

**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**

Applicant's Daytime Phone # \_\_\_\_\_

Is there a Last Will & Testament? [ ] Yes or [ ] No *If no, check off Administration/Affidavit*

# of Will Pages: \_\_\_\_\_ & # of Codicil Pages: \_\_\_\_\_ Administration/Affidavit: [ ] (Asset page needed)

**DECEASED INFORMATION:**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN/ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Will: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Deceased Marital Status: [ ] Married *if so # of times Married* \_\_\_\_ [ ] Widowed  
[ ] Never Married [ ] Divorced [ ] Certified / Civil Union Partner

- [ ] # of Children
- [ ] # of Decedent's Children from Previous Relationship
- [ ] # of Children of Deceased Children (surviving grandchildren)
- [ ] # of Children of Spouse, but Not of the Decedent

Delivery option for signature? \_\_\_\_\_ Email \_\_\_\_\_ Email Address  
\_\_\_\_\_ Mail  
\_\_\_\_\_ In Office Appointment (Clerk will call you to schedule a date)

**NAME(S) & ADDRESS(ES) OF EXECUTOR OR ADMINISTRATOR:**

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

**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.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Age if Minor</u>	<u>Check if Renouncing</u>

**#of Certificates Needed** \_\_\_\_\_ (You will need 1 certificate for every asset in the decedent's name)

**\*\*No Payment Is Due Now, Clerk Will Invoice You\*\***

Using an Attorney? [ ] Yes or [ ] No

Name, Address & Phone # of Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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:**

<u>Name</u>	<u>Addresses</u>	<u>Phone #</u>

**BENEFICIARY INFO:**

<u>Names</u>	<u>Addresses</u>	<u>Beneficiary Interest</u>

**ALL CORRESPONDENCE MUST 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  
**Email:** UCSurrogate@ucnj.org  
[www.ucnj.org/surrogate](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 AND OBITUARY**