

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

DATE OF WILL: ____/____/____ DATE OF CODICIL: ____/____/____
Enter Date and Pages of Will Enter Date and Pages of Codicil (If Applicable)

WILL PAGES: _____ CODICIL PAGES: _____

SOCIAL SECURITY #: _____ # OF CERTIFICATES: _____

EXECUTOR: _____ GENDER: _____
Enter Executor's Full Name

EXECUTOR'S ADDRESS: _____
Enter Executor'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 EXECUTORS ***

EXECUTOR: _____ GENDER: _____
Enter Executor's Full Name

EXECUTOR'S ADDRESS: _____
Enter Executor'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: _____

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: _____

BENEFICAIRY(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 BENEFICAIRY(IES) ***

BENEFICAIRY(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: _____