# Office of The Union County Surrogate

# A Death Certificate is required to prepare paperwork WAS THE DECEDENT A RESIDENT OF UNION COUNTY?

PLEASE PRINT	OR TYPE	Applicant's Day	time Phone #		
Is there a Last W	ill & Testament? [ ]Yes	s or [ ]No If no, o	check off Administration	n/Affidavit	
# of Will Pages: _	& # of Codicil Pag	ges: Admi	nistration/Affidavit: [	] (Asset page needed)	
<b>DECEASED INF</b>	ORMATION:				
NAME:		SOCIAL SECURITY #:			
ADDRESS:		CITY/TOWN/ZIP:			
Date of Birth:	Date of	Will:	Date of De	ath:	
Deceased Marital	[ ] # of Children [ ] # of Decedent's	d [ ] Divorced  Children from Pre	[ ] Certified / Civil		
		Spouse, but Not o	n (surviving grandchile f the Decedent	aren)	
NAME(S) & ADI	DRESS(ES) OF EXECU	_			
Name	Address	City/State/Zip	Phone # (mandate	ory) Relationship	
	Begin with spouse and chif they will be renouncing.			e, include parents and/or	
Name Rel	ationship Address	- City/State/Zip	Age if Minor	Check if Renouncing	
_	**No Payment I	s Due Now, Cle	ate for every asset in the erk Will Invoice You	· · · · · · · · · · · · · · · · · · ·	
Name, Address &	Phone # of Attorney:				

#### **Information Sheet**

### Office of The Union County Surrogate

	<b>HED (by the will):</b> THEY MUST CC CIARY INFORMATION.  USED AI	ONTAIN THE NAMES OF THE ODITIONAL SHEETS IF NECESSARY				
NAME(S) OF TRUSTS:						
TRUSTEE INFO: Name	<u>Addresses</u>	Phone #				
BENEFICIARY INFO: Names	<u>Addresses</u>	Beneficiary Interest				

## ALL CORRESPONDENCE MUST BE ADDRESSED TO:

Office of The Union County Surrogate
Union County Court House
2 Broad Street
Elizabeth, New Jersey 07207

**Phone:** (908)527-4280 **Fax:** (908)351-9212

**Email:** UCSurrogate@ucnj.org www.ucnj.org/surrogate

ALL INFORMATION SHEETS MUST BE ACCOMPANIED BY THE ORIGINAL WILL, ORIGINAL CODICIL(S) (if any) & ORIGINAL DEATH CERTIFICATE WITH RAISED SEAL.

ALL ADMINISTRATIONS MUST BE ACCOMPANIED BY AN ASSET PAGE & OBITUARY