

**MIDDLESEX COUNTY SURROGATE'S COURT**  
**P.O. BOX 790, New Brunswick, NJ 08903-0790**  
**Tel. 732-745-3055 Fax 732-745-4125**  
**surrogate@co.middlesex.nj.us**

Name of Decedent: \_\_\_\_\_

Address of Decedent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ SS #: \_\_\_\_\_

Name of Executor(s)/Administrator(s): \_\_\_\_\_

Address of Executor(s)/Administrator(s): \_\_\_\_\_

\_\_\_\_\_

Telephone Number of Executor(s)/Administrator(s): \_\_\_\_\_

<u>Beneficiaries/Next of Kin</u>	<u>Relationship</u>	<u>Address</u>	<u>Age of Minor (if any)</u>
----------------------------------	---------------------	----------------	------------------------------

(Note: List all children of deceased next of kin – Give age of Minors. Continue on back if necessary)

Date of Will: \_\_\_\_\_ # Pages: \_\_\_\_\_ Date of Codicil: \_\_\_\_\_ # Pages: \_\_\_\_\_

Witness who is Appearing: \_\_\_\_\_

Name of other Witness(es): \_\_\_\_\_

Entire Estate Passes to Surviving Spouse, Parent, Grandparent, Child, Stepchild, Legally Adopted Child, or Issue of Any Child or Legally Adopted Child: \_\_\_ Yes \_\_\_ No

List of Assets of Decedent (if no Will):

Total Value of Decedent's Estate: \$ \_\_\_\_\_ Number of Surrogate Certificates Requested: \_\_\_\_\_

Name and telephone # of Attorney: \_\_\_\_\_

\_\_\_\_\_

**FOR USE AS FACT SHEET TO BE MAILED OR FAXED TO OFFICE IN ADVANCE OF APPEARANCE  
ALONG WITH A COPY OF DEATH CERTIFICATE, WILL AND CODICIL (IF APPLICABLE).**