MAUREEN T. RAISCH

MONMOUTH COUNTY SURROGATE
1 EAST MAIN STREET, ROOM 114
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 (2nd & 4th Thursday of the month)

11:00 AM TO 7:00 PM: 1st, 3rd, 5th Thursday of the month - Monmouth County Connection, Neptune

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 REPRESENTING 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

_____

DAY TIME PHONE NUMBER AND EMAIL 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	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/MONEYORDER
NO CASH ACCEPTED

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