The Personal Record of

Claribel Cortes Surrogate

Office of the Surrogate 75 Bayard Street New Brunswick, New Jersey 08901 732-745-3055

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Claribel Cortes Surrogate

Middlesex County Administration Building New Brunswick, NJ 08901 732-745-3055 FAX 732-745-4125 www.middlesexcountynj.gov/surrogate

This booklet is prepared by the Middlesex County Surrogate's Office and is available to all county residents.

For information about our office please visit: http://www.middlesexcountynj.gov/surrogate.

If our office can be of any help to you, if you have a question, or if you wish to arrange a date to have the Surrogate speak to your club or organization, contact our office at 732-745-3055.

MY LEGAL RESIDENCE

| Street |
|--|
| City State |
| This information is vital because the laws of the state effect many areas - the division of your estate, your marriage, your divorce, and the care and custody of your children. |
| PERSONAL INFORMATION |
| I was born in |
| Date |
| I have a birth certificate [] yes [] no |
| It is kept in |
| My Social Security Number is |
| I was married in |
| Date |
| My marriage certificate is located in |
| I have been divorced |
| Date Where |
| Divorce papers are kept at |

| I served in the Armed Forces |
|-------------------------------|
| Dates of Sevice |
| Serial Number |
| Discharge papers are kept at |
| MY LAST WILL AND TESTAMENT |
| I [] have not made a will |
| It is dated It is kept at |
| It was drawn by my attorney: |
| My will appoints |
| |
| as executor(s) and trustee(s) |
| |
| as guardian(s) of my children |

NOTE: If you have not made a will, it is advisable that you do so. Without a will specifying your wishes, your estate will be distributed in accordance with the laws of your State and the court will appoint any administrators and/or guardians that may be necessary.

This may cause family trouble and unnecessary loss of property which could easily be avoided with a properly drawn will.

MY SAFE DEPOSIT BOX

| l []do | [] do not have a safe deposit box |
|---------------|--|
| It is located | at |
| It can be ope | ened by |
| · | (name) |
| | (address) |
| | MY RESIDENCE |
| | [] do not own my residence [] in my name only [] in joint name with |
| | [] is not a mortgage on this property held by |
| | y landlord is: |
| | y landiora is. |
| | deposit is: |
| I own the fol | lowing other real estate: |
| | |
| | |

| The following papers are kept at |
|--|
| Copy of Mortgago(s) Closing Statement(s) |
| Copy of Mortgage(s) Closing Statement(s) Deed(s) Surveys |
| Title Abstract Insurance Policies |
| Title Insurance Tax Receipts Lease(s) |
| My Insurance broker is: |
| I HAVE CHECKING & |
| SAVINGS ACCOUNTS |
| My checking accounts are with the following banks: |
| The following person has the power to sign checks on these accounts: |
| (name) |
| (address) |
| My savings accounts are with the following banks: |
| The accounts are [] in my name only |
| []jointly with: |
| My checks and savings books are kept at |

I OWN STOCKS & BONDS

MY PERSONAL PROPERTY

| Includes household furnishings located at |
|--|
| |
| Jewelry kept at |
| Furs kept at |
| Other |
| Location |
| It is owned [] by me alone [] jointly with |
| (name) |
| (address) |
| My personal property [] is [] is not insured |
| My insurance broker is |
| (name) |
| (address) |
| Bills of sale, insurance policies and personal property tax receipts are kept at |
| |
| |
| |

MY LIFE INSURANCE

| I []do []do not carry life insurance |
|---|
| Policies are kept at |
| Others []do []do not carry insurance on my life |
| Names and addresses of owners: |
| |
| |
| An itemized list of all insurance policies carried on my life is kept at |
| I []do []do not carry life insurance on others Names and addresses of those insured: |
| Indifies and addresses of those insured. |
| |
| |
| Policies are kept at |
| An itemized list of such policies is kept at |
| |

| I [] have [] have not made loans against some of these life insurance policies. |
|--|
| These loans have been made with: |
| (name) |
| (address) |
| I have filed the following papers with the policies: |
| [] Premium Receipts [] Settlement Agreements [] Dividend Statements [] Assignments |
| OTHER DEATH RELATED BENEFITS |
| I am employed by |
| I have been employed there for years. |
| As a condition of my employment I am entitled to the following death related benefits: |
| |
| I am a member of the following fraternal organizations: |
| |

| The organization can be contacted at: |
|--|
| As a result of my membership I am entitled to the following death related benefits: |
| I am a veteran of the United States Armed Forces. I am entitled to the following death related benefits: |
| I have mortgage Insurance with: This insurance policy can be located at |
| This policy provides that my mortgage will be paid in full upon my death. |
| MY TAX RETURNS |
| Copies of my income tax returns are kept at |
| All necessary papers [] are [] are not attached to the returns. |
| Withholding tax receipts or forms received from my employer are kept at |

MY FAMILY

| My father is |
|--------------------------------------|
| (name) |
| (address) |
| (ddd/ess) |
| Place of birth |
| My mother is |
| (name) |
| |
| (address) |
| Her birth name was |
| |
| Place of birth |
| MY TRUST FUNDS |
| I have established a trust fund for: |
| |
| |
| |
| |
| |
| |
| |

| Date established: |
|---|
| Trustee appointed: |
| Drawn by: |
| |
| (address) |
| I am a beneficiary under a trust established by: |
| Papers are kept at |
| If I die, my heirs are beneficiaries of trust funds established by: |
| Papers are kept at |
| PLEASE NOTIFY |
| My family: |
| My family: |
| |
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| |

| The Following: | |
|-------------------------|------------------------------|
| Attorney | Phone# |
| Accountant | Phone# |
| Banker | Phone# |
| Broker | Phone# |
| Clergyman/ Rabbi | Phone# |
| Doctor | Phone# |
| Employer | Phone# |
| Executor of Estate | Phone# |
| Insurance Broker | Phone# |
| | AL DEBTS & LOANS STANDING |
| The following people of | owe me money: |
| | |
| | |
| | |

| I owe money to the following in addition to my mortgage and other secured loans: |
|---|
| |
| Copies of loan arrangements, notes and receipts are kept at: |
| Debt Insurance. I have the following additional debt insurance: |
| These policies can be located at: |
| These policies provide that upon my death the following debts will be paid: |
| Prepaid Funeral. I have a prepaid funeral registered with the following funeral director: |
| Funeral Instructions: |
| |

MY CEMETERY PLOT

| I [] do | [] do not own a cemetery plot | | | |
|---|--------------------------------|--|--|--|
| It is located in the | | | | |
| | (address) | | | |
| Deed to the plot is kept at | | | | |
| I [] have [] have not arranged for perpetual care | | | | |
| Instructions for my funeral will be found at | | | | |

A WORD ABOUT TAXES

One of the most difficult duties one will face when acting as either an Executor or an Administrator of an estate is the payment of the taxes on the estate.

If the Decedent owned assets individually or jointly an inheritance tax form may be required to be filed with the Inheritance Tax Bureau. For information contact 609-292-5033.

These forms are available at the Inheritance Tax Bureau, CN 249 Trenton, New Jersey 08646.

ADDITIONAL INFORMATION

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ADDITIONAL INFORMATION

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CLARIBEL CORTES SURROGATE

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