

**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

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

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

MARITAL STATUS OF DECEDENT AT TIME OF DEATH: (Circle 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 AND TELEPHONE NUMBER:

\_\_\_\_\_

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 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)

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
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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/MONEYORDER  
NO CASH ACCEPTED

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