Information Sheet

James S. LaCorte, Surrogate of Union County <u>A Death Certificate is required to prepare paperwork</u> WAS THE DECEDENT A *RESIDENT* OF UNION COUNTY?

PLEASE PRINT OR TYPE	Daytime phone #				
Probate Will & Codicil []	Administration	_ (Asset page nee	eded)		
ESTATE OF: SOCIAL SECURITY #					
ADDRESS: CITY/TOWN:					
Date of Birth Date of Will		Date of Dea	nth		
Marital Status [] Married [] Married times [] Widowed [] Never Married [] Divorced [] Certified / Civil Union Partner					
# of Children [] None [] Children from previous marriage [] Children of Deceased Children					
Request for evening appointment [] Cranford 1st Monday	[] Scotch Plains (5:00) 2 nd Monday	[] Union 3 rd Wednesday	[] Summit 4 th Tuesday		
Name(s) & Address(es) of Executor, Admir Name <u>Address</u>	nistrator or Guardian: <u>City/State</u>	<u>List Relation</u> Phone # (m			
Next of Kin: Begin with spouse and children (mother of minor children). If none, include parents and/or siblings. Indicate if they will be renouncing (use reverse side if necessary) Use additional sheet if necessary.					
Name Relationship	Address	Age if Minor	Check if Renouncing		
# of Certificates Needed Method of Payment: Cash, check / Attorney Charge (You will need 1 certificate for every asset in the decedent's name)					
Name, Address & Phone # of Attorney:					

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IF TRUSTS ARE ESTABLISHED (by the will): THEY MUST CONTAIN THE NAMES OF THE TRUST(S) AND ALL BENEFICIARY INFORMATION. USED ADDITIONAL SHEETS IF NECESSARY

Name(s) of Trusts:				
Trustee Info:	Names	Addresses	Phone #	
Beneficiary Info:	Names	Addresses	Ranafic	iary Interest
Denenciary into.	rvaines	Addresses	Bellefic	ary interest
Additional Next of Kin Name	xt of Kin: Continued from 1 st page. <u>Relationship</u> <u>Address</u>		Age if Minor	Renunciation

A FULL 48 HOUR NOTICE MUST BE GIVEN TO PREPARE PAPERS

Additional Correspondence may be addressed to:
James S. LaCorte, Surrogate of Union County
Union County Court House
2 Broad Street, Elizabeth, New Jersey 07207
Phone - 908-527-4280 Fax - 908-351-9212

www.unioncountynj.org/surrogate

ALL INFORMATION SHEETS MUST BE ACCOMPANIED BY A
COPY OF THE WILL AND DEATH CERTIFICATE.
ALL ADMINISTRATIONS MUST BE ACCOMPANIED BY AN
ASSET PAGE