

*State of New Jersey*  
**Essex County Surrogate's Court**

**THEODORE N. STEPHENS II**  
**SURROGATE**

Hall of Records, Room 206  
Newark, New Jersey 07102  
Phone: 973-621-4900  
Fax: 973-621-2654

**Natalynn Dunson-Harrison**  
**DEPUTY SURROGATE**

In the matter of the Estate of:

\_\_\_\_\_, Deceased

AKA: \_\_\_\_\_

}

**APPLICATION FOR  
SUBSTITUTIONARY  
ADMINISTRATION**

Applicant (s) \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_, SSN: \_\_\_\_\_, respectfully shows that:

1. On \_\_\_\_\_ the above-named decedent died intestate and \_\_\_\_\_ was duly appointed administrator/rix of the goods, chattels, rights and credits of the said intestate on \_\_\_\_\_.
2. The said administrator/rix as aforesaid, after taking upon himself/herself the burden of said administration \_\_\_\_\_, leaving certain property and assets of the estate of the said intestate un-administered, the value whereof does not, as nearly as your applicant can ascertain, exceed the sum of \$ \_\_\_\_\_.
3. Decedent left surviving spouse, heirs at law and next of kin, the following persons:

Name	Relationship	Residence	Age of all Minors

4. There are no other heirs or next of kin known to the applicant.

5. All of the said next of kin of the deceased entitled to Substitutionary Administration upon this estate have renounced in writing their right of Administration and requested that the same be granted to your Applicant(s).

Due notice of this application has been given to all the aforesaid next of kin.

Wherefore, the Applicant(s) requests judgment that Letters of Substitutionary Administration upon the estate of the aforesaid intestate be granted to Applicant(s).

**STATE OF NEW JERSEY**  
**COUNTY OF ESSEX**

$$\} \text{ SS.}$$

\_\_\_\_\_, of full age, being duly sworn according to law, did upon their oath depose and say they are the applicant named in this document and that the matters and things set forth in the within application are true to the best of their knowledge and belief, applicant further says that the value of the entire estate, for the administration of which this application is made, will not exceed the sum of \$ \_\_\_\_\_.

Sworn and subscribed before me on:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature

Notary Public  
My Commission Expires: \_\_\_\_\_  
Affix Seal

**Attorney of Record:**

---

---

---

---