

**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/ZIP: \_\_\_\_\_

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 \_\_\_\_\_

Delivery option for signature? \_\_\_\_\_ email \_\_\_\_\_ email address  
\_\_\_\_\_ mail

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

Name                      Address                      City/State                      Phone # (mandatory)                      Relationship

Next of Kin (Heirs-at-Law): 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: \_\_\_\_\_

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**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:

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Trustee Info:                      Names                      Addresses                      Phone #

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Beneficiary Info:                      Names                      Addresses                      Beneficiary Interest

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Additional Next of Kin: Continued from 1<sup>st</sup> page.

Name                      Relationship    Address                      Age if  
Minor                      Renunciation

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**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](http://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**

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