

# Part 1

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



Case # \_\_\_\_\_

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

## INVENTORY Sussex County Register of Wills

Date Filed: \_\_\_\_\_  
Date Stamped Upon Receiving

Decedent's Name:

Residence at Time of Death:

*Number and Street, City, State, Zip*

Date of Death:

Date Letters Granted:

Testate:

Intestate:

County: New Castle

Kent

Sussex

Name of Personal Representative:

Address of Personal Representative:

Phone Number:

Email Address:

Name of Personal Representative:

Address of Personal Representative:

Phone Number:

Email Address:

Name and Address of Attorney, if any:

Have you previously filed an Inventory for this Estate? Yes No

### GENERAL INSTRUCTIONS

Everyone required to file this Inventory form shall do so within three (3) months after the estate is opened, or within three (3) months of the date of death when an estate is not opened. Extensions may be granted for good cause at the discretion of the Register. **Any Personal Representative may be subject, personally and individually, to a fine under 12 Del. C. § 1906 if the Inventory is not filed on time.** The Inventory shall be filed in the Office of the Register of Wills of the county in which the estate has been opened or, when no estate is opened, in the county where the Decedent lived at the date of death. The Inventory shall list all **personal property** the Decedent owned at the date of death. It must also list all **real estate** the Decedent owned at the date of death and must provide the parcel/lot number of each piece of real estate, the names/address(es) of the new owner(s) of the real estate, and his/her/their relationship to the Decedent (for example, son). The Inventory must also be filed in every county of the state in which the Decedent owned real estate at the date of death. The person who is responsible for preparing and filing the Inventory must swear or affirm that the information in it is true and correct before the Inventory will be treated as legally filed.

If more space is needed on any of the following schedules, additional sheets of paper of the same size may be inserted following the appropriate schedule, provided the added sheet refers to the schedule it supplements.

The value to be used for any property listed on this Inventory is the fair market value as of the date of death of the Decedent.

If the Decedent owned no property of the kind described in any of the following schedules, the word "None" should be written on the page. Pages left blank will result in the Inventory being rejected. Only blue or black ink pens may be used. Double sided documents will not be accepted, please print single sided.

Please refer to the Inventory instructions, as well as the inventory sample to assist you in completing this form. They can both be found on our website: [www.sussexcountyde.gov/register-will-forms](http://www.sussexcountyde.gov/register-will-forms)

## SCHEDULE A SOLELY OWNED REAL ESTATE

Include tax parcel number, deed record number and an adequate description and/or address to identify all real estate located in Delaware only and complete the names and addresses and relationship of persons entitled to each parcel and share of each person. Be sure to list who will receive the tax bill for each parcel, otherwise the inventory will be rejected and returned for corrections. Enter the fair market value at the date of death, do not subtract mortgages or loans from the value. Jointly owned property must be disclosed on Schedule B.

[illegible]

ESTATE OF:

## SCHEDULE B JOINTLY OWNED ASSETS

Did the decedent, at the time of death, own any assets with (a) another person with right of survivorship; or (b) with his/her wife/husband?    Yes    No. If "Yes", state the name, relationship, and address of each surviving co-tenant. Do not list bank account numbers or attach statements.

NAME	RELATIONSHIP	ADDRESS (Number and Street, City, State and Zip Code)
A.		
B.		
C.		

ITEM NO.	DESCRIPTION Identify co-tenant by using appropriate letter, above. If the item listed is Real Property, please list provided Tax Map and Parcel number with address.	FAIR MARKET VALUE AT DATE OF DEATH
<b>TOTAL of Schedule B – Also list on corresponding line of Recapitulation.</b>		

ESTATE OF: \_\_\_\_\_

## SCHEDULE C

### BANK ACCOUNTS AND CASH

Include solely held money in banks and/or moneys **owed** to Decedent at time of death. Do not list bank account numbers or attach statements. Jointly owned property should be disclosed on Schedule B.

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>FAIR MARKET VALUE AT DATE OF DEATH</b>
<b>TOTAL of Schedule C – Also list on corresponding line of Recapitulation.</b>		

ESTATE OF: \_\_\_\_\_

## SCHEDULE D

### STOCKS AND BONDS

List stocks, bonds and securities in a decedent's name, solely without a pre-designated beneficiary. Jointly owned property must be disclosed on Schedule B.

[illegible]

ESTATE OF: \_\_\_\_\_

## SCHEDULE E

### VEHICLES & MISCELLANEOUS PROPERTY

List all other personal property not listed on another schedule, including, if owned by or made payable to the decedent or the decedent's estate. Be sure to list anything with a title, such as a car, manufactured home or boat. Be sure to also list any personal items of genuine value such as jewelry, collectible, or digital assets. Generally, life insurance proceeds, employee death benefits, or IRA's are directly payable to a third party and would not be listed. If the Estate is the beneficiary of any such policies, all beneficiaries have deceased, no alternative beneficiaries, they would need to be listed. Jointly owned property must be disclosed on Schedule B.

[illegible]

ESTATE OF: \_\_\_\_\_

## RECAPITULATION

The total at the bottom from each schedule should be listed with the corresponding line below.

### Non Probate Assets:

Schedule A - Solely Owned Real Estate

Schedule B - Jointly Owned Assets

**Total of Schedule A & Schedule B:**

### Probate Assets:

Schedule C - Bank Accounts and Cash

Schedule D - Stocks and Bonds

Schedule E - Vehicles & Miscellaneous Property

**Total of Schedule C, Schedule D & Schedule E:**



## OATH OR AFFIRMATION OF PERSONAL REPRESENTATIVE

\_\_\_\_\_ make(s) solemn oath (or affirmation) that I/We made due inquiry concerning the goods, chattels, money and credits due and belonging to \_\_\_\_\_, "the deceased person," and that this Inventory contains all the goods, chattels, money and credits due or belonging to the deceased person that has come to the knowledge of the deponent (or affiant) and that the information contained in the Schedule of Real Estate and the information pertaining to Entireties and Jointly Owned Real and Personal Property is true to the best of his/her/their knowledge and belief.

\_\_\_\_\_  
Personal Representative - Sign in the presence of a Notary.

\_\_\_\_\_  
Personal Representative - Sign in the presence of a notary.

Signed and sworn (or affirmed), before me, on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public or Other Qualified Person**  
(State your title)