

**SURROGATE COURT OF SUSSEX COUNTY
GARY R. CHIUSANO, SURROGATE
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ESTATE OF: _____ D.O.D.: _____

AKA: _____ AGE: _____ SS#: _____

RESIDENT MUNICIPALITY: _____

D.O.WILL: _____ D.O.CODICIL: _____

D.O. PROBATE OF WILL: _____

INDEX #: _____

IDENTIFY PARAGRAPH IN WILL DESIGNATING TRUSTEE: _____

FIDUCIARY: {ESQ-yes/no} Trustee

NAME: _____ SS#: _____

ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

FAX #: _____ CELL #: _____

PERSON(S) WHO STAND TO BENEFIT FROM TRUST:

NAME:	FULL ADDRESS:	RELATION:	AGE:
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IDENTIFY INTEREST IN WILL, PARAGRAPH # _____

OUTLINE INTEREST: _____

ATTORNEY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

<i>OFFICE USE ONLY</i>	
DATE: _____	INITIAL: _____ PREV. IND.: No _____ YES # _____
MAIL TO: _____	OBIT: YES / NO
SURROGATE CERTIFICATES: # _____	INFO FOLDERS: YES / NO
SURETY/PERSONAL BOND: \$ _____	FEE: \$ _____
BOND # _____	PAID: _____ CK/ CASH/CHG
VALUE OF ESTATE: \$ _____	DOP: _____

**FILL IN ALL OF ABOVE;
THEN FAX OR MAIL OR E-MAIL;
CALL FOR APPOINTMENT.
THANK YOU!**