

Docket No.

STATE OF NEW JERSEY
HUDSON COUNTY SURROGATE COURT

In the Matter of the Estate of:

Deceased

APPLICATION FOR VOLUNTARY
DISCHARGE OF ADMINISTRATOR

I, _____, residing at _____,
_____, says:

1. Decedent died intestate on _____, a resident of _____, wherefore I was appointed Administrator by the Hudson County Surrogate on _____;
2. I am unwilling or unable to perform the duties and powers of the office and request to be discharged as Administrator;
3. All interested parties to this Estate are listed on the attached page with a description of his/her interest;
4. All parties in interest to this Estate have consented to the voluntary request for discharge and this discharge is not intended to impair the rights of any party's interest or creditor of the Estate;

Wherefore the applicant requests judgment:

1. Discharging the applicant as Administrator of the Estate pursuant to N.J.S.A. 3B:14-18;
2. Revoking the Letters previously granted to the applicant; and
3. Appointment of a Substitute Administrator of the Estate;

Applicant:

STATE OF _____
COUNTY OF _____

Applicant being duly sworn, upon oath deposes and says that I am the applicant in the foregoing application and allegations thereof are true to the best of my knowledge and belief.

Applicant:

Subscribed and sworn to before me,
on this _____ day of _____, 20_____

A(n) Notary Public or Attorney at Law of NJ

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HUDSON COUNTY SURROGATE COURT

In the Matter of the Estate of:

Deceased

CONSENT TO VOLUNTARY DISCHARGE

TO THE SURROGATE OF THE COUNTY OF HUDSON:

BE IT KNOWN, that I, _____, an interested party of the Estate of the above named Decedent, who died on _____, do hereby consent and agree to the voluntary discharge of _____, as Administrator of the Estate, and he/she shall be discharged from his/her fiduciary duties as requested.

Name:

CONSENT TO WAIVE FINAL ACCOUNTING

BE IT FURTHER KNOWN, that I, _____, an interested party of the Estate of the above named Decedent, who died on _____, do hereby consent and agree that _____, the current Administrator of the Estate, is not required to provide a final accounting of the Estate, and I am waiving my right to request a verified final accounting showing the true condition of the Estate.

Name:

STATE OF _____
COUNTY OF _____

Be it remembered, that on the ____ day of _____, 20____, before me, the undersigned authority, personally appeared _____, who I am satisfied is the person in the foregoing instrument, to whom I first make known the contents thereof, and thereupon he/she acknowledged that he/she signed, sealed and delivered the same as his/her act and deed, for the uses and purposes therein expressed.

A(n) Notary Public or Attorney at Law of NJ

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PRO SE

TILO E. RIVAS
SURROGATE

**JUDGMENT DISCHARGING
ADMINISTRATOR**

THIS MATTER, having been opened to the Court on application of _____,
seeking discharge as Administrator of the Estate of _____, and Letters
of Administration having been issued on _____; and the Surrogate having received a
request to be discharged, and having received notarized written consents from all interested parties
approving the request for discharge, and all interested parties having waived the requirement for a
final verified accounting; and for good cause having been shown,

It is thereupon on the _____ day of _____, 20____,

ORDERED that _____, the Administrator of the Estate, appointed on
_____, is **DISCHARGED** as Administrator, pursuant to N.J.S.A. 3B:14-18; and the Letters
of Administration issued are hereby **REVOKED**;

And, it is further **ORDERED** that _____ be and hereby is appointed as
_____ of the Estate to complete the administration as required by law, and shall be
granted Letters, upon duly qualifying as such;

And, it is further **ORDERED** that _____ shall serve with/without bond in the
amount of _____.

TILO E. RIVAS - SURROGATE

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INTERESTED PARTIES

NAME OF INTERESTED PARTY	ADDRESS	DESCRIPTION OF INTEREST

STATE OF _____
COUNTY OF _____

Applicant being duly sworn, upon oath deposes and says that I am the applicant in the foregoing application and allegations thereof are true to the best of my knowledge and belief.

Applicant:

Subscribed and sworn to before me,
on this _____ day of _____, 20_____

A(n) Notary Public or Attorney at Law of NJ