

STATE OF DELAWARE INVENTORY
FOR NEW CASTLE COUNTY
REGISTER OF WILLS

Date Submitted _____

Decedent's Name: _____

Residence at Time of Death: _____

Number and Street

City, State and Zip Code

Date of Death: _____ Date Estate Opened: _____

Testate (with will) or Intestate (without will) New Castle / Kent / Sussex County
(Please circle) (Please circle)

Name of Personal Representative: _____

Address of Personal Representative & Phone #: _____

Name of Personal Representative: _____

Address of Personal Representative & Phone _____

Name and Address of Attorney, if any: _____

GENERAL INSTRUCTIONS

Everyone required to file this inventory form shall do so within three months after the estate is opened, or within three months of the date of death when an estate is not opened. At the discretion of the Register of Wills, extensions may be granted. **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.** This form shall be filed in the Office of Register of Wills of the county in which the estate has been opened or, when no estate is opened, in the county where the former owner lived at the time of death. The inventory shall list all **personal property** the decedent owned at the time of death. It must also list all **real estate** the deceased owned at the time of death, and must give the parcel or lot number of each piece of real estate, **THE NAME AND ADDRESS(ES) OF THE NEW OWNER(S) OF THE REAL ESTATE, AND HIS/HER/THEIR RELATIONSHIP TO THE DECEASED (FOR EXAMPLE, SON).** The inventory must be filed in every county of this State in which the decedent owned real estate at the time 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 the decedent owned no property of the kind described on a particular page of this inventory, the word “None” should be written on that page.

The person who opens an estate for a deceased person is called the “personal representative”. That term includes an administrator, executor, and any other person responsible for filing an inventory.

There is a penalty for the third returned inventory.

If more space is needed on any of the following pages, additional sheets of paper of the same size may be used following that page and the added sheet must refer to the page it supplements.

The value to be used for the property listed in this inventory is the fair market value at the time of the death of the owner.

**SCHEDULE A
SOLELY OWNED REAL ESTATE**

Include tax parcel number, deed record number and a description adequate to identify all real estate. List the full names and addresses of persons entitled to each parcel and share (percentage) for each person. Also, please specify the name and address to whom the tax bills should be sent in the area provided below.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
		\$
PLEASE SPECIFY THE NAME & ADDRESS & PHONE NO# TO WHOM THE TAX BILL SHOULD BE MAILED:		
	TOTAL (Also enter on the Recapitulation page)	\$

ESTATE OF: _____

**SCHEDULE B
SOLELY OWNED STOCKS AND BONDS**

Jointly owned property must be disclosed on Schedule D.

ITEM NO.	DESCRIPTION	FAIR MARKET VALUE AT DATE OF DEATH	DIVIDENDS OF RECORD PRIOR TO DEATH AND PAYABLE AFTER DEATH OR INTEREST ACCRUED TO DATE OF DEATH
		\$	\$
		\$	\$
TOTAL (Also enter on the Recapitulation page)			\$

ESTATE OF: _____

**SCHEDULE C
SOLELY OWNED MORTGAGES, NOTES AND CASH**

Mortgages and notes refer to money owed to the decedent. Cash includes money in banks. Jointly owned property must be disclosed on Schedule D.

ITEM NO.	DESCRIPTION	FAIR MARKET VALUE AT DATE OF DEATH	INTEREST OR OTHER INCOME ACCRUED TO DATE OF DEATH AND PAYABLE AFTER DEATH
		\$	\$
		\$	\$
TOTAL (Also enter on the Recapitulation page)			\$

ESTATE OF: _____

**SCHEDULE D
JOINTLY OWNED ASSETS**

Did the decedent, at the time of death, own any property a) with another person with right of survivorship or b) with his/her wife/husband/civil union partner? _____ Yes _____ No

If "Yes", state the name, relationship and address of each surviving co-owner.

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

PLEASE LIST ALL JOINTLY OWNED ASSETS BELOW:

ITEM NO.	DESCRIPTION (Identify co-owner by using appropriate letter, above)	FAIR MARKET VALUE AT DATE OF DEATH	INTEREST OR OTHER INCOME ACCRUED TO DATE OF DEATH
		\$	\$
		\$	\$
TOTAL (Also enter on the Recapitulation page)			\$

ESTATE OF: _____

**SCHEDULE E
SOLELY OWNED MISCELLANEOUS PROPERTY**

List all other personal property not listed on another schedule, including if owned by or payable to the decedent or the decedent's estate. **DO NOT LIST life insurance proceeds, employee death benefits, individual retirement accounts, annuities or anything else that is payable to a living designated beneficiary (person) or a trust.**

ITEM NO.	DESCRIPTION	FAIR MARKET VALUE AT DATE OF DEATH	INTEREST OR OTHER INCOME ACCRUED TO DATE OF DEATH
		\$	\$
		\$	\$
TOTAL (Also enter on the Recapitulation page)			\$

ESTATE OF: _____

RECAPITULATION

Recapitulation of Schedule A thru E
(Enter totals from previous pages)

Schedule A – Real Estate _____

Schedule B – Stocks and Bonds _____

Schedule C – Mortgages, Notes and Cash _____

Schedule D – Jointly Owned Property _____

Schedule E – Miscellaneous Property _____

GRAND TOTAL

Total of Non-Probate Assets

(Sum of Schedule A & D) _____

Total of Probate Assets

(Sum of Schedule B, C & E) _____ ✓

Total Probate and Non-Probate
(should match Grand Total)

OATH OR AFFIRMATION OF PERSONAL REPRESENTATIVE

(I, We) _____ makes solemn oath or affirmation that (he, she, they) (has, have) made due inquiry concerning the goods, chattels, money and credits due or 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 or 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 (my, our) knowledge and belief.

Personal Representative

Personal Representative

Signed and sworn (or affirmed), before me, on _____, A.D., 200__.

Notary Public or other qualified person
(State your title)