

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

TODAYS DATE: \_\_\_\_\_

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

ESTATE OF:

**(Case tab: name as it appears on the Last Will & Testament) (death certificate, if different is an a/k/a)– if no will, as it appears on the Death Certificate)**

Name of decedent as it appears on the death cert. \_\_\_\_\_  
a/k/a \_\_\_\_\_ a/k/a \_\_\_\_\_

LEGAL DOMICILE AT TIME OF DEATH: \_\_\_\_\_  
Township of: \_\_\_\_\_ (mailing address)

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

- Married
- Widowed
- Single, Never Married
- Divorced
- Certified Domestic Partnership
- Civil Union

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

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

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

**BOND REQUIRED? (review will): YES NO 3B:15-1(e.)** When letters are granted to a nonresident executor, except in cases where the will provides that no security shall be required of the person named as executor therein.

Surrogate's Court staff: Bond amount to Bluestone case tab or n/a

Executor clause - Article or Item number: \_\_\_\_\_

**EXECUTOR RESIDENT OF NEW JERSEY: YES NO**

RENUNCIATION(S) REQUIRED? YES \_\_\_\_\_ How many? \_\_\_\_\_ NO \_\_\_\_\_

n/a Estate value over \$675,000 YES or NO (circle)

Pages in Will: \_\_\_\_\_ (please enclose a copy-present original to Surrogate's Court for Probate)

Executor Short Certificates requested [ \_\_\_\_\_ ]

Short certificates are required to transfer assets (they do become outdated depending on where presented)

Date of Will: \_\_\_\_\_

Witnesses sign date: \_\_\_\_\_

Notary sign date: \_\_\_\_\_

Notary commission expiration: \_\_\_\_\_ notary must be current at time of signature)

**Self Proving Will: YES NO** Staff to REVIEW dates of will to assure self-proved

If NO, Name(s) and Address(es) of Witness who will prove:

Name: \_\_\_\_\_

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

- Witness was contacted to prove will
- Witness coming to office to prove
- Witness requests paperwork mailed, emailed or faxed

Calendared to Surrogate's calendar (two weeks) proof of witness paperwork received?

n/a Codicil Date: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

n/a Entire Estate to Class "A" Beneficiaries

n/a Estate to some non class "A" Beneficiaries

n/a NJ Real Property

n/a Real Estate located in another state? Yes No if yes, explain exemplification

n/a How is real estate titled? Decedent ownership percentage of real estate \_\_\_\_\_

**FIRST NAMED EXECUTOR (Legal name & mailing address)**

Ask that this is the **applicant's full LEGAL NAME**

Applicant a corporation? If so, use corporate POA (Staff see: SCOM/bluestone instructions/corporate parties tab)

If name of executor(s) is different than what is printed in will, MUST add reason to Bluestone comments to print on APPLICATION. Ex. Executor named as Jane C. Jones, has married and is now known as Jane Jones Smith.

Staff - Executor remark: Pursuant to Article ? of the Last Will & Testament ? is named as executor.

OR Executor remark: Pursuant to Article ? of the Last Will & Testament ? is named as executor but died on ?. We, ? and ? are the alternate named Co-Executors. \_\_\_\_\_

**Executors remarks: must go on application: ex. If witnesses cannot be located or are deceased, add that to executor remarks. If alternate named.... All information pertinent to this matter appears here.**

**EXECUTOR LEGAL NAME:** \_\_\_\_\_

First named \_\_\_\_\_ Acting \_\_\_\_\_ Deceased \_\_\_\_\_ Renouncing \_\_\_\_\_

Co-Executor \_\_\_\_\_ of \_\_\_\_\_ named (1 of ? how many co-executors named)

Relationship, if any: \_\_\_\_\_

Age: \_\_\_\_\_ (must be 18 or older)

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

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

Address (mailing) \_\_\_\_\_

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

Attorney acting as fiduciary (staff-right click on name in parties tab and select "attorney at fiduciary")

Applicant is or was an attorney \_\_\_\_\_ Applicant is NOT an attorney \_\_\_\_\_

**CO-EXECUTOR OR ALTERNATE NAMED EXECUTOR**

**LEGAL NAME:** \_\_\_\_\_

Alternate named \_\_\_\_\_ Acting \_\_\_\_\_ Deceased \_\_\_\_\_ Renouncing \_\_\_\_\_

Co-Executor \_\_\_\_\_ of \_\_\_\_\_ named (1 of ? how many co-executors named)

Relationship, if any: \_\_\_\_\_

Age: \_\_\_\_\_ (must be 18 or older)

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

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

Address (mailing) \_\_\_\_\_

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

Attorney acting as fiduciary (add to Bluestone on parties tab for report to state)

Applicant is or was an attorney \_\_\_\_\_ Applicant is NOT an attorney \_\_\_\_\_

**Next of Kin/Persons/charities, etc. named in LW&T:** Begin with spouse and children (guardian of minor children) Include stepchildren. If none, include parents and/or siblings. Indicate if they will be renouncing (use reverse side or additional sheet if necessary.)

- A. **Children of Decedent** 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

**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.

Is a charity mentioned in the Will? YES NO

Refer executor(s) to Rule 4:80-6 on "Notice of Probate and Proof Of Mailing" insert as notice is required to the New Jersey Attorney General

Does the decedent own real property in another county or state? yes no

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

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

» ALSO include names of addresses and relationship, if known, of next of kin

1.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

minor

2.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

minor

3.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

minor

4.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

minor

5.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

minor

NAME- – Relationship to Decedent, Address, Age if Minor, Renouncing? PLEASE USE SEPARATE SHEET FOR ADDITIONAL NAMES

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

Firm: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**If filing by mail, provide FACT sheet, certified death certificate and original Will (sending original Will by regular mail is not recommended)**

**NOTES/COMMENTS:**

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Probate of Will (not more than two pages) \$100.00  
Each additional page of will after two pages: \$5.00 each  
Codicil (not more than one page) \$25.00 Each additional page \$5.00

Probate fees for small estates: 22A:2-31 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  
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