

### Petition for Authority to Act as Personal Representative

TO: THE REGISTER OF WILLS FOR THE COUNTY OF NEW CASTLE IN THE STATE OF DELAWARE

in the matter of the estate of NAME OF DECEASED; LIST NAME AS IT APPEARS ON WILL "a/k/a" AS IT APPEARS ON DEATH CERT.  
**DECEDENT**

I. The (Petitioner(s)) (state names, address, ph#) YOUR NAME – PERSON(S) PETITIONING TO REPRESENT THE ESTATE, ADDRESS, AND PHONE NUMBER  
states under oath that:

(1) The decedent died on DATE OF DEATH a resident of STREET ADDRESS OF DECEASED -  
Street Address  
INCLUDING CITY/STATE AND ZIP CODE)  
City State Zip Code

(2) The decedent had (a / no) will (dated DATE OF THE WILL IF THERE IS ONE; OR CIRCLE "NO" )

(3) After the Will was signed, the decedent (a) did \_\_\_ / did not \_\_\_ marry [*did / did not enter into a civil union or other legal relationship under the laws of another jurisdiction recognized as a civil union under Delaware law*] and  
(b) no / \_\_\_ child(ren), was / were born to the decedent. **CIRCLE/FILL IN WHETHER THE DECEDENT MARRIED/ENTERED INTO A CIVIL UNION OR HAD CHILDREN AFTER THE WILL WAS MADE.**

(4) Does this will create a trust?  YES  NO **If yes, fill out the Trust Inquiry Form**

(5) The qualification to act as Personal Representative is (**EXPLAIN: 1. YOU ARE NAMED THE EXECUTOR IN THE WILL; 2. YOU ARE THE NEXT OF KIN; 3. CLOSEST NEXT OF KIN HAS RENOUNCED HIS/HER RIGHT TO ACT OR IS DECEASED; OR 4. MORE THAN 60 DAYS HAVED PASSED SINCE D.O.D.**)

(6) I/We declare under penalty of perjury that I/we have never been convicted of a felony in this or any other jurisdiction.  
Initial: \_\_\_\_\_ **IF YOU HAVE BEEN CONVICTED OF A FELONY, PLEASE ALERT THE DEPUTY IMMEDIATELY.**

II. Petitioner/Petitioners Requests the grant of: (**check one**)

\_\_\_ Letters Testamentary  
(THERE IS A WILL; PETITIONER IS NAMED EXECUTOR IN THE WILL)

\_\_\_ Letters of Ancillary Administration with Will Annexed  
(ESTATE WAS OPENED IN ANOTHER STATE – THERE IS A WILL)

\_\_\_ Letters of Administration  
(THERE IS NO WILL)

\_\_\_ Letters of a Successor Administrator/rix  
(ESTATE WAS PREVIOUSLY OPENED BY ANOTHER PETITIONER – NO WILL)

\_\_\_ Letters of Administration with Will Annexed  
(THERE IS A WILL, BUT PETITIONER IS NOT THE NAMED EXECUTOR IN WILL)

\_\_\_ Letters of a Successor Administrator/rix with Will Annexed  
(ESTATE WAS PREVIOUSLY OPENED BY ANOTHER PETITIONER – THERE IS A WILL)

\_\_\_ Letters of Ancillary Administration  
(ESTATE WAS OPENED IN ANOTHER STATE – THERE WAS NO WILL)

**FILL IN THIS SECTION. IF NOT SURE, USE APPROXIMATE VALUES.**

III. The decedent solely owned personal property valued at \$ PERSONAL ASSETS and/or solely owned real estate to the value

\$ REAL ESTATE located in New Castle County, State of Delaware, as follows: (street address or parcel number)

IF THERE IS REAL ESTATE IN NCC, FILL IN THE ADDRESS, INCLUDING THE ZIP CODE

**IV. The decedent was survived by the following persons: NEXT OF KIN: (Nearest relative of decedent, by Marriage, blood relationship or legal adoption.)**

NAME	RELATIONSHIP	COMPLETE ADDRESS
	HUSBAND/WIFE OR	
	Civil Union Spouse	
(Nearest relative of decedent, by blood relationship or legal adoption.)		
CHILDREN - IF NONE:		
GRANDCHILDREN		
MOTHER, FATHER		
SISTER, BROTHER		
NIECE, NEPHEW		
<b>*PLEASE PROVIDE NAME, RELATIONSHIP, AND COMPLETE ADDRESS*</b>		

**V. A Bond is / is not required.**

STATE OF DELAWARE }  
 NEW CASTLE COUNTY } SS.

**VI. I have checked the estate index (Will search and Affidavit search) and have not found that letters of administration, testamentary, or small estate affidavit have been granted nor is there another file folder for this estate. I further understand that a penalty may be assessed for missing any appointment without 24 hours' notice. In addition, I understand that the estate may be charged if it is categorized as a complex case. Initial (s): \_\_\_\_\_**

**PRINT NAME OF PERSONAL REPRESENTATIVE(S)/PETITIONER(S)** \_\_\_\_\_ the Petitioner(s) named in the application, being duly sworn according to law say (s) that the matters alleged in this petition are true and correct to the best of (his, her, their) knowledge and belief.

**WRITE "PRO-SE" IF THERE IS NO ATTORNEY**

Attorney of Record OR ATTORNEY'S NAME/ADDRESS, etc. \_\_\_\_\_

**X To be signed in front of Deputy**

Firm IF PRESENT AT TIME OF OPENING \_\_\_\_\_

**X** \_\_\_\_\_

Address \_\_\_\_\_

**X** \_\_\_\_\_

Phone \_\_\_\_\_

**X** \_\_\_\_\_

**\*\*THIS SECTION – TO BE COMPLETED BY THE REGISTER OF WILLS OFFICE\*\***

**SWORN TO AND SUBSCRIBED** before me, Wilmington, Delaware this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

\_\_\_\_\_

**REGISTER OF WILLS**

**FOR REGISTER'S USE ONLY**