

NICKI A. BURKE
Salem County Surrogate
ADMINISTRATION AD PROSEQUENDUM FACT SHEET
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
Website: www.salemcountynj.gov

TODAY'S DATE: _____

Surrogate's Court docket number SLM-2016-_____

ESTATE OF:

(as it appears on the Death Certificate)

a/k/a: _____ a/k/a: _____

Legal domicile at time of death: _____

Township: _____ County: _____

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 Ad Prosequendum short certificates requested (_____)
- Social Security Number: ____-____-____ - ____ - ____ - ____-____-____ - ____
- Date of Birth: _____
- Date of Death: _____

ADMINISTRATOR AD PROSEQUENDUM(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 Ad Pros 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")

Administrator Ad Pros Two: _____

(if joint application)

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

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

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

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

The death of the decedent was the result of

(ex. Automobile accident)
Which occurred in _____
(location of accident, including county & state)
And was caused by the wrongful act, neglect or default of _____

Whose address is _____

Or some other person or persons.

PAYMENT: Cash Check Money Order Attorney Escrow

Letters of Administration Ad Pros and Administrator Ad Pros Short Certificate(s)...

Administrator will pick up mail to Administrator Mail to Atty

Attorney: _____

Name of Firm: _____

Address: _____

Phone: _____

FAX: _____

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

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

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