

# Refunding Bond and Release

IN THE MATTER OF THE ESTATE OF:

, Deceased

HUDSON COUNTY  
SURROGATE'S COURT

Docket No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, I am \_\_\_\_\_,  
*(Beneficiary's Name)*

residing at \_\_\_\_\_.  
*(Beneficiary's Address)*

I am a **beneficiary (or heir)** of this estate and receive the sum of \$ \_\_\_\_\_  
*(Amount of Cash and/or Property Received)*

from Executor(s)/Administrator(s) \_\_\_\_\_.  
*(Name of Executor(s)/Administrator(s))*

Upon my receipt of this distribution, I am hereby obligated to refund any portion of this distribution should such refund be required by the Executor/Administrator to discharge all proper debts and obligations of the estate as required under N.J.S.A. 3B:23-24 through N.J.S.A. 3B:23-27. Upon my death my obligation extends to my heirs, Executor(s) or Administrator(s). The condition of this obligation is that I receive from the Executor/Administrator the sum of \$ \_\_\_\_\_ representing distribution to me as an intestate heir of this estate or as a beneficiary under the Will if the decedent died testate. And in consideration thereof, I release and forever discharge the Executor/Administrator from all claims and demands whatsoever in respect to the estate of the deceased and my interest therein.

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
*(Name of Beneficiary)*

\_\_\_\_\_  
Attorney at Law or Notary Public  
My commission expires on:

\_\_\_\_\_  
*(Signature of Beneficiary)*

NOTARY SEAL