

5 East Pine Street  
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Phone: (302) 855-7875  
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sussexcountyde.gov

## Sussex County Register of Wills

### Request for Extension Form

#### REQUIREMENTS:

To be eligible to request an extension:

1. The personal representative or attorney of record must submit the request in writing.
2. If there are multiple personal representatives, ALL of them must sign the request.
3. According to 12 Del. C §2301(c), we are not permitted to extend the filing date for an account beyond six (6) months from the original due date.

**NOTE:** If you would like to be notified that an extension request is approved by mail, please include an extra copy of your request form and a self-addressed, stamped envelope. To have this approval emailed, please include an email address below. You may mail, fax, drop off, or email (willsinfo@sussexcountyde.gov) this request in.

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#### PLEASE COMPLETE ALL ITEMS BELOW

1. Name of Decedent:

File #

2. Who is requesting the extension?

Personal Representative

Attorney

3. Name & Address of the requester(s) (please print):

4. Phone number of requester:

5. Email Address:

6. Attorney Law Firm (if applicable):

7. For what document are you requesting an extension?

Inventory

Accounting

Both Inventory & Accounting

8. Why do you need an extension?

9. Please list the length of the extension you are requesting:

30 Days

60 Days

90 Days

Other (please specify):

Date:

\_\_\_\_\_  
Signature of Personal Representative or Attorney for Estate

Date:

\_\_\_\_\_  
Signature of Co-Personal Representative or Attorney for Estate

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#### FOR OFFICE USE ONLY

File No.:

\_\_\_\_\_

Inv/Acct Due:

\_\_\_\_\_

Extend Due Date To:

\_\_\_\_\_

Approved By:

\_\_\_\_\_

Revised 06/2022