

(SAMPLE)
PLEASE PRINT

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 NAME OF DECEASED; LIST NAME AS IT APPEARS ON WILL “a/k/a” AS IT APPEARS ON DEATH CERT.
DECEDENT

I. The (Petitioner(s)) YOUR NAME – PERSON(S) PETITIONING TO REPRESENT THE ESTATE, NAME AND ADDRESS

states under oath that:

(1) The decedent died on DATE OF DEATH a resident of STREET ADDRESS OF DECEASED -
Street Address
INCLUDING CITY/STATE AND ZIP CODE
City State Zip Code

(2) The decedent had (a / no) will (dated DATE OF THE WILL IF THERE IS ONE; OR CIRCLE “NO”)

(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. **CIRCLE/FILL IN WHETHER THE DECEDENT MARRIED/ENTERED INTO A CIVIL UNION OR HAD CHILDREN AFTER THE WILL WAS MADE.**

(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 (**EXPLAIN: 1. YOU ARE NAMED THE EXECUTOR IN THE WILL; 2. YOU ARE THE NEXT OF KIN; 3. CLOSEST NEXT OF KIN HAS RENOUNCED HIS/HER RIGHT TO ACT OR IS DECEASED; OR 4. MORE THAN 60 DAYS HAVED PASSED SINCE D.O.D.**)

(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: _____ **IF YOU HAVE BEEN CONVICTED OF A FELONY, PLEASE ALERT THE DEPUTY IMMEDIATELY.**

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

____ Letters Testamentary
(THERE IS A WILL; PETITIONER IS NAMED EXECUTOR IN THE WILL)

____ Letters of Ancillary Administration with Will Annexed
(ESTATE WAS OPENED IN ANOTHER STATE – THERE IS A WILL)

____ Letters of Administration
(THERE IS NO WILL)

____ Letters of a Successor Administrator/rix
(ESTATE WAS PREVIOUSLY OPENED BY ANOTHER PETITIONER – NO WILL)

____ Letters of Administration with Will Annexed
(THERE IS A WILL, BUT PETITIONER IS NOT THE NAMED EXECUTOR IN WILL)

____ Letters of a Successor Administrator/rix with Will Annexed
(ESTATE WAS PREVIOUSLY OPENED BY ANOTHER PETITIONER – THERE IS A WILL)

____ Letters of Ancillary Administration
(ESTATE WAS OPENED IN ANOTHER STATE – THERE WAS NO WILL)

FILL IN THIS SECTION. IF NOT SURE, USE APPROXIMATE VALUES.

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

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

IF THERE IS REAL ESTATE IN NCC, FILL IN THE ADDRESS, INCLUDING THE ZIP CODE

IV. The decedent was survived by the following persons: NEXT OF KIN: (Nearest relative of decedent, by Marriage, blood relationship or legal adoption.)

NAME	RELATIONSHIP	COMPLETE ADDRESS
(Nearest relative of decedent, by blood relationship or legal adoption.)		
CHILDREN - IF NONE:		
GRANDCHILDREN		
MOTHER, FATHER		
SISTER, BROTHER		
NIECE, NEPHEW		
PLEASE PROVIDE NAME, RELATIONSHIP, AND COMPLETE ADDRESS		

V. A Bond is / is not required.

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

VI. I have checked the estate index (Will search and Affidavit search) and have not found that letters of administration, testamentary, or small estate affidavit have been granted nor is there another file folder for this estate. I further understand that a penalty may be assessed for missing any appointment without 24 hours' notice. In addition, I understand that the estate may be charged if it is categorized as a complex case. Initial (s): _____

PRINT NAME OF PERSONAL REPRESENTATIVE(S)/PETITIONER(S) 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.

WRITE "PRO-SE" IF THERE IS NO ATTORNEY

Attorney of Record OR ATTORNEY'S NAME/ADDRESS, etc. **X To be signed in front of Deputy**
 Firm IF PRESENT AT TIME OF OPENING **X** _____
 Address _____ **X** _____
 Phone _____ **X** _____

****THIS SECTION – TO BE COMPLETED BY THE REGISTER OF WILLS OFFICE****

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

REGISTER OF WILLS