

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



Phone: (302) 855-7875
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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

Claimant Signature

\$5.00 for first page, any additional pages are \$1.00 per page

Revised 09/2018