

MAUREEN T. RAISCH
MONMOUTH COUNTY SURROGATE 1 EAST MAIN STREET, ROOM 114
PO BOX 1265 FREEHOLD, NEW JERSEY 07728
732-431-7330 Fax: 732 303-7656

ESTATE OF: _____

DATE OF DEATH: _____ BIRTH DATE _____

MARITAL STATUS OF DECEDENT AT TIME OF DEATH: (Check 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, TELEPHONE NUMBER AND E-MAIL ADDRESS:

DATE OF WILL: _____ DATE OF CODICIL: _____

NAME ADDRESS & EMAIL OF EXECUTOR/EXECUTRIX/PERSONAL REP
AS IT APPEARS ON YOUR DRIVER'S LICENSE

DAY TIME PHONE NUMBER AND E-MAIL ADDRESS OF
EXECUTOR/EXECUTRIX/PERSONAL REP

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

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/MONEY ORDER
NO CASH ACCEPTED

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