

TRUST FACT SHEET
SOMERSET COUNTY SURROGATE'S COURT
FAX # 908-429-8765

Name of Decedent _____

Date of Death _____

Name of Trust _____

Location of Trust in Will _____

Name and Address(es) of Trustee(s): (Bank as trustee, need name & title of officer)

Name and Address of Beneficiary:

Number of Trust Certificates _____

Attorney of Record _____

Telephone # _____