

SURROGATE COURT OF SUSSEX COUNTY
GARY R. CHIUSANO, SURROGATE
3 High Street, Suite 1, Newton, New Jersey 07860
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GENERAL INFORMATION WORKSHEET #2

WHEN THERE IS NO 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number

Residence/Municipality of Deceased

Marital Status of Deceased at Death

Never Married Married Married but Separated Divorced Widowed Unknown

APPLICANT

ADMINISTRATOR/APPLICANT

Applicant is an Attorney

[Empty text box]

Mailing Address

[Empty text box]

City

State

Zip

[Empty text boxes for City, State, and Zip]

Physical Address Same

[Empty text box]

City

State

Zip

[Empty text boxes 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 boxes for Name 1 and Mailing Address]

City

State

Zip

[Empty text boxes for City, State, and Zip]

Relationship

[Empty text box]

Name 2

Mailing Address

Same as above

[Empty text boxes for Name 2, Mailing Address, and radio button]

City

State

Zip

[Empty text boxes 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

ASSETS IN THE NAME OF THE DECEDENT ALONE

List with complete name and/or description of all assets, including approximate value. (Example: Make of car, year, approximate value)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____

Add extra page if more space needed

DEBTS IN THE NAME OF THE DECEDENT ALONE

List all debts including name and/or description and approximate balance due.

FUNERAL cost: \$ _____ **Balance due:** \$ _____

Paid by Whom:

Prepaid **Insurance Paid** **Estate Paid** **Other individual paid**

Name: _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____

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

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City

State

Zip

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Phone

Fax

Questions? Just call our office.

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

THEN CALL FOR APPOINTMENT

THANK YOU!

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