

FORM OF NOTICE OF APPLICATION

(To be sent by **both** Certified Mail, Return Receipt Requested, and Regular First Class Mail)

or PUBLISHED IN A LOCAL NEWSPAPER

Your Name and Address:

**HUDSON COUNTY
SURROGATE'S COURT**

In the Matter of the Estate
of _____, deceased

To:

YOU ARE HEREBY NOTIFIED THAT on _____, the _____ day of _____, _____, at _____, I shall apply to the Surrogate of the County of Hudson, at his office in Hudson County Administration Building, 595 Newark Avenue, 4th Floor, Room 407, Jersey City, New Jersey 07306, for the granting of letters of administration to myself, or some other fit person, of the goods, chattels and credits of _____, deceased, late of _____, in the County of Hudson and State of New Jersey, who died on or about the _____ day of _____, _____, intestate.

If you have any objections in this matter, you may contact the Hudson County Surrogate, by notifying him, in writing of your objection, on or before _____, 20__

Date: _____

Your Name and Address