

INVENTORY

DATE DUE: _____ (within three months of granting of letters)

INSTRUCTIONS FOR COMPLETION:

First Page

1. **Decedent's Name:** Full name of person who passed away.
2. **Residence at Time of Death:** Address of Decedent's last residence or address of nursing facility, if applicable.
3. **Decedent's Social Security No.:** Located on Death Certificate.
4. **Date of Death:** Month, day and year.
5. **Testate (will) / Intestate (no will):** (check one)
6. **Date Letters Granted:** Day, month and year estate was opened.
7. **County:** Kent
8. **Name of Personal Representative:** Full name of person probating estate.
9. **Address of Personal Representative:** Complete address of person probating estate. (Use additional lines for name of personal representative and address of personal representative if there is more than one personal representative; otherwise, leave blank.)

Note: *Assets with a beneficiary designation, such as an insurance policy or IRA, are sent directly to the named beneficiary and are not required to be listed on the Inventory.*

Schedule A – Real Estate

Complete **only** if real estate is **solely held** in the Decedent's name. If the will directs that real estate is to be sold, enter "to be sold," or if real estate has been sold, enter "has been sold." If there is no real estate in the sole name of Decedent, enter "none" and proceed to next schedule.

1. **Item No.:** List number of item(s); if more than one parcel of real estate, list each parcel individually.
2. **Description:**
 - a. Enter complete property address for each parcel, together with the map number **highlighted**.
 - b. **Enter name and address of each person entitled to receive the real estate. Important: If names and addresses are not listed, the real estate will not be transferred.**
 - c. Appraisal may be considered and attached.
3. **Value at Date of Death:** Enter value of real estate and carry total to bottom of page.
4. **Estate:** Decedent's full name.

Schedule B – Stocks and Bonds

Complete **only** if stocks and bonds are **solely held** in Decedent’s name; if jointly held, enter on Schedule D; if there are no stocks and bonds in sole name of Decedent, enter “none” and proceed to next schedule.

1. **Item No.:** List each item individually.
2. **Description:** Enter stocks and bonds.
3. **Fair Market Value:** Enter balance on date of death.
4. **Estate:** Decedent’s full name.

Schedule C – Mortgages, Notes and Cash

Mortgages and Notes: Decedent has loaned money and is being paid back – list total payments.
Cash: Includes moneys **solely held** in any checking, savings, money market or certificate of deposit accounts at date of death.

1. **Item No.:** List each item individually.
2. **Description:** Enter banks, credit unions, etc.
3. **Fair Market Value:** Enter balance on date of death.
4. **Estate:** Decedent’s full name.

Schedule D – Jointly Owned Property

A, B and C: List name, relationship and address of individuals who have joint ownership with Decedent.

1. **Item No.:** List each item individually.
2. **Description:** Examples: bank account(s); automobile, mobile home, boat, trailer. For jointly owned real estate, refer to instructions 1, 2 and 3 for Schedule A - Real Estate.
3. **Fair Market Value:** Enter balance on date of death.
4. **Estate:** Decedent’s full name.

Schedule E – Miscellaneous Property

This schedule would include any item(s) not listed on previous pages that are **solely owned**. Examples: automobile(s), mobile home(s), refunds or rebates, (life insurance, list only if in Decedent's name: example: Decedent was in a nursing home, home and auto insurance refunds.) For household goods, it is not necessary to list every item, just the value and enter total.

Recapitulation

Transfer totals from previous pages and enter a final total.

Oath or Affirmation of Personal Representative

First line, enter personal representative(s) name, second line, enter the Decedent's name.

Return form by the specified time (date noted on front page of these instructions) and have your signature notarized by one of the employees at the Kent County Register of Wills office.

No appointment is necessary.

If you are unable to return the Inventory in person, the personal representative can sign and have the signature notarized.

When LITIGATION is in process, the case may not be resolved for some time. In this case, an extension is required. If an extension is required for any reason, you can fax or mail your request to:

**Kent County Register of Wills
Kent County Administrative Complex
555 South Bay Road
Dover, DE 19901**

**Phone: (302) 744-2330
Fax: (302) 735-3475**

CLOSING OF THE ESTATE:

Please call for an appointment at (302) 744-2330 no later than ____.

Requirements for the final accounting:

All cancelled checks or receipts are required.

Examples:

1. Receipt given for opening the estate and any additional receipts thereafter, such as short certificates;
2. Any medical expenses paid from date of death for Decedent;
3. Funeral expenses (receipt from funeral director must be provided indicating the costs have been paid in full; otherwise estate cannot be closed), flowers, headstone, gravesite;
4. Utility bills for three (3) months from date of death, only;
5. Complete name(s) and address(es) for all beneficiaries named in will;
6. Any additional assets since turning in the Inventory (examples: dividends, interest, refunds, mortgage payments received);
7. Any bills paid for Decedent from date of death (examples: credit cards);
8. If will states real estate is to be sold, any expenses involved in the sale of real estate;
9. Expenses or commission are only allowable for the personal representative for the administration of the estate.

Expenses Not Allowable:

1. Real estate taxes;
2. Homeowners and auto insurance.
3. Mortgage.