Date Received:_____ Docket #_____

ATLANTIC COUNTY SURROGATE INFORMATION SHEET

Name of Decedent _____
AKA _____
Address of Decedent _____
Date of Death _____ Marital Status _____
Did Decedent leave a Will? [ ] Yes [ ] No Date of Will _____
Date of Codicil, if any_____

List all next of kin

Name	Relationship	Address	Age of Minors

Name, Address and phone number of Executor or Administrator applying:

_____
_____
_____
PHONE: _____
EMAIL: _____

ASSETS IN DECEDENT'S NAME ONLY: (NOT REQUIRED IF PROBATING A WILL)
(REAL ESTATE, BANK ACCOUNTS, MOTOR VEHICLES, STOCKS, BONDS, ETC)

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

DEBTS IN DECEDENT'S NAME:
(Funeral bill, medical bills, credit cards, etc)

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____