

**STATE OF DELAWARE  
INVENTORY  
for  
REGISTER OF WILLS**

Date Due: \_\_\_\_\_

Date Received: \_\_\_\_\_

Decedent's Name: \_\_\_\_\_

Residence at Time of Death: \_\_\_\_\_

*Number and Street*

\_\_\_\_\_

*City, State and Zip Code*

Decedent's Social Security Number: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date Letters Granted: \_\_\_\_\_

Testate: \_\_\_\_\_ Intestate: \_\_\_\_\_

County: New Castle \_\_\_\_\_ Kent \_\_\_\_\_ Sussex \_\_\_\_\_

Name of Personal 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 Del. C. § 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 map 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 in this Inventory is the fair market value as of the date of death of the Decedent.

## SCHEDULE A REAL ESTATE

(Include tax map 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
		\$
	TOTAL (also enter under the Recapitulation)	\$

ESTATE OF: \_\_\_\_\_

**SCHEDULE B  
STOCKS AND BONDS**

(Jointly-owned property must be disclosed on Schedule D.)

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
		\$
TOTAL (also enter under the Recapitulation)		\$

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 by Decedent are **not** includable on this schedule. Jointly-owned property should be disclosed on Schedule D.)

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
		\$
<b>TOTAL (also enter under the Recapitulation)</b>		\$

ESTATE OF: \_\_\_\_\_

**SCHEDULE D  
JOINTLY-OWNED PROPERTY**

Did the decedent, at the time of death, own any property (a) 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)
A.		
B.		
C.		

ITEM NO.	DESCRIPTION (Identify co-tenant by using appropriate letter, above)	VALUE AT DATE OF DEATH
	<b><u>Real Estate:</u></b>	\$
	<b><u>Other:</u></b>	
<b>TOTAL (also enter under the Recapitulation)</b>		\$

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 **NOT** payable to a living person or a trust. Jointly-owned property must be disclosed on Schedule D.)

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
		\$
<b>TOTAL (also enter under the Recapitulation)</b>		<b>\$</b>

ESTATE OF: \_\_\_\_\_

**RECAPITULATION**

**SCHEDULE**

B	Stocks and Bonds	_____
C	Mortgages, Notes and Cash	_____
E	Miscellaneous Property	_____
<b>TOTAL OF PROBATE ASSETS</b> (Inventory and Appraisalment)		_____
A	Real Estate	_____
D	Jointly-Owned Property	_____
<b>TOTAL</b>		_____

**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 or 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 \_\_\_\_\_, A.D., \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or other qualified person  
(State your title)