☐ District Court ☐ Denver Probate			
Court Address:			
Codit / tdd/cod.			
In the Matter of the Estate of:			
Deceased			TUSE ONLY
Attorney or Party Without Attorney (N	Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	CE OF DISALLOWANG JRSUANT TO § 15-12-		
FC	DROUMNT 10 9 13-12-	000, C.N.S.	
To:	(claima	ot).	
The personal representative of this es as follows:	state disallows the claim pre	sented on	(date)
□all of your claim.			
(disallowed) (of your claim in the amount	of ¢	otal amount of claim)
(distillowed) (or your olaim in the amount	σι ψ(ι	otal amount of dialing.
Failure to protest any disallowan proceeding within 63 days after t portion being forever barred.			
Date:			
	Signatu	e of Personal Representa	tive
			
	Print Na	Print Name of Personal Representative	
	Address		
	Addiess		
	City Sta	ate and Zip Code	
	Oity, Oit	ara Zip Codo	
	Phone N	lumber	
	VERIFICATION		
I declare under penalty of perjury under	er the law of Colorado that t	he foregoing is true and c	orrect.
Executed on the day of (m	onth) (year)		
at(city or other location, and state OR co	ountry)		
	ouritiy,		

(printed name)		
(signature)		
	ERTIFICATE OF SERVICE	
	te), a copy of this (name	ne of document) was serve
as follows on each of the following:		
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, f	first-class mail, certified mail, e-service, or	fax.
	Signature	