

**STATE OF DELAWARE INVENTORY
FOR
REGISTER OF WILLS**

Date Received: _____

Decedent's Name _____

Residence at time of death _____

Number and Street

_____ Decedent's Social _____
City, State and Zip Security Number

Date of Death _____ Testate or Intestate _____

Date Letters Granted _____ County _____

Name of Personal Representative _____

Address of Personal Representative _____

Name of Personal Representative _____

Address of Personal Representative _____

Name and Address of Attorney, if any _____

GENERAL INSTRUCTIONS

Every person required to file this inventory form shall do so within three months after the granting of Letters Testamentary or Administration, or within three months of the date of death where no letters are granted. This form shall be filed in the Office of the Register of Wills of the county in which said letters have been granted, or where no letters have been granted, of the count in which the decedent resided. The inventory shall list all personal property of the decedent and shall set forth a general description of every parcel of real estate in this state of which the decedent died seized and the name of each party entitled to any estate or interest in any parcel of said real estate and relationship, if any, of said party to the decedent. In addition, the inventory shall be filed in any other county in this state in which the decedent owned real estate on the date of his death. Such inventory shall be supported by the oath or affirmation of the person required to file the inventory.

If the decedent owned no property of the kind described in any of the following schedules, the word "None" should be written on the page.

Form 600, where required, must be filed with the Division of Revenue within 9 months after the date of death. Inheritance Tax must be paid with the form 600.

The term "Personal Representative" as used herein shall include executor, administrator or any other person required to file this form.

If more space is needed on the individual schedules, insert additional sheets of the same size immediately in back of the appropriate schedule and identify the schedule.

**SCHEDULE A
REAL ESTATE**

(Included tax parcel number, deed record number, and a description adequate to identify all real estate and the relationship of persons entitled to each parcel and share of each person. Jointly owned property must be disclosed on Schedule D.)

Item No.	Description	Value at Date of Death
	TOTAL (Also enter under the Recapitulation)	\$

ESTATE OF _____

**SCHEDULE B
STOCKS AND BONDS**

(Jointly owned property must be disclosed on Schedule D)

Item No.	Description	Fair market value at date of death	Dividends of record Prior to the death and Payable after death or Interest accrued to date of death.
		\$	\$
TOTAL (also enter under Recapitulation)			\$

ESTATE OF _____

**SCHEDULE C
MORTGAGES, NOTES AND CASH**

(Include money in banks; jointly owned property must be disclosed on Schedule D.)

Item No.	Description	Fair market value at date of death	Interest or other income accrued to date of death
		\$	\$
TOTAL (also enter under Recapitulation)			\$

ESTATE OF _____

**SCHEDULE D
JOINTLY OWNED PROPERTY**

1. Did the decedent, at the time of death, own any property as a joint tenant with the right of survivorship or as a tenant by the entirety? _____ Yes _____ No

If "yes" state the name, relationship and address of each surviving co-tenant.

Name	Relationship	Address (Number and Street, City, State and Zip Code)
A.		
B.		
C.		

Item No.	Description (Identify co-tenant by using appropriate letter above)	Fair market value at the date of death	Interest or other income accrued to date of death
		\$	\$
TOTAL (Also enter under the Recapitulation)			\$

ESTATE OF _____

**SCHEDULE E
MISCELLANEOUS PROPERTY**

(List all other personal property not listed on another schedule including, if payable to the decedent or the decedent's estate, life insurance proceeds, employee death benefits, individual retirement accounts and annuities. Jointly owned property must be disclosed on Schedule D.)

Item No.	Description	Fair market value at date of death	Interest or other income accrued to date of death
		\$	\$
TOTAL (also enter under Recapitulation)			\$

ESTATE OF _____

