

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

Administration Building 2nd Floor - 94 Market Street, Salem, NJ 08079

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Applicant - Affidavit of Heir fact sheet

applicant sign document in Surrogate's office and Surrogate will issue

OR

pick-up of documents for signature, take to notary, and return for filing:

applicant will pickup OR attorney will pickup

Surrogate issued documents mailed to: applicant OR attorney

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 (

Decedent name:

Last: _____

First: _____

Middle: _____

Suffix: _____

Decedent a/k/a's: other names of the decedent that assets may be titled in

a/k/a: _____

a/k/a: _____

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

Township of: _____ County of: _____

Required to initiate the Affidavit of Heir estate process:

Certificate of Death: Certified copy w/raised seal

Affidavit of Heir filing fee-contact our office for that information (see page 6 for estimated cost)

Marital status of decedent & other information:

married

widowed

single, never married

divorced

certified domestic partnership

- civil union
- affidavits requested (_____) (dependant on amount of assets)
- NJ real property in the name of the decedent
- real property in the name of the decedent in another state?

Applicant full legal name as shown on identification

Last: _____

First: _____

Middle: _____

Suffix: _____

Address(mailing)-include apartment number) _____

relationship to decedent: _____

county of residence: _____

phone number: (_____) _____

cell phone: (_____) _____

e-mail: _____

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

Last: _____

First: _____

Middle: _____

Suffix: _____

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:
- children of decedent-previous relationship-not child of spouse?
- children of surviving spouse-stepchild of decedent?
- children of deceased children?

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

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

Name: _____
 Relationship to decedent _____
 Age if a minor _____
 address & county: _____

Name: _____
 Relationship to decedent _____
 Age if a minor _____
 address & county: _____

Name: _____
 Relationship to decedent _____
 Age if a minor _____
 address & county: _____

Name: _____
 Relationship to decedent _____
 Age if a minor _____
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 Age if a minor _____
 address & county: _____

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Relationship to decedent _____
Age if a minor _____
address & county: _____

Name: _____
Relationship to decedent _____
Age if a minor _____
address & county: _____

Assets & Debts information for Affidavit – provide copies

- Financial institution statements
- title to vehicles/trailers/motorcycles for VIN#

Checks/refund checks, etc.

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

Financial Institution: _____
account type: checking savings
amount: \$ _____
acct. # last 3 digits: XX- _____

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amount: \$ _____
acct. # last 3 digits: XX- _____

Financial Institution: _____

account type: checking savings

amount: \$ _____

acct. # last 3 digits: XX- _____

PROVIDE copies of vehicle titles when possible, as the VIN #'s must be included in the paperwork.

Vehicles / Trailers / Motorcycles, etc:

year/make/model _____

VIN #: _____

value: \$ _____

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year/make/model _____

VIN #: _____

value: \$ _____

Vehicles / Trailers / Motorcycles, etc:

year/make/model _____

VIN #: _____

value: \$ _____

Vehicles / Trailers / Motorcycles, etc:

year/make/model _____

VIN #: _____

value: \$ _____

Real Estate: in what names titled & how titled?

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 _____

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:

check money order attorney escrow cash

Salem County does not yet accept debit or credit cards.

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	