Office of The Union County Surrogate <u>A Death Certificate is required to prepare paperwork</u> WAS THE DECEDENT A *RESIDENT* OF UNION COUNTY?

PLEASE PRINT	OR TYPE	Applicant's	S Daytime Phone #		
Is there a Last Wi	ill & Testament? []Yes	or []No <i>I</i> ;	f no, check off Administratio	n/Affidavit	
# of Will Pages: _	& # of Codicil Pag	& # of Codicil Pages: Administration/Affidavit: [] (Asset page needed)			
DECEASED INFO	ORMATION:				
NAME:		SOCIAL SECURITY #:			
ADDRESS:		CITY/TOWN/ZIP:			
Date of Birth:	Date of	Date of Will: Date of Death:			
Deceased Marital S	[] Never Married [] # of Children [] # of Decedent's [] # of Children of	Children from Deceased Ch	mrried [] Widowed rced [] Certified / Civil m Previous Relationship mildren (surviving grandchil Not of the Decedent		
NAME(S) & ADD	RESS(ES) OF EXECU	TOR OR AI	OMINISTRATOR.		
Name	Address	City/State	_	Relationship	
	Begin with spouse and chifthey will be renouncing.		er of minor children). If none all sheet if necessary.	e, include parents and/or	
Name	<u>Relationship</u>	Address	Age if Minor	Check if Renouncing	
Using an Attori	Needed (You we ney? [] Yes or [] No Phone # of Attorney:		rtificate for every asset in the	e decedent's name)	
,	<u></u>				

Information Sheet

Office of The Union County Surrogate

	<mark>ED (by the will):</mark> THEY MUST CC IARY 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 A COPY OF THE WILL AND DEATH CERTIFICATE.

ALL ADMINISTRATIONS MUST BE ACCOMPANIED BY AN ASSET PAGE AND OBITUARY