

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 AN CAVEAT

Please be advised that in order to file a Caveat against the probate of any paper purporting to be the Last Will and Testament or the acceptance of any Granting of Letters of Administration or appointment of any personal representative of an Estate you must complete the following forms on pages 2 through 4 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

The filing fee for a Caveat is \$25.00, plus \$5.00 for the filing of the death certificate. Your check or money order must be made payable to the "Surrogate of Hudson County."



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



FILER'S INFORMATION:

FULL NAME: _____

GENDER: _____

FULL ADDRESS: _____

COUNTY OF RESIDENCE: _____

EMAIL: _____ PHONE NUMBER: _____

RELATIONSHIP TO DECEASED: _____

DECEASED INFORMATION:

FULL NAME: _____

GENDER: _____

MARITAL STATUS: _____

SOCIAL SECURITY #: _____

FULL ADDRESS: _____

COUNTY OF RESIDENCE: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

IS THERE A LAST WILL AND TESTAMENT: ☐ YES ☐ NO

DATE OF WILL: _____ DATE OF CODICIL: _____ # OF PAGES IN WILL: _____

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

ATTORNEY(s) NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

ATTORNEY ID #: _____

The seal is circular with a double-lined border. The outer ring contains the text "SEAL OF THE SURROGATE" at the top and "HUDSON COUNTY, N.J." at the bottom, separated by small dots. The center of the seal features a shield. The top of the shield is a white horse's head facing left. The body of the shield is black and contains three white, stylized, horizontal, slightly curved lines stacked vertically.

www.hudsonsurrogate.org

[illegible]

Name: _____

Address: _____

Phone Number: _____

Email: _____

To: The Surrogate of Hudson County

In the matter of the Estate of

Deceased

DOCKET NO.

CAVEAT

I, _____, the _____ of the decedent, residing
at _____, in the County of _____, do hereby
Caveat and protest against probate of any paper purporting to be the Last Will and Testament of
_____, acceptance of any Granting of Letters of Administration or appointment of
any personal representative of the Estate of _____, deceased, who died on
_____. The decedent resided at _____, in the
County of _____.

Date: _____

Signature

PRINT

CLEAR