ADMINISTRATION AD PROSEQUENDUM FACT SHEET-DECEDENT HAD NO WILL Page 1 of 4 Decedent's Name: ______Date of Death: ___/____ Address where decedent lived: (no P.O. Box)_____ Name(s) and address(es) of applicant(s): (include street address with P.O. Box) Applicant name & relationship to decedent: _____ Phone #____ Applicant name & relationship to decedent: Applicant name & relationship to decedent: Phone # Phone # Was decedent: [] married [] divorced [] never married [] widow/widower [] registered domestic partner [] ex-domestic partner [] civil union [] ex-civil union Name of decedent's spouse/partner: _____ address: _____ if deceased, date of death: _____ List in the appropriate section all children of the decent (include names, addresses, ages, if deceased, include date of death) 1. Decedent's children born to decedent and decedent's most recent spouse or civil union partner: NAME ADDRESS **AGE** 2. Decedent's children from prior relationship(s): (list each relationship's children separately) ADD<u>RESS</u> **NAME AGE**

4. If decedent had no children list name, address or date of death of decedent Mother:	
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Mother:	
5. If decedent had no spouse or spouse, children and parents are deceased, list by name, address and age or date of death: NAME ADDRESS 6. If decedent had no spouse or spouse, children and parents are deceased an siblings are deceased, list the deceased sibling and their children by name, at Name Decedent's Deceased Sibling Niece/Nephew ADDRESS 1. If decedent had no spouse or spouse, children and parents are deceased an siblings are deceased. It has been been deceased sibling and their children by name, at Name Decedent's Deceased Sibling Niece/Nephew ADDRESS 1. If decedent had no spouse or spouse, children and parents are deceased an siblings are deceased. It has been been deceased and siblings are deceased. It has been deceased and siblings are deceased and siblings are deceased. It has been deceased and siblings are deceased and siblings are deceased sibling and their children by name, at the siblings are deceased and siblings are deceased sibling and their children by name, at the siblings are deceased and s	
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6. If decedent had no spouse or spouse, children and parents are deceased an siblings are deceased, list the deceased sibling and their children by name, at Name Decedent's Deceased Sibling Niece/Nephew ADDRESS o living relatives listed above or on preceding forms, please call the List anyone under the age of 18 receiving money/assets as a result of the dece (i.e. CD's, life insurance policies, bank accounts, pensions, etc.)	st decedent's sibl
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	/ MINOR'S AG

8. Did the decedent have lawsuits pending at the time of death? yes no
Are you filing a wrongful death claim? Yes No
Party(s) at fault: (Include all party(s) at fault known by names and addresses)
Attorney name, address and phone/fax numbers:
Are you filing a survivor's suit in addition to a wrongful death claim? Yes No

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

mailto:scuster@co.warren.nj.us(e-mail)

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

- Administration Prosequendum Fact Sheet Forms
- Death certificate (original required)

At appointment, the original death certificate is collected and stored in the Surrogate's files.

An administration ad prosequendum fee is collected at the 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.