

Substituted Administration Renunciation

Docket No.

TO THE SURROGATE OF
COUNTY OF HUDSON
STATE OF NEW JERSEY

HUDSON COUNTY SURROGATE'S COURT
RENUNCIATION

BE IT KNOWN, that I/we, next of kin of _____,
(Name of the deceased)
late of the _____ of _____, County of
(City/Town) (Name of the City/Town)
Hudson, State of New Jersey, deceased, do hereby renounce all right and claim to
Substituted administration of his/her goods, chattels and credits, and request that
Substituted administration be granted to _____.

Name: <sign
Address:

STATE OF _____
COUNTY OF _____

BE IT REMEMBERED, that on this _____ day of _____, 20____,
before me, the subscriber, a(n) Notary Public or an Attorney at Law of New Jersey,
personally appeared _____, who I am satisfied
is/are the person(s) in the foregoing instrument named, and I having first made known
to him/her/them the contents thereof, he/she/they did thereupon acknowledge that
he/she/they signed, sealed and delivered the aforesaid instrument as his/her/their
voluntary act and deed for the uses and purposes therein expressed.

Signed, sealed and delivered in the presence of

A(n) Notary Public or Attorney at Law of NJ
My Commission Expires on: _____

(PUT SEAL HERE)