

Information Sheet

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

PLEASE PRINT OR TYPE

Daytime phone # _____

Probate Will _____ & Codicil [] Administration _____ (Asset page needed)

ESTATE OF: _____ SOCIAL SECURITY # _____

Deceased

ADDRESS: _____ CITY/TOWN: _____

Date of Birth _____ Date of Will _____ Date of Death _____

Marital Status [] Married [] Married ___ times [] Widowed [] Never Married
[] Divorced [] Certified / Civil Union Partner

- [] # of children _____
- [] decedent's children from previous relationship _____
- [] children of deceased children (surviving grandchildren) _____
- [] children of spouse, but not of the decedent _____

Request for evening appointment [] Cranford [] Scotch Plains (5:00) [] Union [] Summit
[] 1st Monday [] 2nd Monday [] 3rd Wednesday [] 4th Tuesday

Name(s) & Address(es) of Executor or Administrator

Name Address City/State Phone # (mandatory) **Relationship**

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 additional sheet if necessary.

Name **Relationship** Address Age if Check if
Minor 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:

Information Sheet

James S. LaCorte, Surrogate of Union County

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.

Name Relationship Address 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 AN ORIGINAL WILL AND DEATH CERTIFICATE.
ALL ADMINISTRATIONS MUST BE ACCOMPANIED BY AN ASSET PAGE