

**NICKI A. BURKE, Surrogate**  
ADMINISTRATION FACT SHEET - Salem County Surrogate's Court

TODAY'S DATE: \_\_\_\_\_

SURROGATE'S COURT DOCKET NO. SLM-2016-\_\_\_\_\_

ESTATE OF: \_\_\_\_\_  
**( as it appears on the Death Certificate)**

a/k/a: \_\_\_\_\_ a/k/a: \_\_\_\_\_

Legal domicile at time of death: \_\_\_\_\_  
Township of: \_\_\_\_\_ (mailing address)

is estate represented by legal counsel? Name: \_\_\_\_\_

**Marital status of decedent and other information:**

- Married
- Widowed
- Single, Never Married
- Divorced
- Certified Domestic Partnership
- Civil Union
- Administrator Short Certificates (\_\_\_\_\_) OR Affidavits requested (\_\_\_\_\_)

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Entire estate to Class "A" beneficiaries

NJ Real Property

Bond amount to Bluestone case tab (Surrogate's court staff)

Estate value over \$675,000 (Administrations)

Administrator Short Certificates requested

**ADMINISTRATOR(S):** (legal name , Mailing address & phone number)

**Ask that this is the legal name of the person to be appointed**

Is the applicant a corporation? If so, use corporate POA

SEE: SCOM/bluestone instructions/corporate parties tab

**Administrator One:** \_\_\_\_\_

Address: (Mailing-include apartment number) \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Administrator is or was an attorney at law: Surrogate staff to indicate on parties tab

is or was an attorney is NOT an attorney  
Attorney acting as fiduciary (right click on name in parties tab and select "attorney at fiduciary")  
completed (Application to reflect "office is located" not "residing at")

ADMINISTRATORS REMARKS on BLUESTONE CASE TAB for Application of Administration.

\* IF THERE IS A BOND, Administrator needs to be listed as the Principle on Case page.

**Administrator Two:** \_\_\_\_\_

**Ask that this is the legal name of the person to be appointed**

Address: (Mailing-include apartment#) \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Administrator is or was an attorney at law: Surrogate staff to indicate on parties tab

is or was an attorney is NOT an attorney

Attorney acting as fiduciary (right click on name in parties tab and select "attorney at fiduciary")  
completed (Application to reflect "office is located" not "residing at")

**ASSETS:**

**FINANCIAL INSTITUTION:** \_\_\_\_\_

Checking-Amount: \$ \_\_\_\_\_ Saving-Amount: \$ \_\_\_\_\_

Acct. # last 3 digits: XX- \_\_\_\_\_ Acct. # last 3 digits: \_\_\_\_\_

Christmas Club: Amount: \$ \_\_\_\_\_ Other: Amount: \$ \_\_\_\_\_

Acct. # last 3 digits: \_\_\_\_\_ Acct. # last 3 digits: \_\_\_\_\_

**FINANCIAL INSTITUTION:** \_\_\_\_\_

Checking-Amount: \$ \_\_\_\_\_ Saving-Amount: \$ \_\_\_\_\_

Acct. # last 3 digits: \_\_\_\_\_ Acct. # last 3 digits: \_\_\_\_\_

Christmas Club: Amount: \$ \_\_\_\_\_ Other: Amount: \$ \_\_\_\_\_

Acct. # last 3 digits: \_\_\_\_\_ Acct. # last 3 digits: \_\_\_\_\_

**FINANCIAL INSTITUTION:** \_\_\_\_\_

Checking-Amount: \$ \_\_\_\_\_ Saving-Amount: \$ \_\_\_\_\_

Acct. # last 3 digits: \_\_\_\_\_ Acct. # last 3 digits: \_\_\_\_\_

Christmas Club: Amount: \$ \_\_\_\_\_ Other: Amount: \$ \_\_\_\_\_

Acct. # last 3 digits: \_\_\_\_\_ Acct. # last 3 digits: \_\_\_\_\_

**VEHICLES / TRAILERS / MOTORCYCLES, ETC.:**

VIN NUMBER: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_

**REAL ESTATE: HOW AND WITH WHOM IS TITLE HELD?**

Tax record search website:

<http://tax1.co.monmouth.nj.us/cgi-bin/prc6.cgi?>

[&ms\\_user=glou&passwd=data&srch\\_type=0&adv=0&out\\_type=0&district=1704](http://tax1.co.monmouth.nj.us/cgi-bin/prc6.cgi?&ms_user=glou&passwd=data&srch_type=0&adv=0&out_type=0&district=1704)

Is any real estate located in a county or state other than Salem County, New Jersey?

yes no

If yes, explain Certified in NJ or Exemplified out of state

**INSURANCE FUNDS WHERE NO BENEFICIARY IS NAMED:**

Company: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_

**INSURANCE FUNDS WHERE NO BENEFICIARY IS NAMED:**

Company: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_

**PENSION(S), INVESTMENTS, 401K, CERTIFICATES OF DEPOSIT, ETC.**

\_\_\_\_\_

**OTHER**

\_\_\_\_\_

**DEBT OF ESTATE - FOR AFFIDAVIT OF ASSETS: Enter on Affidavit of Assets**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL APPROXIMATED DEBTS: \$ \_\_\_\_\_

**Next of Kin:** Begin with spouse, then children, (include age of minors) (guardian of minor children), stepchildren, etc. If none, include parents and/or siblings.

List exactly how related to the decedent. (Example: Jane Doe, stepchild is the decedent's spouses' child – John Doe, nephew is the child of the decedent's deceased brother, Jim Doe.)

- |  |     |    |
|--|-----|----|
| A. <b>Children of Decedent</b>                                     | YES | NO |
| B. Children of decedent from PRESENT marriage:                     | YES | NO |
| C. Children of decedent-previous relationship-not child of spouse? | YES | NO |
| D. Children of surviving spouse-stepchild of decedent?             | YES | NO |
| E. Children of deceased children?                                  | YES | NO |
| F. Stepchildren  | YES | NO |

Name – Relationship to Decedent, Address, Age if Minor, Renouncing? (use reverse side or additional sheet if necessary.)

1.  
**Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ **Age** \_\_\_\_\_  
 \_\_\_\_\_ minor RENOUNCING
2.  
**Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ **Age** \_\_\_\_\_  
 \_\_\_\_\_ minor RENOUNCING
3.  
**Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ **Age** \_\_\_\_\_  
 \_\_\_\_\_ minor RENOUNCING
4.  
**Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ **Age** \_\_\_\_\_  
 \_\_\_\_\_ minor RENOUNCING
5.  
**Name:** \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ **Age** \_\_\_\_\_  
\_\_\_\_\_ minor **RENOUNCING**

**6.**  
**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address: \_\_\_\_\_ **Age** \_\_\_\_\_  
\_\_\_\_\_ minor **RENOUNCING**

**IS A BENEFICIARY DEVELOPMENTALLY DISABLED?**

**YES NO**

SEE 3B:15-1 for who and who does not have to be bonded.

(2) no bond shall be required pursuant to paragraph (1) of this subsection if:

- (a) the court has appointed another person as guardian of the person or guardian of the estate for the developmentally disabled person.
- (b) the person seeking the appointment is a family member within the third degree of consanguinity of the developmentally disabled person; or
- (c) the total value of the real and personal assets of the estate or trust does not exceed \$25,000.00.

**PAYMENT:**    Cash                      Check                      Attorney Escrow  
Letters of Administration and Administrator Short Certificate(s)...  
    Mail to Atty                      Give to Administrator

Attorney: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

**ESTATE NOTES – Surrogate’s staff add all notes and reminders to Bluestone**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**22A:2-31. Fees for probating will, granting administration or guardianship and filing and recording inventory in certain cases**

Whenever it shall appear that the estate, real and personal, of any testator, intestate, minor or ward, is less than one hundred dollars (\$100.00), no fees shall be charged upon actions for probate of a will, granting administration or guardianship up to and including the letters issued and copies of such letters as well as the fees of filing and recording and with respect to an inventory, and whenever it shall appear that such estate does not exceed two hundred dollars (\$200.00) the fees shall be one-half of those allowed by law; but if it shall afterwards appear in any case that the value of the estate, real and personal, exceeds or exceeded two hundred dollars (\$200.00), then such estate shall be liable for and pay the balance of the fees that would have been collected had no deduction been made under the provisions of this section.

**PLEASE NOTE OUR NEW ADDRESS!**

**NICKI A. BURKE, SURROGATE  
SALEM COUNTY SURROGATE’S COURT**

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