ESTATE INFORMATION SHEET

MIDDLESEX COUNTY SURROGATE'S COURT P.O. Box 790, New Brunswick, NJ 08903-0790

New Bruns East Bruns_	Monroe S	, 	/ay Woodbridge	
Name of Decedent: Address of Decedent:	<u> </u>			
Marital Status: (circle one Date of Birth:	e) Single Mari	City State ried Widowed D	Zip Divorced	
Name and Address of Exc	ecutor(s)/Admini	strator(s)		
Telephone Number Email Address of Executor/				
Beneficiaries/Next of kin	Relationship	Address (City & State only)		Age (if a minor)
NJ Real Estate: Yes: Total Number of Certification	No: ates Requested: _			
Name, Address, & Phone			ed):	
If decedent died with a '-Date of Will:	-	_		
-Date of Codicil: If decedent died with No -List of Decedent's Asset	# of Page O Will, please fi	es: Il in the following:	or with a named beneficia	ary.
ASSET		VALUE/BALANCE		
Please email, fax or mail t		•	e, Will & Codicil (if	applicable) to
THE ORIGINAL DEATH	CERTIFICATE,	the probate process. WILL & CODICIL WILL DEFINALIZE PROBATE.	L BE REQUESTED A	AT A LATER

**If processing by mail, there is a 4-5 week turn around time.

For an in-person appointment, issued papers will be received 1-2 weeks after the appointment.

Telephone (732)745-3055 Fax (732)745-4125 Email. surrogate@co.middlesex.nj.us