

5 East Pine Street
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Register of Wills

RENUNCIATION

To: Register of Wills

I, _____ (your name)
of _____ (street, city)
State of _____ (state, ZIP)
_____ (your relationship to deceased)
of _____ (deceased full name)
late of _____ (town/residence of deceased)
deceased, do hereby renounce my right and power of administration on the estate of
said deceased and do solemnly announce my refusal thereof.

GIVEN UNDER MY HAND, This _____ Day of _____, A.D., _____.

X _____
(your signature here)

Signed and sworn (or affirmed), before me, on this _____ Day of _____, A.D., _____.

Notary Public or Other Qualified Person
(state your title)

MUST BE NOTARIZED