

Will/Admin/Gdn.... _____
Short Certificates.. _____
Rule..... _____
..... _____
..... _____

**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.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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)	AGE(if Minor)	INTEREST IN ESTATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SELF-PROVING WILL: Yes No
IF NO, NAME(S) AND ADDRESS(ES) OF WITNESSES:

Number of Certificates required _____

