

MERCER COUNTY SURROGATE'S COURT  
Diane Gerofsky, Surrogate Judge

INFORMATION SHEET FOR PROBATE/ADMINISTRATOR C.T.A.

NAME OF DECEASED: \_\_\_\_\_ Date of Death \_\_\_\_\_

Residence of Deceased at Time of Death: \_\_\_\_\_

\_\_\_\_\_  
(Indicate street, borough, township, town, or city or county)

Name(s) of Executor(s) who will qualify: \_\_\_\_\_

Address(es) of Executor(s): \_\_\_\_\_

\_\_\_\_\_  
(Indicate street, borough, township, town, or city, state, zip code)

Telephone No(s): \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Codicil(s): \_\_\_\_\_

Is Will Self-Proving? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ If not, give names and addresses of all witnesses to Will:

\_\_\_\_\_  
\_\_\_\_\_

Name of Witness Appearing to Prove Will: \_\_\_\_\_

Attorney of Record: \*\* \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

| <u>NAME</u> | <u>ADDRESS</u> | <u>NEXT OF KIN</u><br><u>RELATIONSHIP TO</u><br><u>TO DECEASED</u> | <u>AGE IF</u><br><u>UNDER 18</u> |
|-------------|----------------|--|----------------------------------|
| _____       | _____          | _____  | _____                            |
| _____       | _____          | _____  | _____                            |
| _____       | _____          | _____  | _____                            |
| _____       | _____          | _____  | _____                            |

**\*\* Attorney of Record is an attorney whom you have retained to represent and assist you with the estate and whose name and signature will appear on the application.**

If named Executor(s) is/are not qualifying, state the reason - e.g. predeceased, wishes to renounce:

\_\_\_\_\_

Renunciation(s) (Yes)\_\_\_\_\_ (No)\_\_\_\_\_ Names of Person(s) Renouncing: \_\_\_\_\_

\_\_\_\_\_

Name of Proposed Administrator(s) C.T.A. (If named executors are not qualifying see residuary)

\_\_\_\_\_

Address: \_\_\_\_\_

Approximate Value of Personal Property Passing By Will : (see asset sheet) \$ \_\_\_\_\_

Approximate Value of Real Estate Passing By Will : (see asset sheet) \$ \_\_\_\_\_

Number of Short Certificates Requested: \_\_\_\_\_

Date You Wish Executor or Administrator C.T.A. to qualify \_\_\_\_\_

Is the executor(s)/administrator(s) C.T.A. appearing in the Trenton office to probate?  
(Yes)\_\_\_\_\_ (No)\_\_\_\_\_

Is the executor(s)/Administrator(s) qualifying by commission? (Yes)\_\_\_\_\_ (No) \_\_\_\_\_

MERCER COUNTY SURROGATE' S COURT  
P.O. BOX 8068  
TRENTON, NEW JERSEY 08650-0068  
Fax: (609) 278-1242  
Phone: (609) 989-6331  
E-mail: [dgerofsky@mercercounty.org](mailto:dgerofsky@mercercounty.org)

## Asset Page for Estates

**In the Matter of the Estate of:** \_\_\_\_\_

Please list all the assets of the estate in the **decedent's name solely**. Any real property, bank name, account #'s and amounts, vehicle year, make, model and VIN #, stocks/bonds, policies, IRA, that do not have named beneficiaries, inheritance, and settlements. These assets will require a short certificate or affidavit allowing the executor/administrator/affiant to bring the asset into the estate.

**Cash, banks, bonds, stock, IRA's/Insurance policy without a beneficiary, inheritance, settlements**

| Account/Bank name |  | Account # | Amount |
|-------------------|--|-----------|--------|
|                   |  |           |        |
|                   |  |           |        |
|                   |  |           |        |
|                   |  |           |        |
|                   |  |           |        |

**Real Estate, list address and market value of the property**

| Address | Value |
|---------|-------|
|         |       |
|         |       |

**Automobiles (need vin # and value of auto)**

| Year/Make/Model | Vin # | Value |
|-----------------|-------|-------|
|                 |       |       |
|                 |       |       |