

MERCER COUNTY SURROGATE'S COURT
Diane Gerofsky, Surrogate

INFORMATION SHEET FOR ADMINISTRATION/ADMINISTRATION AD PROSEQUENDUM

Circle the type of proceedings sought:

1. **General Administration Only** 2. **Administration Ad Prosequendum Only**
3. **Both General Administration and Administration Ad Prosequendum**

NAME OF DECEASED: _____ Date of Death: _____

Residence of Deceased at Time of Death: _____
(Indicate borough, township, town or city or county)

NAME OF PERSON SEEKING TO QUALIFY AS ADMINISTRATOR: _____

Address of Administrator: _____

_____ Telephone No: _____

Attorney of Record:** _____ Telephone No: _____

Address: _____

SPOUSE OR DOMESTIC PARTNER OR CIVIL UNION PARTNER AND NEXT OF KIN

<u>NAME</u>	<u>RESIDING ADDRESS</u>	<u>RELATIONSHIP TO DECEASED</u>	<u>AGE IF UNDER 18</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of all adult persons whose right to administration is prior or equal to that of applicant and who will sign renunciations in favor of the applicant:

Approximate Value of Personal Property Passing by Intestacy (exclude assets that pass outside the Estate): \$ _____

Approximate Value of Real Property Passing by Intestacy (exclude assets that pass outside of the Estate): \$ _____

** Attorney of Record is the attorney whom you have retained to represent and assist you with the estate and whose name will appear on the application.

If Administration Ad Prosequendum is sought: The decedent's death was caused by the wrongful act, neglect or default of:

Number of Short Certificates requested: _____

Date you wish Administrator to qualify: _____

Is the administrator appearing in the Trenton office to do administration?
(Yes)_____ (No)_____

Is the administrator appearing at a satellite office? (Yes)_____ (No)_____

Lawrence Satellite _____	(First Tuesday of each month)
Robbinsville Satellite _____	(First Thursday of each month)
Ewing Satellite _____	(Second Tuesday of each month)
Pennington Township _____	(Second Thursday of each month)
Hamilton Satellite _____	(Third Tuesday of each month)
Hopewell Satellite _____	(Third Friday of each month)
East Windsor Twp Satellite _____	(Fourth Tuesday of each month)
Princeton Satellite _____	(Fourth Thursday of each month)

PLEASE NOTE: When making your appointment with the Surrogate's Court for a satellite office, kindly fax or return this information sheet together with **a copy of the death certificate** to this office at least **48** hours prior to the appointment. To schedule an appointment contact Kelly at (609) 989-6336.

MERCER COUNTY SURROGATE'S COURT
P.O. BOX 8068
TRENTON, NEW JERSEY 08650
Fax: (609) 278-1242
Phone: (609) 989-6331
E-mail: dgerofsky@mercercounty.org