

**ROSEMARIE D. PETERS  
MONMOUTH COUNTY SURROGATE  
1 EAST MAIN STREET, ROOM 114  
PO BOX 1265  
FREEHOLD, NEW JERSEY 07728  
732-431-7330 Fax: 732 303-7656**

SATELLITE OFFICES: Tuesday Wednesday Thursday  
9:00 AM TO 4:30 PM: Middletown Library Wall Township Library Ocean Township Library  
(2<sup>nd</sup> & 4<sup>th</sup> Thursday of the month)  
11:00 AM TO 7:00 PM: 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> Thursday of the month - Monmouth County Connection, Neptune

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ESTATE OF: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MARITAL STATUS OF DECEDENT AT TIME OF DEATH: (Check One)  
 Never Married  Married  Divorced  Widowed  Domestic Partner  Civil Union

DECEDENT'S RESIDENCE AT DEATH: Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

IF AN ATTORNEY IS REPRESENTATING THE ESTATE, PROVIDE THE  
NAME, ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS:

\_\_\_\_\_

DATE OF WILL: \_\_\_\_\_ DATE OF CODICIL: \_\_\_\_\_

NAME AND ADDRESS OF EXECUTOR/EXECUTRIX/PERSONAL REP AS IT  
APPEARS ON YOUR DRIVER'S LICENSE

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DAY TIME PHONE NUMBER AND E-MAIL ADDRESS OF  
EXECUTOR/EXECUTRIX/PERSONAL REP

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TRUSTEE: (If Applicable. List full name and address of trustee(s))

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NEXT OF KIN: (INCLUDE STEP-CHILDREN)

NAME                                                  ADDRESS                                                  RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF THERE IS A DEVELOPMENTALLY DISABLED BENEFICIARY OF THIS  
ESTATE, PROVIDE THAT PERSON'S NAME AND ADDRESS AND THE VALUE OF  
THEIR INTEREST IN THE ESTATE:

\_\_\_\_\_

DOES THIS ESTATE INCLUDE REAL ESTATE  YES/NO

IS THE REAL ESTATE JOINTLY OWNED  YES/NO

IF NO WILL, PROVIDE A CURRENT PROPERTY TAX STATEMENT

TOTAL VALUE OF PERSONAL ASSETS: \$ \_\_\_\_\_ # OF CERTIFICATES \_\_\_\_\_

FEES PAID BY: CREDIT CARD/ATTORNEY ACCOUNT/CHECK/MONEY ORDER  
NO CASH ACCEPTED

IF FILING BY MAIL, PROVIDE INFORMATION SHEET, CERTIFIED DEATH  
CERTIFICATE AND ORIGINAL WILL. MAIL TO ADDRESS LISTED ABOVE