



OFFICE OF THE CORONER

Adams & Broomfield Counties

Monica Broncucia-Jordan

CHIEF CORONER

Authorization to Release Property

I, _____, attest that I am the legal next-of-kin of _____, with all rights and privileges pertaining thereto. By signing below I authorize the Office of the Coroner, for Adams and Broomfield Counties, to release the following property of the above referenced deceased:

ALL PROPERTY

THE ITEMS LISTED BELOW

To: Name: Encore Care Funeral & Cremation
Address: 2300 S. Kalamth St, Denver, Co 80223
Phone: 303-935-5989

By signing below I understand that once the property is released the Office of the Coroner is not responsible for lost or damaged property. I waive all claims which I may have against the Office of the Coroner for lost or damaged property or other occurrence arising from the transport or transfer of the property to the entity/person designated above. I also understand that in some cases property may not be available for release due to law enforcement investigative purposes.

Signature(s) Date

Print Name(s)