NICKI A. BURKE, Surrogate
Salem County Surrogate's Court
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"Applicant" Administration 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

Application documents to be signed by Administrator:

☐ mail to Administrator
☐ pick-up by Administrator
☐ pick-up by attorney
☐ mail to attorney

Issued documents: Letters of Administration & Administrator Short Certificates:

☐ pick-up by Administrator
☐ mail to Administrator
☐ pick-up by attorney
☐ mail to attorney

Decedent's name: _____
(as it appears on the certificate of death)

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

☐ legal domicile at time of death - mailing address: _____

_____

☐ Township of: _____ ☐ County of:_____

Required to initiate the Administration process:

☐ Certified copy of the Death Certificate (raised seal)
☐ Administration filing fee- contact our office for that information

√ 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 dirth: _____
☐ 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:

☐ administrator applicant: name as appears on your identification
☐ relationship to decedent: _____
☐ address: mailing address, include apartment #:_____

_____

☐ age: _____
☐ 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 #)_____

_____

☐ age: _____
☐ 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 ☐ no ☐
children of decedent-previous relationship-not child of spouse? yes ☐ no ☐
children of surviving spouse-stepchild of decedent? yes ☐ no ☐
children of deceased children? yes ☐ no ☐

(*use reverse side or additional sheet if necessary*)

1-Name:_____relationship_____
address:_____
county:_____
age _____ ☐ renounce ☐ minor ☐ if minor renunciation by:_____

2-Name:_____relationship_____
address:_____
county:_____
age _____ ☐ renounce ☐ minor ☐ if minor renunciation by:_____

3-Name:_____relationship_____
address:_____

county:_____
age _____ ☐ renounce ☐ minor ☐ if minor renunciation by:_____
4-Name:_____relationship_____
address:_____
county:_____
age _____ ☐ renounce ☐ minor ☐ if minor renunciation by:_____
5-Name:_____relationship_____
address:_____
county:_____
age _____ ☐ renounce ☐ minor ☐ if minor renunciation by:_____
6-Name:_____relationship_____
address:_____
county:_____
age _____ ☐ renounce ☐ minor ☐ if minor renunciation by:_____
7-Name:_____relationship_____
address:_____
county:_____
age _____ ☐ renounce ☐ minor ☐ if minor renunciation 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 & Debt 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: $_____ ☐ savings-amount: $_____
acct. # last 3 digits: XX-_____ acct. # last 3 digits: _____
☐ christmas club: amount: $_____ ☐ other: amount: $_____
acct. # last 3 digits: _____ acct. # last 3 digits: _____

Financial Institution : _____
☐ checking-amount: $_____ ☐ savings-amount: $_____
acct. # last 3 digits: XX-_____ acct. # last 3 digits: _____
☐ christmas club: amount: $_____ ☐ other: amount: $_____
acct. # last 3 digits: _____ acct. # last 3 digits: _____

Financial Institution : _____
☐ checking-amount: $_____ ☐ savings-amount: $_____
acct. # last 3 digits: XX-_____ acct. # last 3 digits: _____
☐ christmas club: amount: $_____ ☐ other: amount: $_____
acct. # last 3 digits: _____ acct. # last 3 digits: _____

Vehicles / Trailers / Motorcycles, etc.:

☐ year/make/model_____

☐ VIN #: _____
☐ value: $_____
☐ year/make/model_____
☐ VIN #: _____
☐ value: $_____
☐ year/make/model_____
☐ VIN #: _____
☐ value: $_____
☐ year/make/model_____
☐ VIN #: _____
☐ value: $_____

Real Estate: in what names is the real estate titled & 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, Interest in Corporation, 401K, Certificates of Deposit, etc.
☐ _____
☐ _____
OTHER
☐ _____
☐ _____

Debt of Estate – For Affidavit of Assets & Debts: name & amount owed
_____
_____
Total Approximated Debt: **$**_____

is estate is represented by legal counsel: ☐ yes ☐ no
attorney: _____
name of firm: _____
address: _____
phone: _____
e-mail: _____

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.