

NICKI A. BURKE, Surrogate
Salem County Surrogate's Court
PROBATE FACT SHEET
(pages 2-5 applicant)

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Short certificates are required to transfer assets (they do become outdated depending on where presented)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: 1st: _____ 2nd: _____ 3rd: _____
- 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: _____

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:

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.

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SURROGATE
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