MERCER COUNTY SURROGATE'S COURT

Diane Gerofsky, Surrogate

INFORMATION SHEET FOR AFFIDAVIT OF SURVIVING SPOUSE, DOMESTIC PARTNER OR CIVIL UNION PARTNER/NEXT OF KIN

Circle the type of proceedings sought:

1. Affidavit of Surviving Spouse, Domestic Partner or Civil Union Partner
2. Affidavit of Next of Kin

NAME OF DECEASED:	Date of Death:
Residence of Deceased at Time of Deceased (Indicate boro	eath:ough, township, town or city or county)
NAME OF PERSON SEEKING TO Q	QUALIFY AS AFFIANT:
Address of Affiant:	
	Telephone No:
SPOUSE, DOMESTIC I NAME RESIDING ADDRESS	
Names of all adult persons who have of the applicant and who will sign con	e equal right to affidavit (next of kin) who are prior to or equal to that assents in favor of the applicant:
List with description all of the Persona outside of the Estate) and exact value	al or Real Property passing by intestacy (exclude assets that pass e:
	\$
	\$
	\$
	\$

Date you wish	Affiant to qualify:
ls the Affiant ap	opearing in the Trenton office to do Affidavit? (Yes) (No)
Is the affiant ap	Lawrence Satellite Ewing Satellite Hamilton Satellite Hopewell Satellite Pennington Satellite
	E Windsor Satellite Princeton Twp Satellite Washington Township

<u>PLEASE NOTE:</u> When making your appointment with the Surrogate's Court for a satellite office, kindly return this sheet together with a copy of the Death Certificate to this office at least 48 hours prior to the appointment. To schedule an appointment contact Kelly at (609) 989-6331.

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