

5 East Pine Street  
P.O. Box 743  
Georgetown, DE 19947



Phone: (302) 855-7875  
Fax: (302) 853-5871  
sussexcountyde.gov

# Register of Wills

## SPOUSAL ALLOWANCE REQUEST

Date:

Estate of:

NOTICE is hereby given that I,

of

HEREBY apply for the \$

spousal allowance, to which I am entitled

from the estate of the late

who deceased on

, pursuant to **12 Del. Code Section 2308(b)**.

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Signature