Petition For Authority To Act As Personal Representative

TO: The Register of Wills for the County of New Castle in the State of Delaware

in the matter of the estate of: _____}
Decedent }
_____{ **PETITION**
}

I._____, the (Petitioner(s)) states under oath that:

(1) The decedent died on _____a resident of _____
Street Address

_____
City State Zip Code

(2) The decedent had no will (dated_____)

(3) After the Will was signed, the decedent (a) did marry [did / did not enter into a civil union or other legal relationship under the laws of another jurisdiction recognized as a civil union under Delaware law] and (b) no _child(ren), was / were born to the decedent. _____

(4) The qualification to act as Personal Representative is _____

_____

_____

(5) Each Petitioner swears that (he / she) has never been convicted of a felony in this or any other jurisdiction.

II. Petitioner/Petitioners Requests the grant of: (check one)

___ Letters Testamentary
___ Letters of Administration
___ Letters of Administration with Will Annexed
___ Letters of Ancillary Administration
___ Letters of Ancillary Administration with Will Annexed
___ Letters of a Successor Administrator/rix
___ Letters of a Successor Administrator/rix with Will Annexed

III. The decedent solely owned personal property valued at $_____ and/or solely owned real estate to the value

$_____ located in New Castle County, State of Delaware, as follows: (street address or parcel number)

_____

IV. The decedent was survived by the following persons:

NAME	RELATIONSHIP	ADDRESS
SPOUSE OR [CIVIL UNION PARTNER]:		
NEXT OF KIN:		
(Nearest relative of decedent, by blood relationship or legal adoption.)		

V. A Bond is not **required.**

STATE OF DELAWARE
NEW CASTLE COUNTY } **SS.**

_____the Petitioner(s) named in the application, being duly sworn according to law say (s) that the matters alleged in this petition are true and correct to the best of (his, her, their) knowledge and belief.

Attorney of Record _____ **X** _____

Firm _____ Address _____

Address _____ _____

Phone _____ Phone _____

SWORN TO AND SUBSCRIBED before me, at Wilmington, Delaware this _____ day of _____, _____.

_____
REGISTER OF WILLS