

**FORM OF NOTICE OF APPLICATION**

(To be sent by both Certified Mail, return receipt requested, and regular first class mail.)

Or (To be PUBLISHED IN A LOCAL NEWSPAPER)

Your Name and Address:

**HUDSON COUNTY  
SURROGATE'S COURT**

In the Matter of the Estate

of \_\_\_\_\_, Deceased

To:

YOU ARE HEREBY NOTIFIED THAT on \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at 8:30 AM, I shall apply to the Surrogate of the County of Hudson, at his office in the Brennan Courthouse, 595 Newark Avenue, 4<sup>th</sup> Floor, Room 407, Jersey City, New Jersey 07306, for the granting of letters of administration to myself, or some other fit person, of the goods, chattels and credits, of \_\_\_\_\_ deceased, late of \_\_\_\_\_, in the County of Hudson and State of New Jersey, who died on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, intestate.

If you have any objections in this matter, you may contact the Hudson County Surrogate, by notifying him, in writing of your objection, or by an appearance in the Hudson County Surrogate's Court on or before \_\_\_\_\_, 20\_\_\_\_\_.

Date:

\_\_\_\_\_  
Your Name and Address