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: (Circle 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 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 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 DYES/NOD
IS THE REAL ESTATE JOINTLY OWNED DYES/NO D
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

(Revised 9/2015)