

SURROGATE OF HUDSON COUNTY

TILO E. RIVAS
SURROGATE

DEPUTY CLERK OF THE SUPERIOR
COURT OF NEW JERSEY



ADMINISTRATIVE BUILDING
595 NEWARK AVENUE, ROOM 407
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
ADMINISTRATIVE BUILDING
595 NEWARK AVENUE, ROOM 407
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

595 Newark Avenue, Room 407

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 #: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

To: The Surrogate of Hudson County

In the matter of the Estate of

DOCKET NO.

Deceased

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