

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



Phone: (302) 855-7875
Fax: (302) 853-5871
sussexcountyde.gov

Register of Wills

STATEMENT OF CLAIM

Name of decedent

Name of claimant

Address of claimant

Amount of claim

Basis of claim (attach copy of any written obligation signed by decedent, if available)

Date obligation became due or, if not yet due, state date on which obligation becomes due

If obligation is contingent or unliquidated, so state and explain

State whether claim is secured or unsecured and, if secured, describe security

State whether claim is being filed within time set forth in 12 Del. C. Sec. 2102

I acknowledge by signing this form that if the claim has been satisfied, I will provide the Register of Wills with a written statement to release the Estate of the claim.

Claimant Signature

\$5 for first page, \$1 per page of supporting documentation.
Please make all checks payable to "Sussex County Register of Wills" and include a self-addressed and stamped envelope.
The staff does not have the ability to take credit card information by phone.