

NICKI A. BURKE
SALEM COUNTY SURROGATE
PROBATE FACT SHEET (website version)
 Salem County Court House - 92 Market Street, Salem, NJ 08079
 Tel. (856) 935-7510 Ext. 8121 FAX: (856) 339-9359
 E-Mail: Surrogate@salemcountynj.gov
 Nicki.burke@salemcountynj.gov
 Website: salemcountynj.gov

ESTATE OF:

_____ (name as it appears on the Last Will & Testament)

Name of decedent as it appears on the death cert. _____
 a/k/a _____ a/k/a _____
 - (if will & death certificate differ use a/k/a)

LEGAL DOMICILE AT TIME OF DEATH: _____
 (mailing address)

County of: _____

State of: _____

Domicile at appears on Death Certificate: _____

Marital status of decedent and other information: ✓

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

Social Security Number: - -

Date of Birth: _____

Date of Death: _____

EXECUTOR RESIDENT OF NEW JERSEY: YES NO

Estate value over \$675,000 YES NO

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

Date of Will: _____

Executor Short Certificates requested [_____] (Surrogate's staff will assist you with this)

n/a First Codicil Date: _____

n/a Second Codicil Date: _____

n/a Third Codicil Date: _____

n/a NJ Real Property

- n/a Real Estate located in another state? Yes if yes, what state(s): _____
- n/a In what names is real estate titled? (look at Deed) Decedent ownership percentage of real estate % _____

FIRST NAMED EXECUTOR (Legal name & mailing address)

If name of executor(s) is different than what is printed in will, give explanation such as "Executor named as Jane C. Jones, has married and is now known as Jane Jones Smith."

EXECUTOR LEGAL NAME(1st named): _____

Address: (Mailing-include apartment # if applicable) _____

- First named and Acting
- Deceased
- Renouncing
- Co-Executor _____ of _____ named (1 of ? how many co-executors named)
- Relationship, if any to decedent: _____
- Age: _____ (must be 18 or older)
- Phone: () _____
- Cell: () _____
- E-Mail: _____
- n/a Attorney acting as fiduciary - is or was an attorney
- is NOT an attorney

CO-EXECUTOR OR ALTERNATE NAMED EXECUTOR LEGAL NAME: _____

Address: (mailing-include apartment # if applicable) _____

- Co-Executor Acting _____
- Alternate named
- Deceased
- Renouncing
- Relationship, if any to decedent: _____
- Phone: () _____
- Cell: () _____
- E-Mail: _____
- n/a Attorney acting as fiduciary - is or was an attorney
- 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

Is a charity mentioned in the Will? Refer executor to Rule 4:80-6 on "Notice of Probate and Proof Of Mailing" insert as notice is required to the New Jersey Attorney General

YES NO

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

6. Name: _____ Relationship _____

Address: _____ **Age** _____

minor

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

Attorney(if applicable): _____

Address: _____

Phone: (_____) _____ FAX: _____

If filing by mail, provide information sheet, raised seal death certificate and original will (sending original Will by regular mail is not recommended)

NOTES/COMMENTS: