Part 2 5 East Pine Street P.O. Box 743 Georgetown, DE 19947



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

Register of Wills

CLOSING OF THE ESTATE CHECKLIST

After the Accounting earliest date to call (as noted on the document titled "Probate Timeline and Directions,") has passed, you may call the number above to speak to the Chief Deputy. At that time, you will review your case and schedule an appointment to file the Accounting. Please have your completed documents in front of you when you call to speak to the Chief Deputy. Prior to calling, make sure you have the below checklist of items completed and ready for review:

- ____ Completed Form 30 (Pages 1 and 2. Page 3 will be completed at the time of filing.)
- ____ Proof of each expense* listed on Form 30 (Invoices/Bills)
- ____ Proof of payment for each expense* listed on Form 30 (receipts, cancelled checks, bank/credit card statements)
- All Claims filed against the Estate have been addressed. Either a <u>Claim Satisfaction</u> for those Claims that have been paid/satisfied, or your <u>Claim Rejection Letter</u> mailed both to the Claimant and our office. Please note that Estates can not be scheduled for closing if your Claim Rejection has not been on file for more than 3 months, as Claimants have 90 days from the date of rejection to file a rebuttal.
- ____ Completed Beneficiary List
- Original signed Beneficiary Waiver(s) from each Beneficiary listed (or signed Notice, see below)
- ____ Notice for each Beneficiary who **did not** sign a Waiver.
- ____ Self-addressed, stamped envelope(s) for each Beneficiary Notice

The Beneficiary Waiver cannot be filed prior to the Accounting appointment. At the Accounting appointment you must file the original signed Waiver(s) for each Beneficiary. Please note we will not accept faxed/e-mailed copies of the Waiver(s). For additional form Waivers and Notices, please visit our website noted below to print out additional documents.

www.sussexcountyde.gov/register-will-forms

*For examples of expenses, please refer to your sample Form 30.