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



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FORM NDETRR

Register of Wills

AFFIDAVIT TO THE REGISTER OF WILLS THAT NO DELAWARE ESTATE TAX RETURN IS REQUIRED AND AFFIDAVIT OF JOINTLY HELD REAL PROPERTY

| For the Estate of | Social Security # |
|--|--|
| STATE OF |) |
| COUNTY OF |)55. |
| personally appeared before me, a | Notarial Officer of the State and County aforesa |
| with Right of Survivorship (select one) known to me personally to be such, who | SS.) SE IT REMEMBERED, that on this day of,,,,,,,,,,, |
| 1. I (We) am (are) the Personal Repr | sentative(s)/Surviving Joint Tenant with Right of |
| 2. The decedent owned the following real | evidenced by the attached certified copy of a death certificate I property located in Delaware at the time of death which was |
| I (We) have read and understand the Return as prescribed by Section 1505 Internal Revenue Code related to filing | requirements for the filing of the State of Delaware Estate Tax Title 30, of the Delaware Code, and applicable provisions of the of federal estate tax returns, and hereby declare that no |
| IN WITNESS WHEREOF, I (We) have set | ny (our) hand(s) and seal(s) the day and year first above written |
| Sign here in front of a notar | /:(SEAL) |
| | (SEAL) |
| SWORN AND SUBSCRIBED before me t | ne day and year first above written. |
| | NOTARIAL OFFICER |
| | My Commission Expires: |