



RESIGNATION OF TRUSTEE

I, _____ (print name) hereby resign as trustee of the _____ Irrevocable Income Trust, dated _____, 20__ (the "Trust"). My resignation shall be effective immediately upon the acceptance of _____ (print name of successor trustee) as successor trustee.

Signature

Date

Resigning Trustee's Address: _____

Resigning Trustee's Email: _____

ACCEPTANCE OF SUCCESSOR TRUSTEE

I, _____ (print name) hereby accept my appointment as successor trustee of the Trust on _____, 20__.

Signature

Date

Successor Trustee's Address: _____

Successor Trustee's Email: _____

A copy of this document and an interim accounting, including bank statements and any other relevant information, for the period from the date of the last accounting until the date of resignation must be sent to:

**Colorado Department of Health Care Policy and Financing
Attn: Trust Policy & Recoveries Section
303 E. 17th Ave. Suite 1100, Denver, CO 80203
Email: medicaid.trusts@state.co.us
Fax: (303) 866-3552**