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 PROBATING A LAST WILL AND TESTAMENT

Please be advised that for the Executor to Probate the Last Will and Testament of the decedent you must complete the following forms attached, and provide the Original Death Certificate, Original Last Will and Testament, 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

ADMINISTRATIVE BUILDING

595 NEWARK AVENUE, ROOM 407

JERSEY CITY, NEW JERSEY 07306

The filing fee for a Last Will and Testament is $100.00 (for a 2-page LWT). If the LWT is more than 2 pages, you must add an additional $5.00 per page (which includes the backer of the LWT). Additional fees may apply if certificates, renunciations (Executor and/or Administration C.T.A.), or death certificates are required. 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
595 Newark Avenue, Room 407
Jersey City, New Jersey 07306
(201) 795-6378
Fax (201) 795-5488
www.hudsonsurrogate.org

EXECUTOR'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:** _____

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

SELF-PROVING WILL: ☐ **YES** ☐ **NO**

IF NO, NAME(S) AND ADDRESSES OF WITNESSES:

_____

_____

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:** _____

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PLEASE PRINT OR TYPE THE NAME(S) AND ADDRESS(ES) OF THE NEXT OF KIN OF THE DECEASED PERSON'S

NAME	ADDRESS	RELATIONSHIP TO DECEASED

IF A TRUST IS REQUIRED, PLEASE PRINT OR TYPE THE NAME AND ADDRESS, DATE OF BIRTH AND AGES OF THE TRUSTEEE(S) AND INDICATE THE SECTION OF THE WILL WHERE THE TRUST IS ESTABLISHED TOGETHER WITH THE NAMES AND ADDRESSES OF THE BENEFICIARIES OF THE TRUST.

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	SECTION OF WILL	DOB & AGE

PRINT SUBMIT CLEAR