ROSEMARIE D. PETERS
MONMOUTH COUNTY SURROGATE
ROOM 114
FREEHOLD, NEW JERSEY 07728
Phone: 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

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:** _____

ATTORNEY REPRESENTING ESTATE: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF WILL: _____ **DATE OF CODICIL:** _____

NAME AND ADDRESS OF EXECUTOR/EXECUTRIX/PERSONAL REP.

_____

_____

_____

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

_____

_____

_____

NEXT OF KIN: (INCLUDE STEP-CHILDREN)

NAME	ADDRESS	RELATIONSHIIP

IS REAL ESTATE JOINTLY HELD? YES/NO IF NO, VALUE _____

IF NO WILL, PLEASE PROVIDE A CURRENT TAX STATEMENT

TOTAL VALUE OF ASSETS: $_____ **# OF CERTIFICATES** _____

FEES PAID BY: MASTER 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