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



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FORM NDETRR

## **Register of Wills**

## AFFIDAVIT TO THE REGISTER OF WILLS THAT NO DELAWARE ESTATE TAX RETURN IS REQUIRED AND AFFIDAVIT OF JOINTLY HELD REAL PROPERTY

For the Estate of	Social Security #
STATE OF )	
COUNTY OF )	
personally appeared before me, a Notarial	day of,, Officer of the State and County aforesaid, Personal Representative(s)/ Surviving Joint Tenant
1. I (We) am (are) the Personal Representative(s Survivorship (select one) of	
	ocated in Delaware at the time of death which was , which was located at
<ol> <li>The entire interest passed by operations of law to</li> <li>I (We) have read and understand the requirements for the filing of the State of Delaware Estate Tax Return as prescribed by Section 1505, Title 30, of the Delaware Code, and applicable provisions of the Internal Revenue Code related to filing of federal estate tax returns, and hereby declare that no Delaware Estate Tax Return is required to be filed on behalf of the above-named decedent.</li> </ol>	
IN WITNESS WHEREOF, I (We) have set my (our) ha	nd(s) and seal(s) the day and year first above written.
	(SEAL) (SEAL)

SWORN AND SUBSCRIBED before me the day and year first above written.

NOTARIAL OFFICER

My Commission Expires: \_\_\_\_