

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

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Administration "Applicant" Fact sheet

Assets of decedent total more than \$50,000.00 if applicant is a spouse, or more than \$20,000 if applicant is an heir

DECEDENT'S NAME: _____
(as it appears on the Certificate of Death)

a/k/a's: _____
(how assets of the decedent may be titled)

legal 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
- Administrator Short Certificates (_____) requested
- Social Security #: _____
- Date of Birth: _____
- Date of Death: _____
- Entire estate to Class "A" beneficiaries YES NO
- NJ Real Property in the name of the decedent
- Real Property in the name of the decedent in another state?
- NO/YES Decedent date of death **01/01/17 or AFTER** – is the estate value over \$2 million?
- NO/YES Decedent date of death **PRIOR to 01/01/17** – is the Estate value over \$675,000

ADMINISTRATOR ONE: _____
(name as appears on your identification)

Relationship to decedent: _____

Address: (Mailing-include apartment number) _____

County of residence: _____

Phone Number: (_____) _____

Cell Phone: (_____) _____

E-Mail: _____

- Administrator is presently or was previously an attorney at law
- Administrator is NOT an attorney

ADMINISTRATOR TWO: _____
(if Co-Administrators are applying) (name as appears on your identification)

Relationship to decedent: _____

Address: (Mailing-include apartment number) _____

County of residence: _____

Phone Number: (_____) _____

Cell Phone: (_____) _____

E-Mail: _____

Administrator is presently or was previously an attorney at law

Administrator is NOT an attorney

List all next of kin that were living at the time of the decedent's death: Begin with spouse, then children, (include age of minors) (guardian of minor children), stepchildren, etc. If none of the above, 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.)

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"/>

(use reverse side or additional sheet if necessary)

1-Name: _____ Relationship _____

Address: _____

County: _____

Age _____ renounce minor if minor renounce by: _____

2-Name: _____ Relationship _____

Address: _____

County: _____

Age _____ renounce minor if minor renounce by: _____

3-Name: _____ Relationship _____

Address: _____

County: _____

Age _____ renounce minor if minor renounce by: _____

4-Name: _____ Relationship _____

Address: _____

County: _____

Age _____ renounce minor if minor renounce by: _____

5-Name: _____ Relationship _____

Address: _____

County: _____

Age _____ renounce minor if minor renounce by: _____

6-Name: _____ Relationship _____

Address: _____

County: _____

Age _____ renounce minor if minor renounce by: _____

7-Name: _____ Relationship _____

Address: _____

County: _____

Age _____ renounce minor if minor renounce by: _____

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.

ASSETS & DEBITS INFORMATION FOR AFFIDAVIT OF ASSETS

CHECKS/ REFUND CHECKS, ETC.

- Issued by: _____ amount: \$ _____
- Issued by: _____ amount: \$ _____
- Issued by: _____ amount: \$ _____

(copy of financial institution statements required)

FINANCIAL INSTITUTION: _____

- Checking-Amount: \$ _____ Acct. # last 3 digits: XX- _____
- Saving-Amount: \$ _____ Acct. # last 3 digits: _____
- Christmas Club: Amount: \$ _____ Acct. # last 3 digits: _____
- Other: Amount: \$ _____ Acct. # last 3 digits: _____

FINANCIAL INSTITUTION: _____

- Checking-Amount: \$ _____ Acct. # last 3 digits: _____
- Saving-Amount: \$ _____ Acct. # last 3 digits: _____
- Christmas Club: Amount: \$ _____ Acct. # last 3 digits: _____
- Other: Amount: \$ _____ Acct. # last 3 digits: _____

FINANCIAL INSTITUTION: _____

- Checking-Amount: \$ _____ Acct. # last 3 digits: _____
- Saving-Amount: \$ _____ Acct. # last 3 digits: _____
- Christmas Club: Amount: \$ _____ Acct. # last 3 digits: _____
- Other: Amount: \$ _____ Acct. # last 3 digits: _____

VEHICLES / TRAILERS / MOTORCYCLES, ETC.:

- _____
- VIN NUMBER: _____
- _____
- VIN NUMBER: _____
- _____
- VIN NUMBER: _____

REAL ESTATE: IN WHAT NAMES TITLED AND HOW TITLED? (see recorded Deed)

- _____
- _____
- what title percentage is held by the decedent?
- market value of real estate: _____

- Block _____ Lot _____ Twp/City/Boro etc. _____
- Block _____ Lot _____ Twp/City/Boro etc. _____
- Block, Lot, city/boro/county/state _____

If yes, staff discuss Certification of Proceedings in NJ or Exemplification out of state

INSURANCE FUNDS WHERE NO BENEFICIARY IS NAMED:

Company: _____

Amount: \$ _____

INSURANCE FUNDS WHERE NO BENEFICIARY IS NAMED:

Company: _____

Amount: \$ _____

PENSION(S), INVESTMENTS, 401K, CERTIFICATES OF DEPOSIT, ETC.

- _____
- _____

OTHER

- _____
- _____

DEBT OF ESTATE - FOR AFFIDAVIT OF ASSETS: Name & amount owed

TOTAL APPROXIMATED DEBT: \$ _____

Is estate is represented by legal counsel: YES NO

Attorney: _____

Name of Firm: _____

Address: _____

Phone: _____

ADMINISTRATION: \$125.00, plus filing of additional required documents at \$5.00 per page, such as Affidavit of Assets and Debts, Renunciations, (\$5.00 1st, \$3,00 each subsequent), and any other filings needed, such as Power of Attorney, etc.