

3. If any child of decedent is deceased, then include their children by name, address and age (or if none state n/a)

Name of Deceased Child	Their Child's Name & #/Street/City/State/Zip	Age(if a Minor)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****If decedent has living children – continue to section 7. below**

4. If decedent had no children list name, address or date of death of decedent's parents

Mother: _____	#/Street/City/State/Zip _____	or DOD ___/___/___
Father: _____	#/Street/City/State/Zip _____	or DOD ___/___/___

5. If decedent had no spouse or spouse, children and parents are deceased, list decedent's siblings by name, address and age or date of death:

Name	Relationship	#/Street/City/State/Zip	Age(if a Minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. If decedent had no spouse or spouse, children and parents are deceased and if decedent's siblings are deceased, list the deceased sibling and their children by name, address and age

Name	Relationship	#/Street/City/State/Zip	Age(if a Minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no living relatives listed above or on preceding forms, please call the Surrogate's office

****7. List anyone under the age of 18 receiving money/assets as a result of the decedent's death (i.e. CD's, life insurance policies, bank accounts, pensions, etc.)**

Name of Minor	Parents Names	#/Street/City/State/Zip	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSET INFORMATION

You only need to list assets in the Deceased's name alone with no beneficiaries named.

Real Estate Address	Current Assessed Value	Joint? Yes or No

Car/Truck/Trailer/Boat/Plane Vehicle Identification Number	Year/Make/Model	KBB Value-Private Sale	Joint? Yes or No

Bank Name of Bank	Type of Account/Account Number	Current Value	Joint? Yes or No

Stocks/Bonds (with <i>no beneficiary</i>) Name of Company	Current Value	Joint? Yes or No

Retirement Accounts/Pension (with <i>no beneficiary</i>) Name of Company	Current Value

Policies (with <i>no beneficiary</i>) Name of Company	Current Value

Personal Property with <i>significant value</i>	Current Value

Safe Deposit Box / Bank	Current Value

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

- Administration Fact Sheet Forms including Asset Information
- Death certificate

Forms can be emailed to: Lynn Hoover, Special Probate Clerk- lhoover@co.warren.nj.us

Or: Susan Custer, Senior Probate Clerk – scuster@co.warren.nj.us

Faxed to: 908-475-4219

Mailed to: Warren County Surrogate, 413 Second Street, Belvidere, NJ 07823 (USPS)

Warren County Surrogate, 323 Front Street, Belvidere, NJ 07823 (FedEX/UPS) or **In**

Person Delivery

At appointment, we will require an Administration Fee and the original death certificate is collected and stored in the Surrogate's files.

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.

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>