

SURROGATE COURT OF SUSSEX COUNTY
GARY R. CHIUSANO, SURROGATE
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GENERAL INFORMATION WORKSHEET #1
WHEN THERE IS A WILL

DECEDENT

Legal Name of Deceased

--

AKA: Another "Legal" Name of Deceased

--

Date of Birth (mm/dd/yyyy)

Age at Death

Date of Death (mm/dd/yyyy)

--	--	--

Social Security Number

--

Residence/Municipality of Deceased

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Marital Status of Deceased at Death

Never Married Married Married but Separated Divorced Widowed Unknown

Date of Will (mm/dd/yyyy)

Date of Codicil (*Codicil is a Modification to the Will*)

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Names and Addresses of Witnesses to Will/Codicil

Name

Mailing Address

--	--

City

State

Zip

--	--	--

Name

Mailing Address

--	--

City

State

Zip

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Self-Proving YES NO (Office use only)

APPLICANT

EXECUTOR/APPLICANT *Person named in Will*

Applicant is an Attorney

[Empty text box]

Mailing Address

[Empty text box]

City

State

Zip

[Empty text box with columns for City, State, and Zip]

Physical Address Same

[Empty text box]

City

State

Zip

[Empty text box with columns for City, State, and Zip]

SOCIAL SECURITY NUMBER OF APPLICANT

[Empty text box]

PHONE NUMBERS

HOME

[Empty text box]

WORK

[Empty text box]

FAX

[Empty text box]

CELL

[Empty text box]

IF CO-APPLICANTS, duplicate APPLICANT information on extra sheet

HEIRS AT LAW & NEXT OF KIN

Pursuant to R. 4:80, list living or deceased: Children & Step-children (note age if under 18 yr.), Spouse, Domestic Partner, Civil Union; or, if none of the previously indicated pertain to this estate, then list Parents, or Brothers & Sisters.

Name 1

Mailing Address

[Empty text box]

City

State

Zip

[Empty text box with columns for City, State, and Zip]

Relationship

[Empty text box]

Name 2

Mailing Address

Same as above

[Empty text box]

City

State

Zip

[Empty text box with columns for City, State, and Zip]

Relationship

[Empty text box]

Name 3 Mailing Address Same as above

City	State	Zip
Relationship		

Name 4 Mailing Address Same as above

City	State	Zip
Relationship		

Name 5 Mailing Address Same as above

City	State	Zip
Relationship		

Name 6 Mailing Address Same as above

City	State	Zip
Relationship		

Add extra page if more space needed

INHERITANCE TAX QUESTION, *MUST BE ANSWERED*

Does the entire estate pass to surviving spouse, civil union partner (after 2/19/07), or domestic partner (after 7/10/04), parent, grandparent, child, stepchild, legally adopted child, or the issue of any child or legally adopted child (includes a grandchild and a great-grandchild but not a step-grandchild or a great-step-grandchild)?

YES / NO

Attorney information ONLY if representing the estate

Attorney

Mailing Address

--	--

City

State

Zip

--	--	--

Phone

Fax

Questions? Just call our office.

1. COMPLETE ALL INFORMATION ABOVE
2. FAX, MAIL or SCAN and E-MAIL
COMPLETED WORKSHEET #1,
A COPY OF THE DEATH CERTIFICATE AND A COPY OF
THE WILL (Bring original Death Certificate and Will to
your appointment.)

THEN CALL FOR APPOINTMENT

THANK YOU!

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