

REGISTER OF WILLS  
STATEMENT OF CLAIM

Fee Schedule: The fees listed below do not apply to copies of the original sent to us to be stamped and returned to you. Providing we have accepted your original filing and you have sent a stamped, self-addressed envelope, we will return your copies clocked in here at our office.

N.C. 4 Claim Form - \$20.00 per claim.

Cover letter to the Register of Wills Office - No Charge

1. Name of decedent: \_\_\_\_\_

2. Address of Decedent: \_\_\_\_\_

\_\_\_\_\_ Social Security # (last 4 digits) \_\_\_\_\_

3. Name of claimant: \_\_\_\_\_

4. Address of claimant: \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

5. Amount of claim: \_\_\_\_\_

\*6. Basis of claim (Attach a copy of any written obligation signed by the decedent, if available):

7. Date obligation became due, or if not yet due, give date on which obligation becomes due:

8. If obligation is contingent or unliquidated, so state and explain:

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

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

Claimant Signature