

STATE OF DELAWARE
NEW CASTLE COUNTY REGISTER OF WILLS
INVENTORY

Date Received: _____

Decedent's Name: _____ Full name of the person who passed away

Residence at Time of Death: Address of decedent (enter last residence address, including nursing homes). Please include number, street, city, state and zip code

Date of Death: Month, Day, & Year Date Letters Granted: Day, Month & Year estate was opened

Testate (w/will) Intestate (without a will) County: New Castle Kent Sussex

Name of Personal Representative: Full name of person handling the estate (executor or administrator)

Address of Personal Representative: Complete address of person handling the estate (P.O. Box address is not acceptable)

Phone number: _____ Email address: _____

Name of Personal Representative: _____

Address of Personal Representative: _____

Phone number: _____ Email address: _____

Name and Address of Attorney, if any: Fill in the name and address of the attorney if he/she is assisting with the probate. If there is no attorney, write "pro-se".

Have you previously filed an inventory for this Estate? Yes No

GENERAL INSTRUCTIONS: PLEASE READ

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 assets of the kind described in any of the following schedules, the word "None" should be written on the page in the description area and zero for the total in the box provided.

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 asset listed is the fair market value as of the date of death of the Decedent.

Please refer to the inventory instructions as well as the inventory sample to assist you in completing this form. They can both be found on our website: www.nccde.org/681/Forms.

**SCHEDULE A SOLE
REAL ESTATE**

Include tax parcel number, deed record number and full address adequate to identify all real estate located in Delaware only, regardless of county. Complete the names, addresses and relationship of persons entitled to each parcel and share of each person. Be sure to list who will receive the tax bill for each parcel. Otherwise, the inventory will be rejected and returned for correction. Enter the fair market value at date of death. Do not subtract any mortgages or loans from the value. Jointly owned property must be disclosed on Schedule B.

ITEM NO.	DESCRIPTION	FAIR MARKET VALUE AT DATE OF DEATH
1.	Item No.: Number properties (1, 2, 3, etc.) if there is more than one property.	
2.	Description: Enter the complete address(es) of the individual piece(s) of real estate located in the State of Delaware, along with parcel numbers (call the appropriate county Treasury office if you do not know). BELOW EACH PROPERTY, LIST THE FULL NAME(S), RELATIONSHIP TO DECEASED, AND COMPLETE ADDRESS(ES) OF THOSE TO WHOM THE PROPERTY PASSES. Also include the percent/portion of the property each person inherits. The will (or if there is no will, the intestate laws of Delaware) determine to whom the property passes. Follow the directions in the will (or intestate laws). If you don't know to whom the property passes, consult with an attorney. This is not a matter of discretion and it is important that the list of heirs be accurate. If the property has been sold, the Register of Wills still needs to know how title passed upon death. If the will directs the property to be sold, write "To Be Sold".	
3.	Value at Date of Death: Enter an appraisal/fair market value in the right-hand column for each piece of real estate listed. The value of the real estate is determined by what the property could have sold for at the time the decedent died. Enter the total in box at bottom right hand corner. Send tax bill to:	
4.	Enter the name and address to whom the tax bills should be mailed. <u>If this is left blank, the inventory will be rejected/returned to you.</u>	
5.	Total: Add the column and enter the total in the box at the bottom right hand corner of the page.	
6.	Estate of: Decedent's full name to be written at bottom of page.	
TOTAL (also enter under the Recapitulation)		

ESTATE OF: _____

**SCHEDULE B
JOINTLY OWNED ASSETS**

Did the decedent, at the time of death, own any assets (a) with another person with right of survivorship; or (b) with his/her spouse? Yes No If "Yes", state the name, relationship and address of each surviving co-tenant. If "No", write "None". List joint real estate in Delaware only regardless of county.

NAME	RELATIONSHIP	ADDRESS
A.		
B.		
C.		

ITEM NO.	DESCRIPTION (identify co-tenant by using appropriate letter above)	VALUE AT DATE OF DEATH
1.	A, B, & C: These rows are for listing the names, relationships, and addresses of each surviving joint owner of assets with the decedent. If more space is needed, an additional page may be added.	
2.	Item No.: Number the jointly owned assets (1, 2, 3, etc.) if there is more than one.	
3.	Description: List individual items here. Items may include real estate, bank accounts, mobile homes, stocks, bonds, boats, trailers, cars, household goods, antiques, etc. List anything that is jointly owned. Place the letter of the joint owner (from above) beside each item.	
4.	Fair market value at the date of death: Value (or estimated value) of each item at the date of death.	
5.	Total: Add the column and enter the total in the box at the bottom right hand corner of the page.	
6.	Estate: Decedent's full name to be written at bottom of page.	
	TOTAL (also enter under the Recapitulation)	

ESTATE OF: _____

SCHEDULE C BANK ACCOUNTS AND CASH

Include solely held money in banks and/or money OWED to Decedent at time of death. Jointly owned assets must be disclosed on Schedule B.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
1.	Item No.: Number items (1, 2, 3, etc.) if there is more than one.	
2.	Description: List cash, checking and savings accounts, certificates of deposit, money market accounts, and money <u>OWED TO DECEDENT</u> . A bank account held jointly for convenience of the decedent only is considered a solely held asset and should be listed here. Please list name of bank/financial institution but it is not necessary to list actual account number.	
3.	Fair Market Value at date of death: What the asset was worth at the date of death.	
4.	Total: Add the column and enter the total in the box in the bottom right hand corner of the page.	
5.	Estate: Decedent's full name to be written at bottom of page.	
TOTAL (also enter under the Recapitulation)		

ESTATE OF: _____

SCHEDULE D STOCKS AND BONDS

List stocks, bonds, and securities in decedent's name solely without a predesignated beneficiary. Jointly held assets must be disclosed on Schedule B.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
1.	Item No.: Number items (1, 2, 3, etc.) if there is more than one.	
2.	Description: Enter all stocks and bonds separately. "Bonds" are savings bonds, municipal bonds, etc. If the bond has a POD or pay on death designation on the front, it does not need to be listed. Sample labels/descriptions: "63 shares General Motors Corporation stock" or "Merrill Lynch mutual fund".	
3.	Fair Market Value: Balance of the asset at time of death (determined by price per share at date of death).	
4.	Total: Add the value of assets and enter the total in the box at the bottom right hand corner.	
5.	Estate: Decedent's full name to be written at bottom of page.	
TOTAL (also enter under the Recapitulation)		

ESTATE OF: _____

SCHEDULE E
VEHICLES AND MISCELLANEOUS PROPERTY

List all other personal property not listed on another schedule, including, anything payable to the decedent's estate. Be sure to list anything with a title, such as a car, manufactured home, or boat. Be sure to also list any personal items of genuine value, such as jewelry, collectibles, or digital assets. Generally, life insurance proceeds and individual retirement accounts are directly payable to a third party and not the decedent's estate; as such, these monies are not listed on the inventory. Jointly owned assets must be disclosed on Schedule B.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
	<p style="color: red;">This page includes any items not listed on previous pages that are solely owned or payable to the Estate. Examples: mobile homes, RVs, auto insurance refunds, cars (year/make/model), cemetery plots, household goods and contents, furniture, jewelry, antiques collectibles and collections, excluding clothing. Value may need to be estimated by the personal representative (resale/garage sale value) or for higher value items, by an appraiser. You should not list jointly owned assets (list these on Schedule B). Only list employee death benefits, life insurance proceeds, individual retirement accounts, and annuities WITHOUT LIVING NAMED BENEFICIARIES OR THAT ARE PAYABLE TO THE ESTATE.</p>	
	TOTAL: (Also enter under the Recapitulation)	

ESTATE OF _____

RECAPITULATION

Enter totals from each schedule on the corresponding line.

Non-Probate assets:

Schedule A – Sole Real Estate Total from Schedule A

Schedule B – Jointly Owned Assets Total from Schedule B

Total of Sole Real Estate and Joint Assets Sum of the above two schedules A and B

Probate Assets:

Schedule C – Stocks & Bonds Total from Schedule C

Schedule D – Banks and Cash Total from Schedule D

Schedule E – Vehicles/Miscellaneous Property Total from Schedule E

TOTAL PROBATE ASSETS Sum of the above three schedules C, D, and E
Sum of schedules C, D, and E. This total must carry forward to the NC30 Accounting Form.



OATH OR AFFIRMATION OF PERSONAL REPRESENTATIVE

I/We, Names(s) the Personal Representatives(s) make solemn oath (or affirmation) that I/we have/has made due inquiry concerning the goods, chattels, money and credits due and belonging to Name of the decedent, “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 my/our knowledge and belief.

1st PR - Sign in front of a notary

2nd PR if applicable - Sign in front of a notary

Personal Representative

Personal Representative

Signed and sworn (or affirmed) before me, a Notary Public, this ____ day of _____, 20____.

Notary Public or Other Qualified Person (please state title)