | ed person pursua | ant to § 15-10-20 | 1(27), C.R. | S., makes the | following | g statements: |
| | | | | | | | |
| 1. | Information about the | applicant: | | | | | |
| | Name: | | Relationship | to Decedent | | | |
| | Street Address: | | | | | | |
| | City: | State: | Zi | ip Code: | | | |
| | Mailing Address, if differ | ent: | | | | | |
| | City: | State: | Zip Code: | _ | | | |
| | Primary Phone: | | Alternate Pl | hone: | | | |
| | Email Address: | | | | | | |
| 2 | The decedent, | died on | | (data) at | the age of | voore | The decedent |
| ۷. | was domiciled or resided | | | | | | |
| | was domiciled of resided | I'll the City of | | County C | ··· | | , the State oi |
| | <u>-</u> | | | | | | |
| 3. | Venue for this proceeding | ng is proper in this | county because | the deceder | nt: | | |
| | had his or her domicil | e or residence in | this county on the | e date of dea | ath. | | |
| | did not have his or he | r domicile or resid | lence in Colorado | , but had pr | operty located | l in this co | unty on the date |
| | of death. | | | | | | |
| 4. | | | | | | | |
| | decedent's death, or circ | cumstances descr | ibed in § 15-12-1 | 08, C.R.S. a | autnorize tardy | / probate (| or appointment. |
| 5. | The applicant: | | | | | | |
| | has not received a De or Orders concerning De | | f Filings or Orders | s and is unav | ware of any De | emand for | Notice of Filings |
| | has received or is aw | | for Notice of Fili | nas or Orde | rs concerning | decedent | t. See attached |
| | Demand for Notice of Fil | | | | . 5 551155111119 | 20000111 | 200 allaonoa |

| 6. | ■No court has appointed a personal representative and no such appointm state or elsewhere. | ent proceeding is pending in this |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| | A court has appointed a personal representative or an appointment proceed. (Attach a statement explaining the circumstances and | |
| | of the personal representative. Attach a certified copy of the appointing docu finalized.) | |
| 7. | ☐ Except as may be disclosed in an attached explanation and after the exe applicant is unaware of any instrument revoking the will and is unaware of an Colorado that have not been expressly revoked by a later instrument. | |
| | Or | |
| | The date of the decedent's last will is The dates of all codicils are The will and any codicils are collectively referred to as "the will." The applicant last will and that it was validly executed. | t believes that it is the decedent's |
| 8. | The original will: | |
| ٠. | was deposited with this court before the decedent's death (§ 15-11-51 | 5 CRS) |
| | has been delivered to this court since the decedent's death (§ 15-11-5 | • |
| | ☐ is filed with this application, | 710, 0.11.0.7, 0.1 |
| | ☐ An e-filed copy of the will is filed with this application, | |
| | The original will be delivered to the court forthwith. | |
| | The will is an electronic will executed in compliance with § 15-11-1305 the will is filed with this application. | 5, C.R.S. and an e-filed copy of |
| | The will is an electronic will executed in compliance with § 15-11-1305, of the will pursuant to § 15-11-1309, C.R.S. is filed with this application. | C.R.S. and a certified paper copy |
| | ☐The will has been probated in the State ofand of the statement probating it are filed with this application. (§ 15-12-402, | Authenticated copies of the will C.R.S.) |
| 9. | Decedent's marital and family status: | |
| | a) Did a spouse or partner in a civil union survive the decedent? | □Yes □No |
| | b) Did the decedent have a surviving parent? | □Yes □No |
| | c) Did the decedent have surviving children or other descendants?d) Does the decedent's surviving spouse or partner in a civil union have surv | ☐Yes ☐No iving descendants who |
| | are not descendants of the decedent? | □Yes □No |
| | e) Are all of the decedent's surviving descendants also descendants of the | |
| | surviving spouse or partner in a civil union? | ☐Yes ☐No |
| | f) Are any of the decedent's children minors? | □Yes □No |
| | | |

10. List names and addresses of decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

- ♦ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ♦ If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

| | | | | | | Minor | partner in a civil union, child, brother, guardian for spouse, etc.) |
|-------|------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|-------------|-----------------------------------------|------------------|----------------------------------------------------------------------------------|
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| | | | | | | | |
| | Applicant requests appoint to protect the decede easons: | | | | ent of a persona | al representativ | ve for the following |
| 12. [| because a prior appoir to address claims as a Applicant is 21 years of administrator. | public admin | istrator. (| § 15-12-621 | (9), C.R.S.) | . , , , | |
| c |)r | | | | | | |
| | Applicant nominates th | e following p | erson be | appointed a | s special admini | strator. | |
| Ν | lame: | | | The N | lominee is 21 ye | ears of age or c | older. |
| S | treet Address: | | | | | | |
| C | City: | State: | | Zip Code: _ | | | |
| Ν | Mailing Address, if differe | nt: | | | | | |
| C | City: | State: | Zip | Code: | | | |
| P | rimary Phone: | | Alternate | e Phone: | | | |
| E | mail Address: | | | | _ | | |
| | The nominee has priority statutory priority (§§ 15 reasons stated in the a The persons with prior | 5-12-203, 15- ttached expla | 12-615, a anation. | nd 15-12-62 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (name). |
| _ | ■ the beizons with bliot | or equal right | ι ιυ αμμυι | nunentale. | | | (1181116 |

Address or Date of Death

Age,

only if

Relationship

(e.g. spouse,

Name

this application.

All persons with prior or equal right to appointment have executed a required renouncement that accompanies

| 14. | Applicant states the | he followina | regarding the | decedent's estate | (§ 15-12-604. | C.R.S.) |
|-----|----------------------|--------------|---------------|-------------------|---------------|-----------|
| | Applicant ctates to | | 10garanig are | accedent c cotate | 1,5 .0 00 ., | O., (.O., |

| Estimated value of real estate | \$ |
|-----------------------------------------|----|
| Estimated value of personal property | \$ |
| Annual income expected from all sources | \$ |
| TOTAL | \$ |

| 15. | The special administrator may receive compensation. |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. * |
| | |
| | ☐The basis of compensation has not yet been determined. |
| | here is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 R.S.) |
| 16. | The special administrator may compensate his, her, or its counsel. |
| | ☐ The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. * |
| | |
| | |
| | The basis of compensation has not yet been determined. |
| | here is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 R.S.) |
| 17. | Bond in the amount of \$ is requested. (§ 15-12-603(1)(a), C.R.S.) |
| | e applicant requests that the registrar informally appoint the nominee as special administrator to serve h bond and that Letters of Special Administration be issued. |
| | 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. |
| | |

VERIFICATION

| Executed on the(da | day of ate) | Executed on the(d | day of late) |
|------------------------------------------|--------------------------|-------------------------------------|-------------------------|
| (month) | ,,, (year) | (month) | ,,, (year) |
| at (city or other location | n, and state OR country) | at (city or other location | , and state OR country) |
| | | | |
| (printed name) | | (printed name) | |
| (printed name) (Signature of Application | ant) | (printed name) (Signature of Co-App | olicant, if any) |

Note:

Please remember to add any AKA names in the caption, if applicable.