

HUDSON COUNTY SURROGATE'S COURT INFORMATION SHEET
595 Newark Avenue, 4th Floor, Room 407, Jersey City, NJ 07306

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: _____ DATE OF DEATH: ____/____/____
Enter County the Decedent Resided In At The Time Of Death

SOCIAL SECURITY #: _____ # OF CERTIFICATES: _____

ADMINISTRATOR: _____ GENDER: _____
Enter Administrator's Full Name

ADMINISTRATOR'S ADDRESS: _____
Enter Administrator's Complete Address

COUNTY OF RESIDENCE: _____ PHONE NUMBER: _____
Enter The County The Acting Party Resides In

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: _____ PHONE NUMBER: _____
Enter The County The Acting Party Resides In

EMAIL ADDRESS: _____

RELATIONSHIP TO DECEDENT: _____

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

ATTORNEY(S): _____
Enter Attorney's Full Name

ADDRESS: _____ ATTORNEY ID #: _____
Enter Attorney's Complete Address

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

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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

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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: _____