*Kent County Administrative Complex*
*555 S. Bay Rd.*
*Dover, DE 19901*

*Phone: (302) 744-2330*
*www.kentcountde.gov*

IN THE OFFICE OF THE REGISTER OF WILLS
IN AND FOR KENT COUNTY, STATE OF DELAWARE

**OATH OR AFFIRMATION OF PERSONAL REPRESENTATIVE**
**IN LIEU OF FILING INVENTORY AND RENDERING FINAL ACCOUNT**

Date of Death: _____

Date Letters Granted: _____

STATE OF DELAWARE )
) SS.
COUNTY OF KENT )

_____ makes solemn oath (or affirmation) that they have diligently inquired and can obtain no knowledge of any real estate or any goods and chattels belonging to: _____**, deceased, late of** _____ or to the said deceased jointly with another Individual; or of any debts or credits due or belonging to the said deceased, or to the said deceased jointly with another individual.

**PURPOSE FOR WHICH LETTERS WERE GRANTED:**

_____

_____ (Personal Representative)

_____ (Personal Representative)

_____ (Address)

_____ (Address)

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS ___ DAY OF _____ 20___

_____
Notary Public or other qualified person (state title)

APRROVED IN OFFICE OF REGISTER OF WILLS KENT COUNTY THIS ____ DAY OF _____ 20___.

APRROVED BY COURT APPOINTED CHIEF DEPUTY FOR CHANCELLOR KENT COUNTY THIS ____ DAY OF _____ 20___.

_____ *(Register of Wills)*

_____ *(Magistrate)*