

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

NAME OF DECEASED: _____ Date of Death _____

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

Name(s) of Executor who will qualify: _____
(Must be same person as in out of state Exemplified County Proceedings)

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

Telephone No: _____

Date of Will: _____ Date of Codicil(s): _____

Exemplified Out of State/County Probate Proceedings and an original death certificate must be provided: Enclosed _____ (please mark when enclosed) or To be mailed _____

Attorney of Record: _____ Telephone No: _____

Address: _____

<u>NAME</u>	<u>ADDRESS</u>	<u>NEXT OF KIN</u> <u>RELATIONSHIP TO</u> <u>TO DECEASED</u>	<u>AGE IF</u> <u>UNDER 18</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State reason for the request of ancillary probate: _____

Rule to Bar Creditors (Yes) _____ (No) _____ (Deaths on or before February 26, 2005 only)

Number of Short Certificates Requested: _____

Date You Wish Executor to Qualify: _____

Is the executor appearing in the Trenton office to probate? (Yes)_____ (No)_____ or

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

Is the executor 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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