

FORM OF NOTICE OF APPLICATION

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

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
FRANK J. GUARINI JUSTICE COMPLEX, 24 CENTRAL AVENUE,
ROOM 1-4000, JERSEY CITY, NEW JERSEY 07306, for the granting of
letters of administration or an Affidavit of Next of Kin to myself, or some
other fit person, of the goods, chattels and credits, of
, _____ deceased, who last resided at
_____, and who died on
_____, 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 the
same date as aforementioned above stated.**

Date:

Your signature