



3. If any child of decedent is deceased, then include their children by name, address and age (or if none state n/a)

<u>Name of Deceased Child</u>	<u>Grandchild</u>	<u>#/Street/City/State/Zip</u>	<u>Age (if a Minor)</u>

\*\*\*If decedent has living children – continue to section 7. below

4. If decedent had no children list name, address or date of death of decedent’s parents

Mother: \_\_\_\_\_/address \_\_\_\_\_ DOD: \_\_/\_\_/\_\_  
 Father: \_\_\_\_\_/ address \_\_\_\_\_ DOD: \_\_/\_\_/\_\_

5. If decedent had no spouse or spouse, children and parents are deceased, list decedent’s siblings by name, address and age or date of death:

<u>Name</u>	<u>#/Street/City/State/Zip</u>	<u>Age (if a Minor)</u>

6. If decedent had no spouse or spouse, children and parents are deceased and if decedent’s siblings are deceased, list the deceased sibling and their children by name, address and age

<u>Name of Deceased Decedents Siblings</u>	<u>Niece/Nephew</u>	<u>#/Street/City/State/Zip</u>	<u>Age(If Minor)</u>

If no living relatives listed above or on preceding forms, please call the Surrogate’s office

\*\*\*7. List names, addresses and ages of all beneficiaries of the Will:

<u>Name</u>	<u>#/Street/City/State/Zip</u>	<u>Age (if a Minor)</u>

8. List anyone under the age of 18 receiving money/assets as a result of the decedent’s death (i.e. CD’s, life insurance policies, bank accounts, pensions, etc.)

<u>Minor and Parents Names</u>	<u>Adress of Minors and Parents</u>	<u>Minor’s Age</u>

***To begin the application process we require the following:***

- Probate Fact Sheet Forms
- Last Will & Testament
- Codicil (amendment of Will) (if there is one)
- List (decedent's personal memorandum directing distribution of personal items) (if there is one)
- Death certificate

***Forms and other required documents can be:***

***Emailed to: Lynn Hoover, Special Probate Clerk*** [lhoover@co.warren.nj.us](mailto:lhoover@co.warren.nj.us)

Or: ***Susan Custer, Probate Clerk*** – [scuster@co.warren.nj.us](mailto: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, we will require the Original Last Will & Testament,  
Codicil & List (if there are one) & Death Certificate.  
A Probate Fee will be collected at time of appointment.***

***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.***

**Warren County Surrogate's Court**  
**(Mailing Address)** 413 Second Street, Belvidere, NJ 07823  
(908) 475-6223 Telephone – (908) 475-4219 Fax  
**(Office location)** 323 Front Street, Belvidere, NJ

**Website:** <https://www.warrencountynj.gov/government/warren-county-surrogate-s-court>