

# HUDSON COUNTY SURROGATE'S COURT INFORMATION SHEET

ESTATE OF: \_\_\_\_\_  
Enter Decedent's Full Name

GENDER: \_\_\_\_\_

DECEDENT'S ADDRESS: \_\_\_\_\_  
Enter Decedent's Complete Address

DOMESTIC / MARITAL STATUS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_  
Enter County the Decedent Resided In At The Time Of Death

DATE OF DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF WILL: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Enter Date and Pages of Will

DATE OF CODICIL: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Enter Date and Pages of Codicil (If Applicable)

WILL PAGES: \_\_\_\_\_

CODICIL PAGES: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

# OF CERTIFICATES: \_\_\_\_\_

EXECUTOR: \_\_\_\_\_  
Enter Executor's Full Name

GENDER: \_\_\_\_\_

EXECUTOR'S ADDRESS: \_\_\_\_\_  
Enter Executor's Complete Address

COUNTY OF RESIDENCE: \_\_\_\_\_  
Enter The County The Acting Party Resides In

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**\* COMPLETE ONLY IF MULTIPLE EXECUTORS \***

EXECUTOR: \_\_\_\_\_  
Enter Executor's Full Name

GENDER: \_\_\_\_\_

EXECUTOR'S ADDRESS: \_\_\_\_\_  
Enter Executor's Complete Address

COUNTY OF RESIDENCE: \_\_\_\_\_  
Enter The County The Acting Party Resides In

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**ATTORNEY: ONLY COMPLETE IF YOU ARE BEING REPRESENTED BY AN ATTORNEY**

ATTORNEY(S): \_\_\_\_\_  
Enter Attorney's Full Name

ADDRESS: \_\_\_\_\_  
Enter Attorney's Complete Address

ATTORNEY ID #: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**IS THERE IS A TRUST IN THE WILL? IF SO, PLEASE SUPPLY THE FOLLOWING: IF NOT LEAVE BLANK**

**TRUSTEE(s):** \_\_\_\_\_  
Enter Trustee Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Trustee's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**\* COMPLETE ONLY IF MULTIPLE TRUSTEES \***

**TRUSTEE (s):** \_\_\_\_\_  
Enter Trustee's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Trustee's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**BENEFICAIY(IES) OF TRUST:** \_\_\_\_\_  
Enter Trustee Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Trustee's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**AGE (IF MINOR)** \_\_\_\_\_

**INTEREST IN ESTATE:** \_\_\_\_\_

**\* COMPLETE ONLY IF MULTIPLE BENEFICAIY(IES) \***

**BENEFICAIY(IES) OF TRUST:** \_\_\_\_\_  
Enter Trustee Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Trustee's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**AGE (IF MINOR):** \_\_\_\_\_

**INTEREST IN ESTATE:** \_\_\_\_\_

**BEGINNING WITH YOURSELF PLEASE LIST NAMES, ADDRESSES AND COUNTY OF SPOUSE, AND ALL NEXT OF KIN OF THE DECEASED. THIS INCLUDES NAMES OF PARENT(S) AND SIBLINGS AND STEP-CHILDREN**

**EXECUTOR(s):** \_\_\_\_\_  
Enter Executor's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Executor's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NEXT OF KIN(s):** \_\_\_\_\_  
Enter Next of Kin's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Next of Kin's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NEXT OF KIN(s):** \_\_\_\_\_  
Enter Next of Kin's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Next of Kin's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NEXT OF KIN(s):** \_\_\_\_\_  
Enter Next of Kin's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Next of Kin's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NEXT OF KIN(s):** \_\_\_\_\_  
Enter Next of Kin's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Next of Kin's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NEXT OF KIN(s):** \_\_\_\_\_  
Enter Next of Kin's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Next of Kin's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NEXT OF KIN(s):** \_\_\_\_\_  
Enter Next of Kin's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Next of Kin's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**NEXT OF KIN(s):** \_\_\_\_\_  
Enter Next of Kin's Full Name

**ADDRESS:** \_\_\_\_\_  
Enter Next of Kin's Complete Address

**COUNTY OF RESIDENCE:** \_\_\_\_\_  
County The Acting Party Resides In

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_