

STATE OF DELAWARE
KENT COUNTY REGISTER OF WILLS
INVENTORY

Date Due: _____

Decedent's Name: Full name of the person who passed away

Residence at Time of Death: Full address of the person who passed away (last residence address, including nursing home)

Date of Death: _____ Date Letters Granted: Date of opening appointment

Testate ☒ Intestate ☐ County: New Castle ☐ Kent ☒ Sussex ☐

Name of Personal Representative: Full name of person handling the estate (executor or administrator)

Address of Personal Representative: Full address; P.O. Box not acceptable

Phone number: _____ Email Address: _____

Name of Personal Representative: Complete only if more than one personal representative.

Address of Personal Representative: _____

Phone number: _____ Email Address: _____

Name and Address of Attorney, if any: _____

Have you previously filed an inventory for this Estate? Yes ☐ No ☒

GENERAL INSTRUCTIONS – PLEASE READ

Everyone required to file this Inventory form shall do so within three (3) months after the estate is opened, or within three (3) months of the date of death when an estate is not opened. Extensions may be granted for good cause at the discretion of the Register. 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. The Inventory shall be filed in the Office of the Register of Wills of the county in which the estate has been opened, or when no estate is opened, in the county where the Decedent lived at the date of death. The Inventory shall list all personal property the Decedent owned at the date of death. It must also list all real estate the Decedent owned at the date of death and must provide the map number of each piece of real estate, the names/address(es) of the new owner(s) of the real estate, and his/her/their relationship to the Decedent (for example, son). The Inventory must also be filed in every county of the state in which the Decedent owned real estate at the date 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 assets of the kind described in any of the following schedules, the word "None" should be written on the page in the description area and zero for the total in the box provided.

If more space is needed on any of the following schedules, additional sheets of paper of the same size may be inserted following the appropriate schedule, provided the added sheet refers to the schedule it supplements.

The value to be used for any asset listed is the fair market value as of the date of death of the Decedent.

Please refer to the inventory instructions as well as the inventory sample to assist you in completing this form. They can both be found on our website: www.co.kent.de.us/register-of-wills-office/forms.aspx

**SCHEDULE A
SOLE REAL ESTATE**

Include tax parcel number, deed record number and full address adequate to identify all real estate located in Delaware only, regardless of county. Complete the names, addresses and relationship of persons entitled to each parcel and share of each person. Be sure to list who will receive the tax bill for each parcel. Otherwise, the inventory will be rejected and returned for correction. Enter the fair market value at date of death. Do not subtract any mortgages or loans from the value. Jointly owned property must be disclosed on Schedule B.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
	If there is more than 1 property, number each property (1, 2, 3, etc).	
	Enter the COMPLETE ADDRESS OF THE PROPERTY AND TAX MAP NUMBER.	
	(The tax map number can be found by doing a property search on our website)	
	Below each property, list FULL NAME, RELATIONSHIP TO DECEASED, AND COMPLETE ADDRESS(ES) OF THE PERSON(S) TO WHOM THE PROPERTY WILL TRANSFER.	
	Also include THE PERCENT OF THE PROPERTY THAT EACH PERSON WILL OWN.	
	Either the will or intestate law (if no will) determines to whom the property transfers.	
	If you don't know to whom the property passes, consult with an attorney.	
	IF THE PROPERTY IS DIRECTED TO BE SOLD BY THE WILL, WRITE:	
SEE EXAMPLE	"ESTATE OF XYZ, C/O EXECUTOR'S NAME, DIRECTED TO BE SOLD"	
1	1 MAIN ST	\$ 200,000.00
	CLAYTON, DE 19977	
	TAX MAP #8 00 16000 01 2300 000	
	MARY L. DOE 50% DAUGHTER	
	321 N. BAY RD.	
	DOVER, DE 19901	
	JUDY B. DOE 50% GRANCHILD	
	123 S. BAY RD.	
	DOVER, DE 19901	
	Send tax bill to:	
	Enter the NAME & ADDRESS of the person to whom the tax bills should be mailed.	
	IF THIS IS LEFT BLANK, THE INVENTORY WILL BE REJECTED/RETURNED TO YOU.	
	TOTAL: (also enter under the Recapitulation)	\$ 200,000.00

SCHEDULE B
JOINTLY-OWNED PROPERTY

Did the decedent, at the time of death, own any assets (a) with another person with right of survivorship; or (b) with his/her spouse? Yes ☒ · No ☐

If "Yes", state the name, relationship and address of each surviving co-tenant. If "No", write "None".
List joint real estate in Delaware only regardless of county.

	NAME	RELATIONSHIP	ADDRESS
A.	MARY L DOE	DAUGHTER	321 N. BAY RD., DOVER, DE 19901
B.	JAMES DOE	GRANDCHILD	456 E. HACKNEY ST, WYOMING, DE 19934
C.			

ITEM NO.	DESCRIPTION (Identify which joint owner owned which assets)	
	A, B, & C are rows for listing names, relationships, and addresses of each surviving joint owner of assets. If more space is needed, an additional page may be added.	
	Number each jointly owned asset if there is more than one (1, 2, 3, etc.).	
	List the jointly owned asset(s). Examples: real estate, bank accounts, mobile homes	
	stocks/bonds, boats, trailers, cars, household goods, antiques, tractors, etc.	
	Beside each item, place the letter (from above) of the joint owner.	
	SAMPLE	
EXAMPLE HERE		
1	DEL ONE CREDIT UNION	A
2	DSP FEDERAL CREDIT UNION	A
3	VEHICLE	B
4	BOAT	B
TOTAL: (also enter under the Recapitulation)		\$ 0.00

SCHEDULE C
BANK ACCOUNTS AND CASH

Include solely held money in banks and/or money OWED to Decedent at time of death. Jointly owned assets must be disclosed on Schedule B.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
	Number each item if there is more than one (1, 2, 3, etc.).	
	List cash, checking/savings accounts, certificates of deposit, money market accounts, and money owed to decedent.	
	A bank account held jointly for convenience of the decedent only is considered a solely held asset and should be listed here. Please list name of bank/financial institution but it is not necessary to list actual account number.	
	List the value or balance of the asset at the date of death.	
	SAMPLE	
EXAMPLE HERE		
1	DOVER TRUST CO - CHECKING & SAVINGS ACCOUNT	\$ 1,567.89
2	M&T BANK - MONEY MARKET ACCOUNT	\$ 4,630.57
3	MONEY OWED FROM LOAN TO MARY MAJOR	\$ 3,000.00
4	CASH IN SAFE	\$ 2,500.00
TOTAL: (also enter under the Recapitulation)		\$ 11,698.46

SCHEDULE D
STOCKS AND BONDS

List stocks and securities in decedent's name solely without a predesignated beneficiary. Jointly held assets must be disclosed on Schedule B.

[illegible]

SCHEDULE E
VEHICLES AND MISCELLANEOUS PROPERTY

List all other personal property not listed on another schedule, including, anything payable to the decedent's estate. Be sure to list anything with a title, such as a car, manufactured home, or boat. Be sure to also list any personal items of genuine value, such as jewelry, collectibles, or digital assets. Generally, life insurance proceeds and individual retirement accounts are directly payable to a third party and not the decedent's estate; as such, these monies are not listed on the inventory. Jointly owned assets must be disclosed on Schedule B.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
	List any item not listed on previous pages that are solely owned or payable to	
	the estate. Examples include: Mobile/manufactured homes, RVs, cars (list	
	year/make/model), cemetery plots, household contents, jewelry, antiques,	
	collectibles and collections, tools, farming equipment, sporting equipment, etc.	
	Clothing/shoes are not to be included.	
	Only list employee death benefits, life insurance proceeds, individual retirement	
	accounts, and annuities that do not have a living, named beneficiary or that are	
	payable to the estate.	
	Value may be estimated at yard sale/resale value or for higher value items	
	an appraisal may be conducted.	
EXAMPLE HERE		
1	1978 FORD F150 TRUCK	\$ 400.00
2	MOBILE/MANUFACTURED HOME	\$ 50,000.00
3	HOUSEHOLD FURNINSHINGS	\$ 2,500.00
4	LIFE INSURANCE POLICY (NO BENEFICIARY)	\$ 5,000.00
5	KAYACKS (2)	\$ 2,000.00
TOTAL: (also enter under the Recapitulation)		\$ 59,900.00

RECAPITULATION

Enter totals from each schedule on the corresponding line:

Non-Probate Assets:

Schedule A – Sole Real Estate	<u>\$ 200,000.00</u>
Schedule B – Jointly-Owned Assets	<u>\$ 0.00</u>
Total of Sole Real Estate and Jointly-Owned Assets:	<u>\$ 200,000.00</u>

Probate Assets:

Schedule C – Bank Accounts and Cash	<u>\$ 11,698.46</u>
Schedule D – Stocks and Bonds	<u>\$ 10,150.00</u>
Schedule E – Vehicles/Miscellaneous Property	<u>\$ 59,900.00</u>

TOTAL PROBATE ASSETS

Sum of schedules C, D, and E. This total must carry forward to the Accounting form.

\$ 81,748.46



OATH OR AFFIRMATION OF PERSONAL REPRESENTATIVE

I/We, Name of personal representative (admin/exec), make solemn oath (or affirmation) that I/We have made due inquiry concerning the goods, chattels, money and credits due and belonging to

Full name of the person who passed away, “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, a Notary Public, this ____ day of _____, 20____.

Notary Public or Other Qualified
Person (please state title)