

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

Applicant Affidavit of Heir fact sheet

Application documents to be signed by administrator:

- 1- mail docs to applicant
- 2- sign at door in front of staff
- 3- sign via zoom
- 4- pick-up by executor of docs to sign before a notary public
- 5- mail to executor for signing before a notary public
- 6- pick-up docs by attorney
- 7- mail docs to attorney

Issued documents: Affidavits :

- pick-up by admin
- mail to admin
- pick-up by attorney
- mail to attorney

Payment: not rec'd \$ _____ received:\$ _____ cash check atty escrow money order

Affidavit of Heir (6c.)

- date of death is **ON OR AFTER 01/19/16**: \$20,000.00 limit (eff 01/19/16)
- date of death is **01/18/16 or BEFORE**: \$10,000.00 limit (eff. 01/12/06)
- date of death is ? thru 01/11/06: \$5,000.00 limit (

estate of: _____
(as name appears on the death certificate)

a/k/a: _____

a/k/a: _____

legal domicile at time of death: _____
(mailing address)

Township of: _____ county of: _____

Required to initiate the Affidavit of Heir estate process:

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

√ Marital status of decedent & other information:

- married
- widowed
- single, never married
- divorced
- certified domestic partnership
- civil union
- affidavits requested (_____) (dependant on amount of assets)
- social security #: _____
- date of birth: _____
- date of death: _____

- NJ real property in the name of the decedent
- real property in the name of the decedent in another state?

Affiant full legal name as shown on identification

Affiant: _____

Address(mailing)-include apartment number)_____

relationship to decedent: _____

county of residence: _____

phone number: (_____) _____

cell phone: (_____) _____

e-mail: _____

Co-Affiant (if needed) full legal name as shown on identification

Affiant: _____

Address(mailing)-include apartment number)_____

relationship to decedent: _____

county of residence: _____

phone number: (_____) _____

cell phone: (_____) _____

e-mail: _____

Next of Kin: Begin with spouse, if spouse was living at the time of death of decedent, 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.)

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 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"/> |

Name – Relationship to decedent, address, age if minor, renouncing? *(use reverse side or additional sheet if necessary.)*

➤ INCLUDE those that were living at the time of death:

1-Name: _____ relationship _____

address: _____

county: _____

age _____ renounce/consent minor if minor consent by: _____

2-Name: _____ relationship _____

address: _____

county: _____

age _____ renounce/consent minor if minor consent by: _____

3-Name: _____ relationship _____

address: _____

county: _____

age _____ renounce/consent minor if minor consent by: _____

4-Name: _____ relationship _____
address: _____
county: _____
age _____ renounce/consent minor if minor consent by: _____

5-Name: _____ relationship _____
address: _____
county: _____
age _____ renounce/consent minor if minor renounce/consent by: _____

6-Name: _____ relationship _____
address: _____
county: _____
age _____ renounce/consent minor if minor consent by: _____

7-Name: _____ relationship _____
address: _____
county: _____
age _____ renounce/consent minor if minor consent by: _____

Needed For Assets:

- 1. Copies of Financial institution statements
- 2. Title to vehicles/trailers/motorcycles for VIN#

Assets & Debts For Affidavit of Assets:

Checks/refund checks, etc.

issued by: _____ amount: \$ _____
 issued by: _____ amount: \$ _____
 issued by: _____ amount: \$ _____

Financial Institution:

checking-amount: \$ _____ saving-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: \$ _____ saving-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: \$ _____ saving-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: \$ _____

Real Estate: in what names titled & how titled?

 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. _____
 Tax record search website:
http://tax1.co.monmouth.nj.us/cgi-bin/prc6.cgi?&ms_user=glou&passwd=data&srch_type=0&adv=0&out_type=0&district=1704
 Is any real estate located in a county or state other than Salem County, New Jersey?
 yes no
 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 named or beneficiaries are deceased:

Company: _____
 Amount: \$ _____

Insurance Funds where no beneficiary named or beneficiaries are deceased:

Company: _____
 Amount: \$ _____

Pension, Investments, 401K, Certificates of Deposit, etc.:

Other:

Is estate is represented by legal counsel: yes no

Attorney: _____
 Name of Firm: _____
 Address: _____
 Phone: _____

Payment via: cash check attorney escrow money order
 Salem County does not yet accept debit/credit cards.

NICKI A. BURKE, Surrogate of Salem County
 Administration Building, 2nd Floor - 94 Market Street, Salem, NJ 08079
 Tel. (856) 935-7510 Ext. 8323 FAX: (856) 339-9359
 E-Mail: surrogate@salemcountynj.gov Web: www.surrogate.salemcountynj.gov
 Facebook: Salem County Surrogate Twitter: @NickiABurke2

22A:2-30 AFFIDAVITS OF SURVIVING SPOUSE OR AFFIDAVIT OF HEIR - where the value of the real and personal assets of the estate does not state does not exceed \$50,000.00 or \$20,000.00, respectively, \$5.00 for each \$100.00 or part thereof. \$50,000.00 or 20,000.00, respectively, \$5.00 for each \$100.00 or part thereof.
 The total cost shall not exceed \$50.00 for the initial Affidavit. Supplemental Affidavits are invoiced @ \$5.00 per \$100.00

Informational Purposes = \$5.00	\$301 - \$400 = \$20.00	\$701 - \$800 = \$40.00
\$0 - \$100.00 = \$5.00	\$401 - \$500 = \$25.00	\$801 - \$900 = \$45.00
\$101 - \$200 = \$10.00	\$501 - \$600 = \$30.00	\$901 - \$1,000.00 = \$50.00
\$201 - \$300 = \$15.00	\$601 - \$700 = \$35.00	
Fee shall not exceed \$50-for Initial Affidavit	Supplementals invoiced @ \$5.00 per \$100.00	