

**STATE OF DELAWARE
NEW CASTLE COUNTY REGISTER OF WILLS
INVENTORY**

Date Received: _____

Decedent's Name: _____

Residence at Time of Death: _____

Date of Death: _____ Date Letters Granted: _____

Testate Intestate County: New Castle Kent Sussex

Name of Personal Representative: _____

Address of Personal Representative: _____

Phone number: _____ Email Address: _____

Name of Personal Representative: _____

Address of Personal Representative: _____

Phone number: _____ Email Address: _____

Name and Address of Attorney, if any: _____

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

RECAPITULATION

Enter totals from each schedule on the corresponding line:

Non-Probate Assets:

Schedule A – Sole Real Estate _____

Schedule B – Jointly Owned Assets _____

Total of Sole Real Estate and Jointly Owned Assets: _____

Probate Assets:

Schedule C – Bank Accounts and Cash _____

Schedule D – Stocks and Bonds _____

Schedule E – Vehicles/Miscellaneous Property _____

TOTAL PROBATE ASSETS

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, _____, make solemn oath (or affirmation) that I/We 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 my/our knowledge and belief.

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)