



## Register of Wills

### STATEMENT OF CLAIM FORM

1. Estate Of: \_\_\_\_\_

2. Date of Death: \_\_\_\_\_ Folio Number: \_\_\_\_\_

3. Name of Claimant: \_\_\_\_\_

4. Firm Name (if applicable): \_\_\_\_\_

5. Address of Claimant: \_\_\_\_\_

6. Amount of Claim: \_\_\_\_\_

7. Basis of Claim (attach copy of any written obligation signed by decedent, if available)

8. Date obligation became due or, if not yet due, state date on which obligation becomes due: \_\_\_\_\_

9. If obligation is contingent or unliquidated, so state and explain:

10. State whether claim is secured or unsecured, and if secured, describe security:

11.

12. State whether claim is being filed within time set forth in 12 Del. C. Sec. 2102:

\_\_\_\_\_

\_\_\_\_\_  
Claimant Signature

***\*Please make all checks payable to Register of Wills.***