

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



Phone: (302) 855-7875
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www.sussexcountyde.gov

Register of Wills

ESTATE SEARCH REQUEST

From _____
Address _____

Phone _____
Estate Search For _____
Address _____

Date of Death _____

Dear Clerk,

This is an attempt to verify the existence of an estate for the above referenced individual. I have enclosed a check in the amount of \$5.00 to cover the cost of this search, as well as a self-addressed stamped envelope. (Please make all checks payable to Sussex County Register of Wills.)

Please provide any information available:

The Status of the Estate _____
Attorney Information _____

Personal Representative Information _____

Last Date to File a Claim _____

Signature