

**NICKI A. BURKE, Surrogate**

Salem County Surrogate's Court  
Administration Building, 2<sup>nd</sup> 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

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

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

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 at time of death - mailing address: \_\_\_\_\_

Township of: \_\_\_\_\_  County of: \_\_\_\_\_

Required to initiate the Administration process:

Certified Certificate of Death

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: (\_\_\_\_\_) (one for each asset listed to be transferred)
- 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 Information:

Administrator - name as appears on your identification

- 
- relationship to decedent: \_\_\_\_\_
- address: mailing address, include apartment #: \_\_\_\_\_

- 
- provide copy of form of identification
- county of residence: \_\_\_\_\_
- phone: \_\_\_\_\_
- cell: \_\_\_\_\_
- e-mail: \_\_\_\_\_
- administrator is presently or was previously an attorney at law
- administrator is NOT an attorney-at-law

Co-Administrator - name as appears on your identification

- 
- relationship to decedent: \_\_\_\_\_
- address: mailing address, include apartment #: \_\_\_\_\_

- 
- provide copy of form of identification
- county of residence: \_\_\_\_\_
- phone: \_\_\_\_\_
- cell: \_\_\_\_\_
- e-mail: \_\_\_\_\_
- administrator is presently or was previously an attorney at law
- administrator is NOT an attorney-at-law

Indicate below survivors of decedent and/or surviving spouse/domestic partner

- surviving spouse or domestic partner
- decedent had no children
- decedent has children who are also children of the surviving spouse/domestic partner
- parents of decedent are deceased
- parent(s) of decedent is living
- surviving spouse/domestic partner of decedent has child/children who are not also children of the decedent
- decedent has child/children are not also child/children of surviving spouse/domestic partner

List All Next of Kin And Relationship To The Decedent

**1**-Name: \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

**2**-Name: \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

**3**-Name: \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

**4**-Name: \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

**5-Name:** \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

**6-Name:** \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

**7-Name:** \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

**8-Name:** \_\_\_\_\_  
address: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_  
Age if a minor: \_\_\_\_\_

*use additional sheet if necessary*

Is a Beneficiary to this estate Developmentally Disabled?

yes       no

Assets & Debt information for Affidavit of Assets

Complete the Affidavit of Assets and Debts form provided by our office  
Examples: checks, bank accounts, stock, vehicle, motorcycle, boat, RV, life insurance policy without a named beneficiary, real estate, pension...

The Affidavit of Assets & Debts form will be provided to you with the application documents for signature.

checks/refund checks, etc.

issued by: \_\_\_\_\_ amount: \$ \_\_\_\_\_  
 issued by: \_\_\_\_\_ amount: \$ \_\_\_\_\_  
 issued by: \_\_\_\_\_ amount: \$ \_\_\_\_\_

copy of financial institution statements required

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

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

Vehicles / Trailers / Motorcycles, etc:

year/make/model \_\_\_\_\_  
 VIN #: \_\_\_\_\_  
 value: \$ \_\_\_\_\_

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year/make/model \_\_\_\_\_

VIN #: \_\_\_\_\_

value: \$ \_\_\_\_\_

Real Estate: in what names titled & how titled?

\_\_\_\_\_

\_\_\_\_\_

what is percentage of title held by the decedent?

market value of real estate: \_\_\_\_\_

address of real estate: \_\_\_\_\_

block \_\_\_\_\_  lot \_\_\_\_\_  Twp/City/Boro etc. \_\_\_\_\_

what is percentage of title held by the decedent?

market value of real estate: \_\_\_\_\_

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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](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 \_\_\_\_\_

street address: \_\_\_\_\_

Insurance Funds where no beneficiary named or beneficiary is deceased:

Company: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Pension, Investments, 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 1<sup>st</sup>, \$3,00 each subsequent), and any other filings needed, such as Power of Attorney, etc.

Payment via:

check  money order  attorney escrow  cash

Salem County does not yet accept debit or credit cards.