

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: _____

Can the proposed administration serve with surety bond, if required? (Yes) _____ (No) _____

Attorney of Record:** _____ Telephone No: _____

Address: _____

SPOUSE, 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>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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): (see asset sheet attached) \$ _____

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

** Attorney of record is an 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 qualifying by commission? (Yes)_____ (No)_____

**MERCER COUNTY SURROGATE'S COURT
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Asset Page for Estates

In the Matter of the Estate of: _____

Please list all the assets of the estate in the **decedent's name solely**. Any real property, bank name, account #'s and amounts, vehicle year, make, model and VIN #, stocks/bonds, policies, IRA, that do not have named beneficiaries, inheritance, and settlements. These assets will require a short certificate or affidavit allowing the executor/administrator/affiant to bring the asset into the estate.

Cash, banks, bonds, stock, IRA's/Insurance policy without a beneficiary, inheritance, settlements

Account/Bank name		Account #	Amount

Real Estate, list address and market value of the property

Address	Value

Automobiles (need vin # and value of auto)

Year/Make/Model	Vin #	Value