

SOMERSET COUNTY SURROGATE'S COURT



WILL FACT SHEET

Name of decedent: _____

Legal residence at time of death _____

Date of death _____ Date of birth _____ Marital status _____

Will date _____ Will pages _____ Codicil date _____ Codicil pages _____

Name of Executor(s) _____

Address _____

Telephone _____ - _____ / _____ - _____

Next of kin	Relationship	Address

If the date of death was prior to February 27, 2005, do you wish an order to limit creditors be published? _____ Yes _____ No

If yes, please name desired newspaper _____

Please note that for decedents who died on or after February 27, 2005, orders to limit creditors will no longer be filed due to a statutory change in the processing of creditors' claims.

Number of certificates requested _____

Testamentary Trust

Yes _____ No _____ (If yes, a trust fact sheet will be faxed)

Submitted by:

Somerset County Surrogate
Administration Building
20 Grove Street
PO Box 3000
Somerville, NJ 08876

Telephone: 908-231-7003

Facsimile: 908-429-8765

E-mail: surrogatesoffice@co.somerset.nj.us

Telephone _____

Fax _____

FAX COMPLETED FACT SHEET WITH COPY OF WILL AND DEATH CERTIFICATE