

**Maureen T. Raisch**  
 Monmouth County Surrogate  
 1 East Main Street, Room 114  
 Freehold, New Jersey 07728  
 732-431-7330 Fax: 732-303-7656

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

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

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: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

IF AN ATTORNEY IS REPRESENTING THE ESTATE, PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS:

NAME(S) OF EXECUTOR(RIX)/ADMINISTRATOR(RIX)/PERSONAL REP AS IT APPEARS ON YOUR DRIVER'S LICENSE:

ADDRESS, DAYTIME PHONE NUMBER AND EMAIL ADDRESS OF EXECUTOR(RIX)/ADMINISTRATOR(RIX)/PERSONAL REP:

TRUSTEE: (If Applicable. List Full Name, Address, Telephone Number of Trustee(s))

	<b>NEXT OF KIN:</b>	
NAME	ADDRESS (INCLUDE ZIP CODE)	RELATIONSHIP TO THE DECEDENT

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:

IF THE DECEDENT DIED WITH A WILL, PLEASE FILL IN THE FOLLOWING:

DATE OF WILL: \_\_\_\_\_ # OF PAGES: \_\_\_\_\_ DATE OF CODICIL: \_\_\_\_\_

IF THE DECEDENT DIED WITHOUT A WILL, PLEASE FILL IN THE FOLLOWING:

LIST OF DECEDENT'S ASSETS- Do not list assets that are payable on death (POD) or have a named beneficiary.

ASSET	VALUE/BALANCE

\*IF NO WILL, PROVIDE A CURRENT PROPERTY TAX STATEMENT\*

DOES THIS ESTATE INCLUDE REAL ESTATE: YES      NO      IS THE REAL ESTATE JOINTLY OWNED: YES      NO

TOTAL VALUE OF PERSONAL ASSETS: \_\_\_\_\_ # OF SHORT CERTIFICATES\* NEEDED: \_\_\_\_\_

\*SHORT CERTIFICATES ARE USED TO ACCESS/TRANSFER/CHANGE AN ASSET SUCH AS BANK ACCOUNTS, CAR, ETC. THAT ARE SOLEY IN THE DECEDENTS NAME\*

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 (IF APPLICABLE). MAIL TO ADDRESS LISTED ABOVE.