

ESTATE INFORMATION SHEET

HUDSON COUNTY SURROGATE'S COURT

595 Newark Avenue, Room 407

Jersey City, New Jersey 07306

(201) 795-6378

Fax (201) 795-5488

www.hudsonsurrogate.org



FILER INFORMATION (YOURSELF):

FULL NAME: GENDER:

FULL ADDRESS: COUNTY OF RESIDENCE:

EMAIL: PHONE NUMBER:

RELATIONSHIP TO DECEASED:

DECEASED INFORMATION:

FULL NAME: GENDER:

MARITAL STATUS: SOCIAL SECURITY #:

FULL ADDRESS: COUNTY OF RESIDENCE:

DATE OF BIRTH: DATE OF DEATH:

DATE OF WILL: DATE OF CODICIL:

PAGES IN WILL:

SELF-PROVING WILL: Yes No

IF NO, NAME(S) AND ADDRESS(ES) OF WITNESSES:

HOW MANY NUMBERS OF CERTIFICATES REQUIRED: _____

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

ATTORNEY(S) NAME:

ADDRESS: ATTORNEY ID #:

PHONE NUMBER: EMAIL ADDRESS:

