

FOR INTERNAL USE ONLY:

Will/Admin/Gdn: _____

Short Certificates: _____

Rule: _____

**HUDSON COUNTY SURROGATE'S COURT
INFORMATION SHEET**

(Circle) **WILL** **ADMINISTRATION** **GUARDIANSHIP** **OTHER:** _____

ESTATE OF: _____ **SOC. SEC. NO:** _____
Deceased or Minor

FULL ADDRESS: _____ **DATE OF BIRTH:** _____

_____ **DATE OF DEATH:** _____

DEATH CERTIFICATE: Yes No **DATE OF WILL:** _____

BIRTH CERTIFICATE: Yes No **DATE OF CODICIL:** _____

AMOUNT OF ESTATE: \$ _____ **BOND: IF NECESSARY TO BE DETERMINED BY COURT**
Amount \$ _____

PLEASE PROVIDE NAME(S), ADDRESS(ES) AND EMAIL OF EXECUTOR, ADMINISTRATOR OR GUARDIAN:

NAME	ADDRESS	TEL. NO.	EMAIL

**IF THERE IS A TRUST IN THE WILL, PLEASE SUPPLY THE FOLLOWING:
NAME(S), ADDRESS(ES) AND EMAIL OF TRUSTEE(S)**

BENEFICIARY(IES) OF TRUST:
NAME(S) **ADDRESS(ES)** **AGE(if Minor)** **INTEREST IN ESTATE**

SELF-PROVING WILL: Yes No
IF NO, NAME(S) AND ADDRESS(ES) OF WITNESSES:

How Many Number of Certificates Required? _____

**PLEASE LIST NAMES AND ADDRESSES OF SPOUSE, AND ALL NEXT OF KIN OF THE DECEASED.
IF THIS IS FOR GUARDIANSHIP FOR A MINOR CHILD – LIST NAME OF PARENT(S) AND SIBLINGS
(ALSO IDENTIFY STEP-CHILDREN)**

NAME	ADDRESS	RELATIONSHIP	AGE(if Minor)

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY:

TEL. NO. _____

ATTORNEY I.D. NO. _____