

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 _____ did / _____ did not marry, and (b) _____ no / _____ child(ren) was/were born to the Decedent.
- (4) The qualification to act as Personal Representative(s) is: _____

- (5) Each Petitioner swears that he/she has never been convicted of a felony in this or any other jurisdiction.

II. Petitioner(s) request(s) the grant of: (check one)

- | | |
|--|--|
| _____ Letters Testamentary | _____ Letters of Ancillary Administration with Will Annexed |
| _____ Letters of Administration | _____ Letters of a Successor Administrator/rix |
| _____ Letters of Administration with Will Annexed ("c.t.a.") | _____ Letters of a Successor Administrator/rix with Will Annexed |
| _____ Letters of Ancillary Administration | |

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.: _____

