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



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

Register of Wills

AFFIDAVIT IN LIEU OF RECEIPTS

STATE OF	:	_	
COUNTY OF	: SS	5.	
BE IT REMEMBERED that on	this	day of	A.D. 20,
personally appeared before me, the su	ubscribe	r, a Notary Public for t	he state and county aforesaid,
	kno	own by me to be the same	e, Personal Representative of the
Estate of		and who, being duly	sworn according to law, deposes
and says:			
That all administrative expenses,	debts of	the estate and funeral of	expenses as listed on the
	Acco	ounting have been paid in	full. The deductions listed
on the Accounting correspond to th	e paid in	voices, bills on hand, can	celed checks, and/or bank
statements on hand.			
from the Register of Wills that the e		closed.	
	Person	ai Representative	
SWORN TO AND SUBSCRIBED before	me the	day and year aforesaid.	
	Notary Public		
	My Cor	mmission Expires:	
I,		, am the att	orney of record for the Estate of
I have personally reviewed the proofs an	d particu	ulars of the accounting. A	ll appears in order.
	Attorne	ey Signature	