

FOR ADMINISTRATIONS

Union County Surrogate's Office

PLEASE FILL OUT AND RETURN

APPLICANTS ARE CLASS "A" BENEFICIARIES

State of New Jersey }
 Count of Union } SS.

YES [] NO []

In the Matter of the Estate of: _____

Affidavit of Assets

Applicant: _____ **deceased** of full age, being duly sworn,

deposes and says:

Status: Single { } Married { } Married ___ times Divorced { } Widowed { } Separated { }
 Living Relations: Mother { } Father { } Sister { } Brother { }
 Children previous marriage { } Children { } Nieces/Nephews { } Grandchildren { }
 of deceased child

The following is a brief descriptive list and valuation of all the assets constituting the personal property of the decedent.

ITEMS		
Personal	Cash in hand	
Estate	Cash in Banks belonging to the Estate (include bank names & acct. #'s)	
without	Corporate Stocks & Bonds, Notes, Etc.	
deduction	Real Estate (List property below)	
for debts	Insurance taken out by Decedent becoming payable to the Estate	
	Household effects, jewelry, automobiles, other chattels (Vin#'s)	
	All other personal property of significant value, belonging to the estate.	

Remarks: _____

List ALL Real Estate Holdings:

Total valuation of all personal property as near as can now be ascertained.

Debts of Estate		
NATURE OF DEBTS		
* The law will not permit the distribution of a decedent's property to the exclusion of his creditors. * The estate assets must be first applied to the payment of all just claims against it in legal priority. * In the event of uncertainty in procedure it is wiser to employ counsel.	Funeral expenses	
	Debts of last sickness, doctor, nurse, hospital. Etc.	
	Taxes due, if any, at time of death	
	Other incumbrances	
	Any debt due from personal representative	
	Specify any other debts of a particular nature	
	Total amount of debts	

That deponent is familiar with the circumstances of the estate and that the personal estate and effects of the said deceased, of which he died possessed or is in any way entitled to and for and in respect of which letters of administration are to be granted, and without deducting anything on account of the debts due and owing from the said deceased, are of the value above stated or under, and that the debts of the estate are not likely to exceed the amount above shown, to the best of deponent's knowledge, information and belief.

Sworn and subscribed to before me this _____ day of _____ 2004

 Special Probate Clerk
 Notary w/stamp seal

 Applicant

James S. LaCorte
Surrogate of Union County

A Death Certificate is need to prepare paperwork

Information Sheet

PLEASE PRINT OR TYPE This information to be used to:

Probate Will _____ **Administration**_____ (Asset page needed) **Guardianship**_____

ESTATE OF: _____ SOCIAL SECURITY # _____

Deceased/Minor

ADDRESS: _____ CITY/TOWN: _____

Age at Death _____ Date of Will or Codicil _____ Date of Death _____

Marital Status [] Married [] Married ___ times [] Widowed [] Never Married [] Divorced [] Certified Domestic Partnership

of Children [] Son(s) [] Daughter(s) [] None [] Children from previous marriage [] Children of Deceased Children
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Value of Estate _____ (In decedents name alone)

Name(s) & Address(es) of Executor, Administrator or Guardian: **List Relationship**

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone # (mandatory)</u>
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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.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Age if Minor</u>	<u>Check if Renouncing</u>
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Self Proving Will: Yes No If NO, Names(s) and Addresses of Witsesse(s) who will proof:

of Certificates Needed _____ Method of Payment: **Cash, check / Attorney Charge #**_____

Name, Address & Phone # of Attorney:

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 Beneficiary Interest

Additional Next of Kin: Continued from 1st page. Age if
Name Relationship Address 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

<http://www.ucnj.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