STATE OF DELAWARE KENT COUNTY REGISTER OF WILLS INVENTORY

			Date Due:	
Decedent's Name:				
Residence at Time of Death:				
Date of Death:	Date Letters Gran	nted:		
Testate Intestate	County: New Castle	Kent	Sussex	
Name of Personal Representative:				
Address of Personal Representative	e:			
Phone number:	Email Address:			
Name of Personal Representative:				
Address of Personal Representative	e:			
Phone number:				
Name and Address of Attorney, if a	nny:			
Have you prev	viously filed an inventory fo	r this Esta	nte? 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
	Send tax bill to:	
	TOTAL: (also enter under the Recapitulation)	

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 .		
B.		
C.		

ITEM	DESCRIPTION (Identify which joint owner owned which assets)	
NO.		
	TOTAL: (also enter under the Recapitulation)	

SCHEDULE C BANK ACCOUNTS AND CASH

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

ITEM NO.	DESCRIPTION	VALUE AT DATE OF
		DEATH
	TOTAL: (also enter under the Recapitulation)	

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.

ITEM NO.	DESCRIPTION	VALUE AT DATE OF DEATH
	TOTAL: (also enter under the Recapitulation)	

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.

NO.	VALUE AT DATE OF DEATH

RECAPITULATION

Enter totals from each schodule on t	the company ding line.		
Enter totals from each schedule on t	tne corresponding line:		
Non-Probate Assets:			
Schedule A – Sole Real Estate			
$ \begin{tabular}{lll} Schedule & B-Jointly-Owned & Assets \\ \end{tabular}$			
Total of Sole Real Estate and	Jointly-Owned Assets:		_
Probate Assets:			
Schedule C – E	Bank Accounts and Cash		
Schedule D – S	Stocks and Bonds		
Schedule E – V	/ehicles/Miscellaneous Proper	ty	
TOTAL PROBATE ASSETS Sum of schedules C, D, and E. This			
carry forward to the Accounting for	m.		
OATH OR AFFIE	RMATION OF PERSONAL RI	EPRESENTATIVE	
I/We, inquiry concerning the goods, chatte	, make solemn oath (or afl ls, money and credits due and		e have made due
	, "the deceased person", a		tory contains all
the goods, chattels, money and credit knowledge or the deponent (or affian Estate and the information pertainin true to the best of my/our knowledge	ts due or belonging to the dece it) and that the information co ig to Entireties and Jointly Ov	eased person that h ontained in the Sch	as come to the edule of Real
Personal Representative	Personal Repr	esentative	
Signed and sworn (or affirmed) before	re me, a Notary Public, this _	day of	, 20
		=-	or Other Qualified (please state title)
Form No. K.C. 600RW – Inventory Revised July 2024	Page 7 of 7	Folio No	