

Gloucester County Surrogate Court

Estate Information Form

Surrogate Giuseppe Chila

Phone:(856) 853-3282 * 17 North Broad Street Woodbury N.J. 08096 * Fax: (856) 853-3311

Probate Administration Affidavit of Surviving Spouse Affidavit of Next of Kin

Decedent Information

Name: _____

AKA: _____

Address: _____

Municipality: _____

Date of Death: _____ Date of Birth: _____

Marital Status: _____ Social Security # _____

Will / Codicil Information

Date of Will: _____ Number of Pages: _____ Self Proving (Is Will Notarized)

Date of Codicil: _____ Number of Pages: _____ YES NO

Name of Estate Attorney: _____

Name of Trustee: _____

Address of Trustee: _____

Name of Trust Beneficiary: _____ Age: _____

Personal Representative Information (Executor/Administrator)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Social Security #: _____

Total Value of Estate (Assets in decedents name only): _____

Real Estate: YES NO Out of State Property: YES NO Number of Short Certificates requested: _____

List All Named Beneficiaries and All Next of Kin

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

Name: _____

Address: _____

Relationship: _____ Age if minor: _____

I attest that the information provided is the true and accurate to the best of my knowledge.

Signature: _____ Print: _____ Date: _____