Petition for Authority to Act As Personal Representative

To: The Register of Wills for the County of Kent in the State of Delaware

In the matter of the estate of:

_____, Decedent. } **PETITION**

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

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

_____.
City State Zip Code

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

(3) After the Will was signed, the decedent (a) _____ did / _____ did not marry (or 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, complete the Trust Inquiry Form**

(5) The qualification to act as Personal Representative(s) 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(s) request(s) the grant of: (check one)

- ☐ Letters Testamentary
- ☐ Letters Testamentary, Successor Executor
- ☐ 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
- ☐ Letters of a Successor Administrator with Will Annexed

III. The decedent *solely* owned personal property valued at $_____ and/or *solely* owned real estate to the value of $_____ located in Kent County, State of Delaware, as follows: (street address or parcel number)

_____ Tax Parcel No.: _____

_____ Tax Parcel No.: _____

_____ Tax Parcel No.: _____

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

NAME	RELATIONSHIP	ADDRESS

V. A bond is not required.

STATE OF DELAWARE
COUNTY OF KENT } 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: _____ **X** _____

Address: _____ **X** _____

Phone: _____ **X** _____

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

_____
REGISTER OF WILLS /NOTARY PUBLIC