

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.