

HUDSON COUNTY SURROGATE'S COURT

INFORMATION SHEET

(Circle) WILL                      ADMINISTRATION                      GUARDIANSHIP                      OTHER \_\_\_\_\_

ESTATE OF: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
                    Deceased/Minor

RESIDENT OF: \_\_\_\_\_ DATE OF DEATH/BIRTH \_\_\_\_\_

Death/Birth Certificate: Yes No                      DATE OF WILL/CODICIL \_\_\_\_\_

Amount of Estate \$ \_\_\_\_\_ Bond: Yes No                      Amount \$ \_\_\_\_\_

NAME(S) AND ADDRESS(ES) OF EXECUTOR, ADMINISTRATOR OR GUARDIAN:

NAME:	ADDRESS:	TEL. NO.:	SOC. SEC. NO.:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A TRUST , PLEASE SUPPLY THE FOLLOWING:

NAME(S) AND ADDRESS(ES) OF TRUSTEE(S)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BENEFICIARY(IES) OF TRUST:

NAME(S)	ADDRESS(ES)	AGES(if Minor)	INTEREST IN ESTATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SELF-PROVING WILL: Yes No

IF NO, NAME(S) AND ADDRESS(ES) OF WITNESSES:

\_\_\_\_\_

\_\_\_\_\_

Number of Certificates required \_\_\_\_\_ Rule to Limit Creditors Yes No

Publication \_\_\_\_\_