Decedent's Name:	Date of Death:/
Address where decedent lived: (no P.C	O. Box)
Applicant Name &Address:Phone Number:	Email Address:
	Email Address:
	[] never married [] widow/widower [] domestic registered partner
Name of Decedent's Spouse/Partner: _ Address:	
or if deceased, date of death:	
List in appropriate section all childr of death)	en of the decedent (include names, addresses, ages, if deceased, dat
	ent and decedent's most recent spouse or civil union partner:
Name #/Stree	et/City/State/Zip Age (If Minor)
	
2. <u>Decedent's children from prior re</u>	lationship(s): (list each relationship's children separately)
Name #/Stree	et/City/State/Zip Age (If Minor)

Name Decedent's De	eceased Child	<u>Grandchild</u>	<u>Address</u>		Zip Code	
						
edent has living child	dren – <u>continue 1</u>	to section 7.	below			
. If decedent had no	children list nar	ne, address	or date of dea	th of deceder	nt's parents	
Mother:	/ad	dress			DOD:_	/
Father:	/ ad	ldress			DOD:_	/
. If decedent had no			and parents a	re deceased, l	list decedent	t's sibli
name, address and ag	,		// 			(TC) (
Name	#/Stre	et/City/State	/Z1p		Age	e (If Mi
6. If decedent had are deceased, list th						edent's
	e deceased siblin	ng and their	children by n	ame, addres	s and age	
are deceased, list th	e deceased siblin	ng and their	children by n	ame, addres	s and age	
are deceased, list th	e deceased siblin	ng and their	children by n	ame, addres	s and age	
are deceased, list th	e deceased siblin	ng and their	children by n	ame, addres	s and age	
are deceased, list th Name Decedent's Dec	eased Sibling N	ng and their Niece/Nephew	children by r #/Street	ame, address: /City/State/Zip	s and age	ge (If M
are deceased, list th	eased Sibling N	ng and their Niece/Nephew	children by r #/Street	ame, address: /City/State/Zip	s and age	ge (If M
are deceased, list th Name Decedent's Dec	eased Sibling N	ng and their Niece/Nephew	ding forms,	ame, address: //City/State/Zip	s and age Age Age	ge (If M
are deceased, list th Name Decedent's Dec	isted above or	ng and their	ding forms,	ame, address: //City/State/Zip	s and age Age Age	ge (If M
are deceased, list th Name Decedent's Dec o living relatives l **7. List anyone und	isted above or ler the age of 18 ance policies, ban	on precederections of the state	ding forms, oney/assets aspensions, etc.)	please call	the Surrog	gate's
are deceased, list th Name Decedent's Dec o living relatives l **7. List anyone und (i.e. CD's, life insura	isted above or ler the age of 18 ance policies, ban	on precederections of the state	ding forms, oney/assets aspensions, etc.)	please call	the Surrog	gate's
are deceased, list th Name Decedent's Dec o living relatives l **7. List anyone und (i.e. CD's, life insura	isted above or ler the age of 18 ance policies, ban	on precederections of the state	ding forms, oney/assets aspensions, etc.)	please call	the Surrog	gate's

ASSET INFORMATION

You only need to list assets in the Deceased's name alone with \underline{no} beneficiaries named.

Real Estate Address			Current Assessed Value				Joint? Yes or No
Car/Truck/Trailer/Boat/Plane Vehicle Identification Number		Year/Make/Model		KBB Value-Private Sale		-Private Sale	Joint? Yes or No
Bank Name of Bank	Type of Account/Account Number			r Current Value			Joint? Yes or No
Stocks/Bonds (with no beneficiary) Name of Company				Curre	ent Value		Joint? Yes or No
Retirement Accounts/Pension (with no beneficiary) Name of Company Curre						Current Value	
Policies (with no beneficiary) Name of Company						Current Value	
Parsonal Property with significant value						Current Value	
Personal Property with significant value						Current value	
Safe Deposit Box / Bank						Current Value	

To begin the application process please send *copies* of the following by e-mail, mail, fax or deliver to the office:

- Next of Kin Affidavit Fact Sheet Forms including Asset Information
- Death certificate

If there is a Vehicle on the Asset Sheet please include a copy of the Title, Registration or Insurance Card so we can accurately list the VIN

Forms can be emailed to: Lynn Hoover, Special Probate Clerk-lhoover@co.warren.nj.us
Or: Susan Custer, Probate Clerk - scuster@co.warren.nj.us

Faxed to: 908-475-4219

Mailed to: Warren County Surrogate, 413 Second Street, Belvidere, NJ 07823 (USPS)

Warren County Surrogate, 323 Front Street, Belvidere, NJ 07823 (FedEX/UPS) or In

Person Delivery

At appointment, and we will require an Administration Fee and the original Death Certificate is collected and stored in the Surrogate's files.

Once the above documents are submitted, in order to serve you efficiently, our office will contact you to schedule an appointment once all has been reviewed.