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sussexcountyde.gov

Sussex County Register of Wills

Extension Request 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: You will not be notified when your extension request is approved. To receive notification, please include an extra copy of your request form, and a self-addressed, stamped envelope. If there is a problem with your request, you will be contacted. **PLEASE COMPLETE ALL ITEMS BELOW.**

Name of Decedent:

File #

Who is requesting the extension?

Personal Representative

Attorney

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

Phone number of requester:

Attorney Law Firm (if applicable):

For what document are you requesting an extension?

Inventory

Accounting

Both Inventory & Accounting

Why do you need an extension?

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

FOR OFFICE USE ONLY

File #:

Inventory/Accounting Due:

Extend Due Date To:
