

MERCER COUNTY SURROGATE'S COURT
Diane Gerofsky, Surrogate
INFORMATION SHEET FOR ANCILLARY ADMINISTRATION

(This form is used when the decedent had no Last Will and Testament and the estate is over \$20,000 leaving a Surviving Spouse or the estate is over \$ 10,000 with no surviving spouse and no appointment was made in the state of domicile)

The following **must** be provided at time of application:

1. Certificate from the equivalent of the Surrogate's Court from the county of domicile that no proceedings or caveat have been filed in the county of domicile in that state.
2. Certified copy of the death certificate
3. Copy of the deed of real property or proof of person property located in the County of Mercer in the State of New Jersey

NAME OF DECEASED: _____ Date of Death _____

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

Name(s) of Person seeking to qualify as administrator: _____

Address(es) of Administrator(s): _____
(Indicate borough, township, town, or city or county)

Telephone No: _____

Attorney of Record: _____ Telephone No: _____

Address: _____

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

| <u>NAME</u> | <u>ADDRESS</u> | <u>RELATIONSHIP TO TO DECEASED</u> | <u>AGE IF UNDER 18</u> |
|-------------|----------------|--|----------------------------|
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Note: If surviving spouse, domestic partner or civil union partner and there are child(ren) please indicate if child(ren) is/are of both decedent and surviving spouse or only of the decedent.

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 applicant if choosing not to co-administer

Approximate value and description of Personal Property Passing by Intestacy (Exclude assets that pass outside the Estate):

Detailed description: _____

Dollar Value: _____

Approximate value of and detailed description of Real Property passing by intestacy located in the **County of Mercer**

Detailed description: _____

Dollar value: _____

Number of Short Certificates Requested: _____

Date You Wish Administrator to Qualify: _____

Is the Administrator appearing in the Trenton office to qualify? (Yes) _____ (No) _____ or

Is an Out of State Administrator appearing before a Notary Public? (Yes) _____ (No) _____ or
(If yes, please indicate name and address including county of the Notary Public):

Name: _____

Address: _____

Telephone No: _____

Is the Administrator appearing at a satellite office? (Yes) _____ (No) _____ If yes, please indicate which satellite office.

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

PLEASE NOTE: When making your appointment with the Surrogate's Court for a satellite office, kindly return this sheet together with a copy of the Exemplified Proceedings and Death Certificate to this office by fax or mail at least **48 hours** prior to the appointment. Contact Kelly at (609) 989-6336 to make the appointment

MERCER COUNTY SURROGATE=S COURT
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TRENTON, NEW JERSEY 08650-0068
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Phone: (609) 989-6331
E-mail: dgerofsky@mercercounty.org