

# James S. LaCorte Surrogate of Union County

Here are some very important things you should know.

- Make sure your Executor has access to your Last Will and Testament when the time comes.
- **NEVER** write on your original Will. If necessary have an attorney draft a Codicil if you wish to make changes to your Will.
- It is not necessary to correct spelling or change maiden names on the Original Will, they will be listed as “also known as” on the paperwork for the estate.
- Do not change names or addresses on a Will if a beneficiary has moved, use an additional piece of paper with the new address

From the many inquiries we receive, I know that many of you have already taken the important steps necessary to make an estate plan. Many others have asked for advice on the first steps in making a Will.

This booklet will help you plan these first steps. Even before you consult with an attorney, you must take a complete inventory of your assets and liabilities.

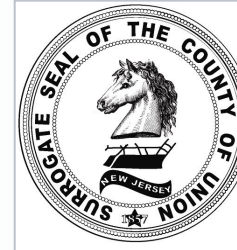
This information will help your attorney draft a Will that takes your needs and your family’s security into account.

Sincerely,

*James S. LaCorte*

**The Union County Surrogate  
The Union County Court House  
2 Broad Street  
Elizabeth, New Jersey**

**Phone: (908) 527-4280  
www.ucnj.org/surrogate  
Fax: (908) 351-9212**



## Important Information About Your Estate

Family Members  
Insurance  
Real Estate  
Stocks & Bonds  
Pensions

Also information on my

Personal Representative  
Funeral Arrangements  
Social and Civic Organizations



Courtesy of James S. LaCorte,  
Surrogate of Union County

# Personal Information

## Personal Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle: \_\_\_\_\_

A/K/A: \_\_\_\_\_

*If you have ever used a nickname such as Peggy instead of Margaret you would consider these, A/K/A also known as:*

**Domicile: Your main residence. Your domicile will determine where the Will should be probated.**

Address: \_\_\_\_\_

Street

Municipality

State

### Additional or Former Addresses:

Address: \_\_\_\_\_

Street

Municipality

State

Name of Physician: \_\_\_\_\_

Address, City

State

Last Will and Testament and/or Power of Attorney is kept:

\_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

*Power of Attorney acts when you are alive, Last Will and Testament dictates your estate when you die.*

# Important Information

Special requests for religious ceremony:

\_\_\_\_\_  
\_\_\_\_\_

Place of Worship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Professional Services

Attorney's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Accountant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

When the time comes to probate your estate your Executor will have to bring your **Original Will** a **Certified Death Certificate** and the names and addresses of your closest next of kin to the Surrogate's Court in the county in which you resided at the time of your death. We will keep the original documents and you will be issued Surrogate's Certificates to obtain the assets in your name on behalf of the estate.

In New Jersey the cost to probate a simple Will is about \$100.00-\$130.00. Your Executor will need a "Surrogate's Certificate" to claim each asset in your name for the estate, additional certificates are \$5.00 each.

In Union County the Surrogate's Court is located in the Union County Court House, 2 Broad Street, Elizabeth New Jersey. Our telephone number is: (908) 527-4280. You may access information on line at:

[WWW.UCNJ.ORG/Surrogate](http://WWW.UCNJ.ORG/Surrogate)

# My Funeral Arrangements

For funeral arrangements the following information will be needed. The name and address and phone number of the person in charge of the arrangements.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Place of Burial: Entombment or cremation?**

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Cemetery Deed or grave location: \_\_\_\_\_

***Items your Personal Representative  
will need for the burial:***

Full legal name and address

Marital status

Date and place of birth

Last place of employment (name, town, state)

Occupation

Years of education

Social security number

The name, address, and phone number of person in charge of these arrangements

Parent's names (including mother's maiden name)

Veteran's discharge papers

Special Items you want used for services, such as pictures or clothing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# My Family Members

**Next of Kin: (spouse, children, or parents, etc.)**

**Name:** \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Use additional sheet of paper if necessary.

# My Personal Information

**Personal Records:** Your personal records should be in a safe place such as a fireproof box or safe deposit box. However, your Last Will and Testament should be where your Executor would be able to obtain the original, if they are not listed on the safe deposit box and do not have a key, they will not be able to get the original Will.

The following is a list of Information that should be recorded for use by anyone with a Power of Attorney or duties as the Personal Representative.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ DOB \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouses residence if different from yours:  
\_\_\_\_\_

Last place of employment:  
\_\_\_\_\_

Your Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

## The Requirements of Making a Will

Any person who is at least 18 years old and of sound mind may make a Will. In order to be valid in the State of New Jersey, a Will must be a written document signed by the person making the Will (the testator or testatrix) and the signing must be witnessed by at least two people over the age of 18. A handwritten Will, known as a holographic Will, may be valid. However, it may be necessary for a Superior Court Judge to determine the validity of the handwritten Will.

# Personal Representative

## Designation of Personal Representative of the Estate:

Names and Addresses of Executors, Trustees and Guardians and their relationship if any.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_, \_\_\_\_\_

City

State

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_, \_\_\_\_\_

City

State

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_, \_\_\_\_\_

City

State

Phone: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

# Annuities & Pension

## Annuities:

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

Policy : \_\_\_\_\_

Location: \_\_\_\_\_

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

Policy: \_\_\_\_\_

Location: \_\_\_\_\_

## Other Insurance: Household, auto, etc,

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

Location: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Location: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Location: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Pension:

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

Policy: \_\_\_\_\_

Human Resources: \_\_\_\_\_

# Real Estate Information

Property held in my name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deeds are located at: \_\_\_\_\_

\_\_\_\_\_

Mortgages held by: \_\_\_\_\_

\_\_\_\_\_

Business Interests:

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Financial Interest (if any)

\_\_\_\_\_  
\_\_\_\_\_

## The Need for a Will

Many people mistakenly believe that if they die without a Will their spouse will inherit their estate under New Jersey State law. However, if there are surviving children of the marriage or children of the decedent from a prior marriage, the surviving spouse is only entitled to a portion of the estate.

In the case of surviving children of the marriage, the spouse will receive 100%, the children nothing.

In the case of surviving children from any other marriage or relationship, the surviving spouse gets the first 25% but not less than \$50,000 nor more than \$200,000 plus one half of the balance. Children receive all other assets.

If there are no children but parents of the decedent are surviving, the spouse gets the first 25%, but not less than \$50,000 nor more than \$200,000 and three-fourths of the balance; parents get all other assets.

# Banking & Insurance

## Banking & Insurance

Checking and Savings accounts held at the following locations:

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Credit Union: \_\_\_\_\_

Safe Deposit Box #: \_\_\_\_\_

Name(s) on Box

\_\_\_\_\_

\_\_\_\_\_

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

**Please Note:** In your safe deposit box or with your important papers you should keep a list of Credit Cards in your name. For security reasons do not list the account numbers.

You should not put your Original Last Will and Testament in a safe deposit box unless your executor has access to that box. The banks will not let anyone into the box after you are deceased. Therefore, they cannot get the original Last Will and Testament to present it for probate.

As a safety precaution do not put account number or passwords on this document. Your Executor or POA can always get the necessary information with your SS#.

# Insurance

## Health Insurance:

Carrier: \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Medicare or Medicaid:

Coverage Limits : \_\_\_\_\_

Additional Insurance (such as Long Term Care or AARP)

Carrier: \_\_\_\_\_

Policy: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy: \_\_\_\_\_

## Life Insurance:

Agent: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Employers Insurance: \_\_\_\_\_

Group/Number: \_\_\_\_\_

Any other policies \_\_\_\_\_