

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

I. The (Petitioner(s)) (state names, address, ph#) _____
_____ states under oath that:

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

City State Zip Code

(2) The decedent had (a / no) will (dated _____)

(3) After the Will was signed, the decedent (a) did ___ / did not ___ 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) Does this will create a TRUST? YES NO **If yes, fill out the Trust Inquiry Form**

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

(6) I/We declare under penalty of perjury that I/we have never been convicted of a felony in this or any other jurisdiction.
Initial(s): _____

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)
