

KENT COUNTY REGISTER OF WILLS  
Kent County Complex, Room 113  
555 Bay Road  
Dover, DE 19901

STATEMENT OF CLAIM

1. Name of Decedent: \_\_\_\_\_
2. Address of Decedent: \_\_\_\_\_  
\_\_\_\_\_ Social Security No.: \_\_\_\_\_
3. Name of Claimant: \_\_\_\_\_
4. Address of Claimant: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_
5. Amount of Claim: \_\_\_\_\_
6. Basis of Claim (attach a copy of any written obligation signed by the Decedent, if available):  
\_\_\_\_\_  
\_\_\_\_\_
7. Date obligation became due, or, if not yet due, state date on which obligation becomes due:  
\_\_\_\_\_
8. If obligation is contingent or unliquidated, so state and explain:  
\_\_\_\_\_  
\_\_\_\_\_
9. State whether claim is secured or unsecured and, if secured, describe security:  
\_\_\_\_\_  
\_\_\_\_\_
10. State whether claim is being filed within time set forth in 12 Del. C. § 2102. A claimant has eight (8) months to file a claim from date of Decedent's death (not a calendar month):  
\_\_\_\_\_
11. Submit this form in two (2) copies to the above address.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Claimant)

In order to maintain fee consistency in all three Delaware Counties, the Office of the Register of Will will now be charging \$1.00 per extra page for all attachments filed with statement of claim. The price of simple statement of claim (one page) will remain \$5.00.