

**MERCER COUNTY SURROGATE'S COURT**  
**Diane Gerofsky, Surrogate**  
**INFORMATION SHEET FOR PROBATE/ADMINISTRATION C.T.A.**

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: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone No: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Codicil(s): \_\_\_\_\_

Is Will Self-Proving? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ If not, give names and addresses of all witnesses to Will:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Witness Appearing to Prove Will: \_\_\_\_\_

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\* 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 named Executor is not qualifying, state the reason - e.g. predeceased, wishes to renounce:

\_\_\_\_\_  
Renunciation(s) (Yes)\_\_\_\_\_(No)\_\_\_\_\_ Names of Person(s) Renouncing: \_\_\_\_\_  
\_\_\_\_\_

Name of Proposed Administrator C.T.A (If there is no executor living or not wishing to serve see residuary (rest and residue) clause of Will for those receiving under the Will

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No: \_\_\_\_\_

Names and Addresses of all beneficiaries under the residuary clause under the Will

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Value of Personalty Passing By Will (if Administration C.T.A.): \$ \_\_\_\_\_

Approximate Value of Real Estate Passing By Will (if Administration is C.T.A.): \$ \_\_\_\_\_

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)\_\_\_\_\_

Is the executor appearing at a satellite office? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_ If yes, please indicate which satellite office **(by appointment only)**.

- |                                 |                                 |
|---------------------------------|---------------------------------|
| 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 return this sheet together with a copy of the Will and Death Certificate to this office at least **48** hours prior to the appointment. To schedule an appointment contact Kelly ay (609) 989-6336.

MERCER COUNTY SURROGATE'S COURT  
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TRENTON, NEW JERSEY 08650-0068  
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