

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

DECEDENT'S NAME: _____
(name as it appears on the Last Will & Testament)

Name of decedent as it appears on death cert: _____
a/k/a _____

a/k/a _____

Domicile at time of death - mailing address: _____

Township of: _____ County of: _____

Marital status of decedent and other information:

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

Will and date information:

- Will – number of pages of Will: _____
- # of Short Certificates requested _____
- Social Security #: _____
- Date of Death: _____
- Date of Birth: _____
- Date of Will: _____
- Executor clause/Article/Item number: _____
- Is Will self-proving yes no If not, please list names and addresses of witnesses

- Entire Estate to Class "A" Beneficiaries YES NO
- Tangible Personal Asset Sheet for filing?
- Executor Short Certificates requested [_____]
- Codicil - date of Codicil, if one: _____
- Codicil - # of pages: _____
- Is Codicil witnessed? yes no If not, please list names and addresses of witnesses

- Deaths occurring **01/01/18** or later – do not need estate value
- NO or YES Decedent date of death **01/01/17 – 12/31/17**–is the estate value over \$2 million?
- NO or YES Decedent date of death **PRIOR to 01/01/17** – is the Estate value over \$675,000?

FIRST APPOINTED EXECUTOR VIA WILL OR COURT ORDER:

First appointed Acting Deceased Renouncing

LEGAL NAME: _____

Is appointed executor name in executor clause of will different from legal name of executor?

Relationship, if any: _____

Age: _____ (must be 18 or older)

Phone: (_____) _____

Cell: (_____) _____

Address (mailing) _____

County of Residence: _____

E-Mail: _____

Applicant is NOT an attorney-at-law

Applicant is currently or previously an attorney-at-law

ALTERNATE/CO-EXECUTOR APPOINTED VIA WILL OR COURT ORDER:

Co or alternate appointed Acting Deceased Renouncing

LEGAL NAME: _____

Is appointed executor name in executor clause of will different from legal name of executor?

Relationship, if any: _____

Age: _____ (must be 18 or older)

Phone: (_____) _____

Cell: (_____) _____

Address (mailing) _____

County of Residence: _____

E-Mail: _____

Applicant is NOT an attorney-at-law

Applicant is currently or previously an attorney-at-law

Please list all next of kin/beneficiaries/charities, etc.: 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.*)

Children of decedent from PRESENT marriage:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Children of decedent-previous relationship-not child of spouse?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Children of surviving spouse-stepchild of decedent?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Children of deceased children?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Stepchildren	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Is a beneficiary developmentally disabled? YES NO

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

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

Name: _____ **Relationship:** _____

Address & County: _____ **Age:** _____

_____ minor
Name: _____ Relationship _____
 Address & County: _____ **Age** _____
 _____ minor

_____ minor
Name: _____ Relationship _____
 Address & County: _____ **Age** _____
 _____ minor

_____ minor
Name: _____ Relationship _____
 Address & County: _____ **Age** _____
 _____ minor

_____ minor
Name: _____ Relationship _____
 Address & County: _____ **Age** _____
 _____ minor

_____ minor
Name: _____ Relationship _____
 Address & County: _____ **Age** _____
 _____ minor

Attorney: _____
 Firm: _____
 Address: _____

 Phone: (_____) _____ FAX: (_____) _____
 E-Mail: _____

Appointments are not required, but if you would like to schedule one, please call (856) 935-7510 ext. 8323
 If filing by mail, provide FACT sheet, certified death certificate, and original signed Will (sending original Will by regular mail is not recommended)

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