

HUDSON COUNTY SURROGATE'S COURT INFORMATION SHEET

ESTATE OF: _____ GENDER: _____

Enter Decedent's Full Name

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: ____/____/____

SOCIAL SECURITY #: _____

OF CERTIFICATES: _____

ADMINISTRATOR: _____ GENDER: _____

Enter Administrator's Full Name

ADMINISTRATOR'S ADDRESS: _____

Enter Administrator'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 ADMINISTRATORS ***

ADMINISTRATOR: _____ GENDER: _____

Enter Administrator's Full Name

ADMINISTRATOR'S ADDRESS: _____

Enter Administrator'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: _____

LIST OF ASSETS OF DECEDENT AND VALUE:

- **If this includes Real Estate, provide the fair market value (if accessible).**
- **If a mortgage is outstanding on the property, provide a copy of the statement showing the balance due.**
- **Motor Vehicles – we need the year, make, model for each vehicle.**

		Total Estimated Amount
Cash in hand	\$	
Cash in banks belonging to the Estate	\$	
Corporate Stocks and Bond, Notes, Etc.	\$	
Insurance taken out by the decedent becoming payable to this estate	\$	
Household effects, jewelry, automobiles, other chattels	\$	
All other personal property of significant value, belonging to the estate	\$	
Real Estate Located at: _____ Enter Complete Address	\$	

Estimated Value of Probate 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

ADMINISTRATOR(s): _____
Enter Administrator's Full Name

ADDRESS: _____
Enter Administrator's Complete Address

COUNTY OF RESIDENCE: _____
County The Acting Party Resides In

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: _____