

**COLLECTION OF PERSONAL PROPERTY
BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.**

NOTICE

If a person or entity holding property of a decedent refuses to honor this Affidavit without reasonable cause, such person or entity will be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled to such property (§ 15-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he, she, or it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.).

1. I, the Affiant, am either a successor of the decedent or a person acting on behalf of one or more of the successors of the decedent, and I am 18 years of age or older.
2. At least ten days have elapsed since the death of _____ (Decedent).
3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
4. The property shall be paid or delivered as described in the following table and then the property shall be distributed to any successors.

Name of Successor or Person collecting on behalf of one or more Successors	Description of Property	Amount
	Capital Credits	100%

5. Any person collecting property on behalf of one or more successors shall be deemed an agent of such successor with all the duties of an agent under Colorado law.
6. I understand that any person who receives property pursuant to this affidavit is answerable and accountable to any subsequently appointed personal representative of the estate or any other person having a superior right to the estate and that a copy of this certification statement will be released to any party making subsequent claims to these capital credits.

VERIFICATION AND ACKNOWLEDGMENT

I _____ (printed name), the Affiant, declare/affirm under penalty of perjury under the law of Colorado that I have read the foregoing and that the statements set forth therein are true and correct.

Signature of Affiant

Date

Subscribed and affirmed before me in the County of _____, State of _____
on the _____ day of _____, _____
(date) (month) (year)

(Notary Public)

My Commission Expires: _____



Address Verification Form

1. Please Confirm the name(s) on the account you are claiming:

First Name	Middle Initial	Last Name
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First Name	Middle Initial	Last Name
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2. Please Confirm your name and mailing address

First Name	Middle Initial	Last Name
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Address / PO Box	City	State / Zip
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Telephone / Cell Number	Email Address
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3. Please sign below

X

Signature of Owner

X

Signature of Joint Owner (if applicable)

If any questions, please call 719-384-2551