

SURROGATE OF HUDSON COUNTY

TILO E. RIVAS
SURROGATE

DEPUTY CLERK OF THE SUPERIOR
COURT OF NEW JERSEY



FRANK J. GUARINI JUSTICE COMPLEX
24 CENTRAL AVENUE, ROOM 1-4000
JERSEY CITY, NEW JERSEY 07306
(201) 795-6378
(201) 795-5488 (FAX)

INSTRUCTIONS FOR FILING FOR ADMINISTRATION OR SMALL ESTATE AFFIDAVIT

Please be advised that for you to apply for Administration or a Small Estate Affidavit you must complete the following forms attached, and provide the Original Death Certificate, Proof of Assets and/or Affidavit of Assets, Consent or Renunciations, and a copy of the Applicant's Photo ID and submit by way of in person or via mail addressed to:

TILO E. RIVAS, SURROGATE
FRANK J. GUARINI JUSTICE COMPLEX
24 CENTRAL AVENUE, ROOM 1-4000
JERSEY CITY, NEW JERSEY 07306

If Letters of Administration is required, please note that this Court will require an Administrator's Bond (required by law to protect the interest of the other heirs at law and creditors to the Estate). The bond amount will be determined upon receipt and review of the documents submitted to this Court. You will be advised accordingly as to the required filing fee. This Court accepts check or money order payable to the "Surrogate of Hudson County" as well as cash or credit card, if paying in person.

You must call to schedule an appointment at 201-795-6378. If the applicant is not a Hudson County resident, you have the option to handle the procedure via mail. Please note that there is a statutory commission fee of \$35.00 to proceed via mail.



ESTATE INFORMATION SHEET

HUDSON COUNTY SURROGATE'S COURT
24 CENTRAL AVENUE, ROOM 1-4000
JERSEY CITY, NEW JERSEY 07306
(201) 795-6378
Fax (201) 795-5488
www.hudsonsurrogate.org



ADMINISTRATOR'S INFORMATION:

FULL NAME: GENDER:

FULL ADDRESS: COUNTY OF RESIDENCE:

EMAIL: PHONE NUMBER:

RELATIONSHIP TO DECEASED:

I AFFIRM THAT: The applicant is not disqualified as surviving spouse, domestic partner, or civil union partner from receiving an intestate share or from appointment as personal representative of the decedent's estate. The applicant and decedent were not divorced or parties to a pending divorce, dissolution, termination, or divorce from bed and board proceeding, ceased to cohabitate, or party to a marital agreement addressing divorce, dissolution, termination, or divorce from bed and board, or a division of assets equivalent to equitable dissolution.

YES

NO

DECEASED INFORMATION:

FULL NAME: GENDER:

MARITAL STATUS: SOCIAL SECURITY #:

FULL ADDRESS: COUNTY OF RESIDENCE:

DATE OF BIRTH: DATE OF DEATH:

APPROXIMATE VALUE OF PERSONAL PROPERTY:

APPROXIMATE VALUE OF REAL PROPERTY:

HOW MANY NUMBERS OF CERTIFICATES REQUIRED:

ATTORNEY: ONLY COMPLETE IF YOU ARE BEING REPRESENTED BY AN ATTORNEY

ATTORNEY(S) NAME:

ADDRESS: ATTORNEY ID #:

PHONE NUMBER: EMAIL ADDRESS:

[illegible]