

SOMERSET COUNTY SURROGATE'S COURT



ADMINISTRATION FACT SHEET

Name of decedent: _____

Legal residence at time of death _____

Date of death _____ Date of birth _____

Name of Administrator _____

Relationship to decedent _____

Address _____

Telephone _____ - _____

Please complete the attached intestate questionnaire if applicable and return with this document

If the date of death was prior to February 27, 2005, do you wish an order to limit creditors be published? _____ Yes _____ No

If yes, please name desired newspaper _____

Please note that for decedents who died on or after February 27, 2005, orders to limit creditors will no longer be filed due to a statutory change in the manner in which creditor's claims are handled.

Number of certificates requested _____
Please attach a list of all accounts with date of death values. (banks, stocks, car title, etc.)

Bond \$ _____
(Amount determined by Surrogate)

Submitted by:

Somerset County Surrogate
Administration Building
20 Grove Street
PO Box 3000
Somerville, NJ 08876

Telephone: 908-231-7003

Facsimile: 908-429-8765

E-mail: surrogatesoffice@co.somerset.nj.us

Telephone _____

Fax completed fact sheet, questionnaire, death certificate and a list of all assets belonging to the deceased