

Harold K. Brode
Register of Wills

Dianne M. Rager
Chief Deputy

Deputy

Kent County



Register of Wills

Kent County
Administrative Complex
555 S. Bay Rd
Dover, DE 19901
Phone: 302.744.2330

ATTENTION: PERSONAL REPRESENTATIVE OF ESTATE

First, please note the Inventory Form you have been given has a date by which it must be completed and returned to this Office. **(Note: By Delaware Statue, you may be assessed a fine if the Inventory is late.)** Once the Inventory has been completed, please mail to bring into our Office. If there are any changes which need to be made to the Inventory, those changes will need to be made by you and the Inventory re-submitted.

It is also imperative that all Schedules be completed. If there is a Schedule or Schedules that are not applicable, simply write the word "None" on that Schedule. Also the name of the Estate is required at the bottom of each page of the Inventory.

If you are mailing the Inventory to us versus filing it in person, please allow sufficient time for it to arrive in our Office by the due date. Again, all Schedules need to be completed, and the name of Estate must appear on the bottom of each page. **It is also imperative that you sign the Inventory in the presence of a Notary and they affix their Seal.**

Failure to comply with the requirements of probating an Estate is subject to a "Rule to Show Cause" being filed in the Court of Chancery, and additional costs will be assessed against you.

Harold K. Brode

Harold K. Brode
Registrar of Wills

A GUIDE
FOR
PREPARING
AN
ESTATE INVENTORY

STATE OF DELAWARE
INVENTORY
for
REGISTER OF WILLS

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 Schedule A.

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 map 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
1	<p>I MAIN ST CLAYTON, DE 19938 TAX MAP #0-00-160.00-01-23.00-00001</p> <p>MARY L DOE 50% DAUGHTER 10 DAWSON AVE DOVER, DE 19901</p> <p>LINDA WINDER 25% GRANDCHILD 1818 SOMER PLACE DOVER, DE 19904</p> <p>PAUL R WINDER 25% GRANDCHILD 1464 N E HACKNEY ST WYOMING, DE 19934</p> <p>Mail tax bill to :</p> <p>MARY L DOE 10 DAWSON AVE DOVER, DE 19901</p>	\$ 90,000.00
TOTAL (also enter under the Recapitulation)		\$ 90.,000.00

ESTATE OF: JOHN L DOE

**SCHEDULE B
STOCKS AND BONDS**

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

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
1	MERRILL LYNCH ACCT	\$ 10,150.00
TOTAL (also enter under the Recapitulation)		\$ 10,150.00

ESTATE OF: JOHN DOE

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
1	CHECKING ACCOUNT AT DOVER TRUST COM	\$ 9,630.57
TOTAL (also enter under the Recapitulation)		\$ 9,630.57

ESTATE OF: JOHN DOE

**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. MARY L DOE	SPOUSE	10 DAWSON AVE DOVER, DE 19901
B.		
C.		

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
A	Real Estate:	
	Other:	
	CREDIT UNION	2,479.32
	FEDERAL CREDIT UNION	30,000.00
	WYOMING CREDIT	19,000.00
	CHESWOLD TRUST CO	546.80
	TOTAL (also enter under the Recapitulation)	\$ 52,025.80

ESTATE OF: JOHN DOE

**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.)
DO NOT INCLUDE CLOTHING ITEMS.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
1	1978 FORD TRUCK	\$ 400.00
2	1988 FORD CAR	500.00
3	MISCELLANEOUS TOOLS	635.00
TOTAL (also enter under the Recapitulation)		1,535.00

ESTATE OF: JOHN DOE

RECAPITULATION

SCHEDULE

	<u>10,150.00</u>	
B	Stocks and Bonds	
C	Mortgages, Notes and Cash	<u>9,630.57</u>
E	Miscellaneous Property	<u>1,560.00</u>
TOTAL OF PROBATE ASSETS (Inventory and Appraisement)		<u>21,340.57</u>
A	Real Estate	<u>90,000.00</u>
D	Jointly-Owned Property	<u>52,025.80</u>
TOTAL		<u>163,366.37</u>

OATH OR AFFIRMATION OF PERSONAL REPRESENTATIVE

MARY L DOE 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 JOHN DOE "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)