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



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STATE OF DELAWARE INVENTORY for Register of Wills

Date Filed:

Decedent's Name:

Residence at Time of Death:

		Number and Street			
City, State and Zip Code		Decedent's Social Security #:			
Date of Death	n:	Date Letters Granted:			
Testate:	Intestate:	County: New Castle	Kent	Sussex	
Name of Pers	sonal Representative:				
Address of Personal Representative:					
Name of Personal Representative:					
Address of Personal Representative:					
Name and Address of Attorney, if any:					

GENERAL INSTRUCTIONS

Everyone required to file this Inventory form shall do so within three (3) months after the estate is opened, or within three (3) months of the date of death when an estate is not opened. Extensions may be granted for good cause at the discretion of the Register. Any Personal Representative may be subject, personally and individually, to a fine under 12 <u>Del. C.</u> § 1906 if the Inventory is not filed on time. The Inventory shall be filed in the Office of the Register of Wills of the county in which the estate has been opened, or when no estate is opened, in the county where the Decedent lived at the date of death. The Inventory shall list all personal property the Decedent owned at the date of death. It must also list all real estate the Decedent owned at the date of death and must provide the parcel/lot number of each piece of real estate, the names/address(es) of the new owner(s) of the real estate, and his/her/their relationship to the Decedent (for example, son). The Inventory must also be filed in every county of the state in which the Decedent owned real estate at the date of death. The person who is responsible for preparing and filing the Inventory must swear or affirm that the information in it is true and correct before the Inventory will be treated as legally filed.

If the Decedent owned no property of the kind described in any of the following schedules, the word "None" should be written on the page.

If the Decedent died before January 1, 1999, the person responsible for filing this Inventory must file a similar inventory with the Division of Revenue using its form. This must be done within nine (9) months from the date of death, not from the date when the estate was opened.

The person who opens an estate for a deceased person is called the "personal representative." That term includes an executor, administrator, and any other person responsible for filing an Inventory.

If more space is needed on any of the following schedules, additional sheets of paper of the same size may be inserted following the appropriate schedule, provided the added sheet refers to the schedule it supplements.

The value to be used for any property listed on this Inventory is the fair market value as of the date of death of the Decedent.

SCHEDULE A SOLELY OWNED REAL ESTATE

Include tax parcel number, deed record number and a description adequate to identify all real estate and complete the names and addresses and relationship of persons entitled to each parcel and share of each person. Jointly owned property must be disclosed on Schedule D.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
	Please specify the name, address and phone number to whom the tax bill should be mailed:	
	TOTAL (Also enter on the Recapitulation page)	

SCHEDULE B STOCKS AND BONDS

Jointly owned property must be disclosed on Schedule D.

ITEM NO.	DESCRIPTION	FAIR MARKET VALUE AT DATE OF DEATH	DIVIDENDS OF RECORD PRIOR TO DEATH AND PAYABLE AFTER DEATH OR INTEREST ACCRUED TO DATE OF DEATH
-			
	TOTAL (also enter on the Recapitulation page)		

ESTATE OF:

SCHEDULE C MORTGAGES, NOTES AND CASH

Include money in banks and/or mortgages or moneys **owed** to Decedent at time of death. Mortgages or moneys payable <u>by</u> Decedent are **not** includable on this schedule. Jointly owned property should be disclosed on Schedule D.

ITEM NO.	DESCRIPTION	FAIR MARKET VALUE AT DATE OF DEATH	INTEREST OR OTHER INCOME ACCRUED TO DATE OF DEATH
	1		
	TOTAL (also enter on the Recapitulation page)		

SCHEDULE D JOINTLY OWNED PROPERTY

Did the decedent, at the time of death, own any property (s) with another person with right of survivorship; or (b) with his/her wife/husband? Yes No. If "Yes", state the name, relationship and address of each surviving co-tenant.

NAME	RELATIONSHIP	ADDRESS (Number and Street, City, State and Zip Code
Α.		
В.		
С.		

ITEM NO.	DESCRIPTION (Identify co-tenant by using appropriate letter, above)	FAIR MARKET VALUE AT DATE OF DEATH	INTEREST OR OTHER INCOME ACCRUED TO DATE OF DEATH
	TOTAL (also optor on the Decenitulation page)		
	TOTAL (also enter on the Recapitulation page)		

ESTATE OF:

SCHEDULE E MISCELLANEOUS PROPERTY

List all other personal property not listed on another schedule, including, if owned by or payable to the decedent or the decedent's estate. For example, life insurance proceeds, employee death benefits, individual retirement accounts, annuities or anything else that is <u>NOT</u> payable to a living person or a trust. Jointly owned property must be disclosed on Schedule D.

ITEM NO.	DESCRIPTION	FAIR MARKET VALUE AT DATE OF DEATH	INTEREST OR OTHER INCOME ACCRUED TO DATE OF DEATH
	TOTAL (also enter on the Recanitulation page)		
	TOTAL (also enter on the Recapitulation page)		

ESTATE OF:

SCHEDULE

- B Stocks and Bonds
- C Mortgages, Notes and Cash
- E Miscellaneous Property

TOTAL OF PROBATE ASSETS (Sum of B, C, and E)

- A Real Estate
- D Jointly Owned Property

TOTAL (Sum of B, C, E, A and D)

OATH OR AFFIRMATION OF PERSONAL REPRESENTATIVE

______make(s) solemn oath (or affirmation) that he/she/they has/have made due inquiry concerning the goods, chattels, money and credits due and belonging to _______, "the deceased person," and that this Inventory contains all the goods, chattels, money and credits due or belonging to the deceased person that has come to the knowledge of the deponent (or affiant) and that the information contained in the Schedule of Real Estate and the information pertaining to Entireties and Jointly Owned Real and Personal Property is true to the best of his/her/their knowledge and belief.

Personal Representative

Personal Representative

Signed and sworn (or affirmed), before me, on this _____ day of _____, A.D., _____,

Notary Public or other qualified person (State your title)