

**KENT COUNTY REGISTER OF WILLS  
REQUEST FOR EXTENSION FORM**

**REQUIREMENTS:**

To be eligible to request an extension:

1. The personal representative or attorney of record must submit the request in writing.
2. If there are multiple personal representatives, ALL of them must sign the request.
3. According to 12 Del. C. § 2301 (c), we are not permitted to extend the filing date for an account beyond six (6) months from the original due date.

**NOTE:** Please take note that you will not be notified when your extension request is approved. (If you would like to be notified that an extension request is approved, please include an extra copy of your request form and a self-addressed stamped envelope). If there is a problem with your request, you will be contacted. Please allow 10 business days for processing. If you have any questions regarding your extension, please call (302) 744-2330.

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**PLEASE COMPLETE ALL ITEMS BELOW:**

1. Name of decedent: \_\_\_\_\_ **File #** \_\_\_\_\_
2. Who is requesting the extension? \_\_\_\_\_ Personal Representative(s) \_\_\_\_\_ Attorney
3. Name & Address of requestor(s)(please print): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attorney law firm (if applicable): \_\_\_\_\_

5. Phone number of requestor: \_\_\_\_\_

6. For what document are you requesting an extension?

\_\_\_\_\_ Inventory \_\_\_\_\_ Accounting

7. Why do you need an extension? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please list the length of the extension you are requesting:

30 days     60 days     90 days     Other (please specify: \_\_\_\_\_)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Personal Representative or Attorney for estate

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Co- Personal Representative (if applicable)

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**FOR OFFICE USE ONLY**

**File No.:** \_\_\_\_\_

**Inv/Acctg Due:** \_\_\_\_\_

**Extend Due Date To:** \_\_\_\_\_