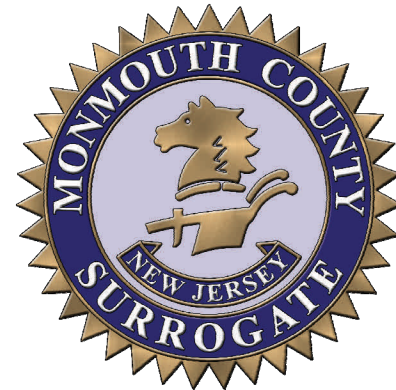


# *The Personal Record of*

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**Office of the Monmouth County Surrogate  
Rosemarie D. Peters, Esq., Surrogate  
Hall of Records  
1 East Main Street  
Freehold, NJ 07728**

**(732) 431-7330**

**[www.visitmonmouth.com/surrogate](http://www.visitmonmouth.com/surrogate)**

Revised 5/1/2017

## The Office of the Monmouth County Surrogate



*Rosemarie D. Peters, Surrogate*

Dear Monmouth County Resident,

As Surrogate, I am responsible for the probating of a will, appointment of an administrator where there is no will, naming of a guardian for minors or incapacitated persons, management of minors' trust funds, and applications for adoptions.

This booklet provides you with an opportunity to organize and record your important personal information. By completing it and keeping it in a safe place, you will enjoy the peace of mind that comes with knowing that your family can locate this information easily in the event of an emergency.

If there is any way that my staff or I can be of assistance to you in matters related to the work of the Surrogate's Office, please call us at 732-431-7330, or visit our section of the County website at [www.visitmonmouth.com/surrogate](http://www.visitmonmouth.com/surrogate).

Sincerely,

Rosemarie D. Peters, Esq.  
Surrogate, Monmouth County

### **Surrogate Rosemarie D. Peters, Esq.**

Rosemarie D. Peters is serving in her eleventh year as Monmouth County Surrogate. She is a member of the New Jersey Supreme Court's Judiciary-Surrogate Liaison Committee and Public Access to Court Records Committee. She also serves on the Executive Board of the Constitutional Officers Association of New Jersey, of which she is a past president.

Mrs. Peters was a member of the Middletown Township Committee for 18 years and served as Mayor and Deputy Mayor. She is also a former member of the Middletown Planning Board and the Zoning Board of Adjustment. She is a past member of the Executive Board and Legislative Review Committee of the NJ State League of Municipalities.

Mrs. Peters is a graduate of Rutgers School of Law-Newark, Thomas A. Edison State College, and Brookdale Community College.

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*Give this book to a responsible family member  
or tell your family where it is kept.*

*Review and update your Personal Record at  
least once a year*

## **MONMOUTH COUNTY SURROGATE SATELLITE LOCATIONS**

The Monmouth County Surrogate provides four satellite locations around the county where individuals have the opportunity to access many of our services. Should you need to visit one of these offices, we highly recommend that you schedule an appointment. While walk-ins are always accepted, those who have scheduled appointments take precedence.

### **MIDDLETOWN TOWNSHIP**

Middletown Township Public Library  
55 New Monmouth Road

*Every Tuesday 9:00 AM to 4:30 PM*

### **WALL TOWNSHIP**

Wall Township Public Library  
Allaire and Bailey's Corner Roads

*Every Wednesday from 9:00 AM to 4:30 PM*

### **OCEAN TOWNSHIP**

Ocean Township Public Library  
701 Deal Road, Oakhurst

*2nd and 4th Thursday from 9:00 AM to 4:30 PM*

### **NEPTUNE TOWNSHIP**

County Connection  
3544 State Highway 66 (next to Home Depot)

*1st, 3rd and 5th Thursday from 11 AM to 7 PM*



I served in the Armed Forces: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Discharge papers are kept: \_\_\_\_\_

I am a veteran of the United States Armed Forces. I am entitled to the following death related benefits: \_\_\_\_\_

\_\_\_\_\_

## MY LAST WILL AND TESTAMENT

I have a will:  yes  no

It is dated: \_\_\_\_\_

It is kept at: \_\_\_\_\_

It was drawn by my attorney: \_\_\_\_\_

My will appoints: \_\_\_\_\_

\_\_\_\_\_

— \_\_\_\_\_ as executor(s) and trustee(s)

— \_\_\_\_\_ as guardian(s) of my children

NOTE: If you have not made a will, it is advisable that you do so. Without a will specifying your wishes, your estate will be distributed in accordance with the laws of Intestate Succession and the Surrogate will appoint an administrator determined by State Statute.

## WHAT SHOULD I DO IF A CLOSE FAMILY MEMBER DIES

1. Contact your funeral director
2. Search for the Decedent's Will by:
  - A. Asking family members
  - B. Contacting his/her attorney
  - C. Searching his/her home
  - D. Calling his/her bank to see if he/she had a safe deposit box
  - E. Place a notice requesting information in a legal journal.
3. When you find the decedent's Will, turn it over to the "Executor" named in the Will.
4. Probate Will or act as Administrator if no Will
  - A. Visit Surrogate's office
  - B. Bring with you:
    - Certified Death Certificate
    - Original Will
    - Estimate or value of estate
    - Check, money order or credit card for Surrogate's fees

## FUNERAL INSTRUCTIONS

### Prepaid Funeral

I have a prepaid funeral registered with: \_\_\_\_\_  
\_\_\_\_\_

### Cemetery Plot

- I do own a Cemetery Plot.
- I do not own a Cemetery Plot

It is located at: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Deed to the plot is kept at: \_\_\_\_\_

- I have arranged for perpetual care
- I have not arranged for perpetual care

Instructions for my funeral will be found at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Organ Donation

- I do want to donate my organs
- I do not want to donate my organs

## MY ADVANCE DIRECTIVE FOR HEALTH CARE - LIVING WILL

I have prepared an Advance Directive for Health Care - Living Will:  yes  no

It is dated: \_\_\_\_\_

My primary health care representative is: \_\_\_\_\_  
\_\_\_\_\_

My alternative representative is: \_\_\_\_\_

A copy of my Advance Directive For Health Care - Living Will is kept at: \_\_\_\_\_  
\_\_\_\_\_

## MY POWER OF ATTORNEY

I have prepared a Power of Attorney dated: \_\_\_\_\_

I have named \_\_\_\_\_ as my primary agent..

\_\_\_\_\_ as my alternate agent.

## MY SAFE DEPOSIT BOX

I have a safe deposit box:  yes  no

It is located at: \_\_\_\_\_

It can be opened by:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

## MY RESIDENCE

I own my residence:  yes  no

Title is  in my name only.  
 in joint name with \_\_\_\_\_.

Is there a mortgage on this property?  yes  no

Mortgage is held by: \_\_\_\_\_

I rent and my landlord is: \_\_\_\_\_

My security deposit is: \$\_\_\_\_\_

I own the following other real estate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have mortgage insurance with: \_\_\_\_\_

\_\_\_\_\_

This insurance policy can be located at: \_\_\_\_\_

This policy provides that my mortgage will be paid in full upon my death.

The following papers are kept at: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of Mortgage(s) | <input type="checkbox"/> Closing Statement(s) |
| <input type="checkbox"/> Deed(s)             | <input type="checkbox"/> Survey(s)            |
| <input type="checkbox"/> Title Abstract(s)   | <input type="checkbox"/> Insurance Policies   |
| <input type="checkbox"/> Title Insurance     | <input type="checkbox"/> Tax Receipt(s)       |
| <input type="checkbox"/> Lease(s)            |   |

My insurance broker is: \_\_\_\_\_

\_\_\_\_\_

## MY PERSONAL DEBTS AND LOANS OUTSTANDING

The following people owe me money:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I owe money to the following in addition to my mortgage and other secured loans:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Copies of loan arrangements, notes, and receipts are kept at:

\_\_\_\_\_

**Debt Insurance:** I have the following additional debt insurance:

\_\_\_\_\_

These policies can be located at:

\_\_\_\_\_

These policies provide that upon my death the following debts will be paid:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



## PLEASE NOTIFY

My family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following:

Attorney \_\_\_\_\_ Phone# \_\_\_\_\_

Accountant \_\_\_\_\_ Phone# \_\_\_\_\_

Banker \_\_\_\_\_ Phone# \_\_\_\_\_

Broker \_\_\_\_\_ Phone# \_\_\_\_\_

Clergyman/Rabbi \_\_\_\_\_ Phone# \_\_\_\_\_

Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Executor of Estate \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Broker \_\_\_\_\_ Phone# \_\_\_\_\_

Other \_\_\_\_\_ Phone# \_\_\_\_\_

Other \_\_\_\_\_ Phone# \_\_\_\_\_

Other \_\_\_\_\_ Phone# \_\_\_\_\_

## I HAVE CHECKING AND SAVINGS ACCOUNTS

My checking accounts are with the following banks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following person has the power to sign checks on these accounts:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

My savings accounts are with the following banks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The accounts are  in my name only

jointly with:

My checks and savings books are kept at: \_\_\_\_\_  
\_\_\_\_\_

## I OWN STOCKS AND BONDS

They are kept at: \_\_\_\_\_

Records of their purchase and sale will be found at: \_\_\_\_\_

\_\_\_\_\_

Papers are located at: \_\_\_\_\_

\_\_\_\_\_

I  have  have not  
pledged some or all of my securities for loans with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## I OWN U.S. SAVINGS BONDS

in my name only

jointly with: \_\_\_\_\_

I am beneficiary at death of: \_\_\_\_\_

At my death, beneficiary is: \_\_\_\_\_

The bonds are kept at: \_\_\_\_\_

A record of the bonds and their serial numbers will be found at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MY TRUST FUNDS

I have established a trust for:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Date established: \_\_\_\_\_

Trustees appointed: \_\_\_\_\_

Drawn by: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

I am a beneficiary under a trust established by: \_\_\_\_\_

\_\_\_\_\_

Papers are kept at: \_\_\_\_\_

If I die, my heirs are beneficiaries of trust funds established by:

\_\_\_\_\_

Papers are kept at: \_\_\_\_\_

\_\_\_\_\_

## MY TAX RETURNS

Copies of my income tax returns are kept at: \_\_\_\_\_

\_\_\_\_\_

All necessary papers  are attached to the returns  
 are not attached to the returns.

Withholding tax receipt forms received from my employer are kept at: \_\_\_\_\_

\_\_\_\_\_

## MY FAMILY

### FATHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

\_\_\_\_\_

Date of Death: \_\_\_\_\_

### MOTHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Her birth name was: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

## MY PERSONAL PROPERTY

Includes household furnishings located at: \_\_\_\_\_

\_\_\_\_\_

Jewelry kept at: \_\_\_\_\_

\_\_\_\_\_

Furs kept at: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

It is owned  by me alone

jointly with:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

My personal property is insured.  Yes, insured  
 No, not insured

My insurance broker is: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Bills of sale, insurance policies and personal property tax receipts are kept at: \_\_\_\_\_

\_\_\_\_\_

## MY LIFE INSURANCE

- I  do carry Life Insurance  
 do not carry Life Insurance

Policies are kept at: \_\_\_\_\_  
\_\_\_\_\_

- Others  do carry insurance on my life  
 do not carry life insurance on my life.

Names and addresses of policy owners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An itemized list of all insurance policies carried on my life is kept at: \_\_\_\_\_  
\_\_\_\_\_

- I  do  
 do not carry life insurance on others

Names and addresses of those insured:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Policies are kept at: \_\_\_\_\_  
\_\_\_\_\_

An itemized list of such policies is kept at: \_\_\_\_\_  
\_\_\_\_\_

I  have  have not  
made loans against some of these life insurance policies.

These loans have been made with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I have filed the following papers with the policies:

- Premium Receipts
- Settlement Agreements
- Dividend Statements
- Assignments

## OTHER DEATH RELATED BENEFITS

I am/was employed by: \_\_\_\_\_

I have been/was employed there for \_\_\_\_\_ years.

As a condition of my employment I am entitled to the following death-related benefits: \_\_\_\_\_  
\_\_\_\_\_

I am a member of the following fraternal organizations: \_\_\_\_\_  
\_\_\_\_\_

The organization can be contacted at: \_\_\_\_\_  
\_\_\_\_\_

As a result of my membership I am entitled to the following death related benefits: \_\_\_\_\_  
\_\_\_\_\_