5 East Pine Street P.O. Box 743 Georgetown, DE 19947



Phone: (302) 855-7875 Fax: (302) 853-5871 sussexcountyde.gov

**FORM NDITDA98** 

## **Register of Wills**

## AFFIDAVIT TO THE REGISTER OF WILLS THAT NO DELAWARE INHERITANCE TAX RETURN IS REQUIRED

	ONLY	Rev. Code 002-02
For the Estate of	Social	Security #
STATE OF	)	
COUNTY OF	)SS. )	
BE IT REMEMBERED, that personally appeared before	me, a Notarial Officer of the	A.D., e State and County aforesaid, presentative(s)/Surviving Joint Tenant
with Right of Survivorship (select to me personally to be such, who	t one) of, being duly sworn according to law, o	known did depose and say that:
, , , , ,	al Representative(s)/Surviving Join	t Tenant with Right of Survivorship
	as evidenced by the attached by the atta	d certified copy of a death certificate. vare:
	above mentioned real property	passes to the surviving spouse, whose address is
Return as prescribed by Secti	,	a State of Delaware Inheritance Tax ode, and hereby declare that no such ent.
Return as prescribed by Secti return is required to be filed o	ion 1341, Title 30, of the Delaware Con behalf of the above-named deced	ode, and hereby declare that no such
Return as prescribed by Secti return is required to be filed o	ion 1341, Title 30, of the Delaware Con behalf of the above-named deced have set my (our) hand(s) and seal(s	ode, and hereby declare that no such ent.
Return as prescribed by Secti return is required to be filed o	ion 1341, Title 30, of the Delaware Con behalf of the above-named deced have set my (our) hand(s) and seal(s	ode, and hereby declare that no such ent.  s) the day and year first above written.  (SEAL)
Return as prescribed by Section return is required to be filed of the section of	ion 1341, Title 30, of the Delaware Con behalf of the above-named deced have set my (our) hand(s) and seal(s	ode, and hereby declare that no such ent.  s) the day and year first above written.  (SEAL)  (SEAL)

My Commission Expires: \_\_\_\_\_

## INSTRUCTIONS FOR AFFIDAVIT THAT NO DELAWARE INHERITANCE TAX RETURN IS REQUIRED NDITDA98

This form, together with a certified copy of the decedent's death certificate, must be filed in the office of the Register of Wills in the county in which letters of administration may have been granted, as well as in any other county in Delaware in which the decedent owned real property, when the following conditions exist, where applicable:

- 1. The value of the gross estate passing to the husband or wife does not exceed \$250,000 not including property owned as tenants by the entirety or as joint tenants with rights of survivorship and there is no Delaware Inheritance Tax due. There will be a tax due if the taxable share, column 4 of the computation schedule Form 600, exceeds \$140,000.
- 2. The value of the gross estate passing to a parent, grandparent, child by birth, wife or widow of a son, husband or widower of a daughter, child by legal adoption, stepchild, or the lineal descendent of the decedent or the stepchild, does not exceed \$100,000 and there is no real property passing to any of the above described persons.
- 3. The value of the gross estate passing to a brother, sister, aunt, uncle, great aunt or uncle, niece, nephew, grandniece or nephew, great grandniece or nephew, first cousin, or a first cousin once removed does not exceed \$10,000 and there is no real property passing to any of the above described persons.
- 4. The value of the gross estate passing to any other person does not exceed \$2,000 and there is no real estate.

Where real property passes to a surviving spouse, describe each parcel of real estate in enough detail that it can be easily identified. Include street address, development, tax parcel number and deed record number and, for rural parcels, the acreage, hundred, road name and number, tax parcel and deed record number.

A COPY OF THIS FORM IS TO BE FILED WITH THE DIVISION OF REVENUE.

IF YOU HAVE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, PLEASE CALL (302) 577-8200; AFTER THE SERIES OF SELECTIONS, PRESS 1 FOR A CUSTOMER SERVICE REPRESENTATIVE.