

MIDDLESEX COUNTY SURROGATE COURT

Estate Information Sheet

Tel. (732)745-3055

Email: surrogate@co.middlesex.nj.us

Please ONLY submit this form if requesting the probate process be done by mail.

If interested in a New Brunswick Appointment, please call our main line.

Name of Decedent: _____

Address of Decedent: _____

City State Zip

Marital Status (circle one): Single Married Widowed Divorced

Date of Birth: _____ Date of Death: _____ Social Security Number: _____

Name and Address of Executor(s) /Administrator(s): _____

Telephone Number of Executor(s) /Administrator(s): _____

Email Address of Executor/Administrator(s): _____

Beneficiaries/Next of kin	Relationship	Address (city & state only)	Age(if under 35)

(Note:) List all children of any deceased next of kin- Give age if under 35 (Add additional page, if necessary)

Did the Decedent have NJ Real Estate in their name at the time of death: Yes _____ No: _____

Total Number of Certificates Requested: _____

Name, Address, & Phone Number of Attorney (if being represented): _____

If decedent died with a Will, please fill in the following:

-Date of Will: _____ Number of Pages: _____

-Date of Codicil: _____ Number of Pages: _____

If decedent died without a Will, please fill in the following:

-List Of Decedent's Assets- Do not list assets that are payable on death (POD) or have a named beneficiary.

ASSET	VALUE/BALANCE

Please email this Info Sheet, along with a Death Certificate, Will & Codicil (if applicable) to begin the probate process.

The original Death Certificate, Will & Codicil will be required at your appointment to finalize probate.

Issued papers will arrive by mail 2-3 weeks after the appointment.