Codicil (Amendment to Will) Codicil Date	/Was a List found? YesNo
Decedent's Name:	Date of Death:/
Address where decedent lived: (no P.O. Box)	
Applicant/Executor name(s) and address(es):	(include street address with P.O. Box)
	Phone #
Applicant & relationship to decedent: Applicant Email Addre	Phone #
	er married [] widow/widower [] registered domestic partne
Name of decedent's spouse/partner:	address:
	or if deceased, date of death:
	d decedent's most recent spouse or civil union partner:
	ity/State/Zip Age (if a Minor)
	•
	•
	•
Name #/Street/Ci	ity/State/Zip Age (if a Minor)
Name #/Street/Ci	e/relationship(s): (list each relationship's children separatel
. Decedent's children from prior marriage	e/relationship(s): (list each relationship's children separatel
Name #/Street/Ci	e/relationship(s): (list each relationship's children separatel
Name #/Street/Ci	e/relationship(s): (list each relationship's children separatel
Name #/Street/Ci	e/relationship(s): (list each relationship's children separatel
Name #/Street/Ci	Age (if a Minor)  Age (if a Minor)

6. If decedent had no spouse or spouse, children and parents are deceased and if dec are deceased, list the deceased sibling and their children by name, address and age Name of Deceased Decedents Siblings Niece/Nephew #/Street/City/State/Zip  b living relatives listed above or on preceding forms, please call the Surro  7. List names, addresses and ages of all beneficiaries of the Will:  Name #/Street/City/State/Zip Age (if  8. List anyone under the age of 18 receiving money/assets as a result of the decedent	e of Deceased Child	Grandchild #/Street/City/State/Zip	Age (if a Mino
4. If decedent had no children list name, address or date of death of decedent's parer Mother:			
4. If decedent had no children list name, address or date of death of decedent's parer Mother:			
4. If decedent had no children list name, address or date of death of decedent's parer Mother:			
4. If decedent had no children list name, address or date of death of decedent's parer Mother:	ent has living childre	en – continue to section 7. below	
Mother:			of decedent's parents
5. If decedent had no spouse or spouse, children and parents are deceased, list deced name, address and age or date of death:  Name	er:	/address	DOD:/
name, address and age or date of death:  Name	r:	/ address	DOD://
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## 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 <a href="mailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to:under-emailed-to-under-em

Or: Susan Custer, Probate Clerk - <a href="mailto:scuster@co.warren.nj.us">scuster@co.warren.nj.us</a>

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