

Codicil (Amendment to Will) Codicil Date ____/____/____ **Was a List found? Yes** ____ **No** ____

Decedent's Name: _____ **Date of Death:** ____/____/____

Address where decedent lived: (no P.O. Box) _____

Applicant/Executor name(s) and address(es): (include street address with P.O. Box)

Applicant & relationship to decedent: _____ Phone # _____

Applicant & relationship to decedent: _____ Phone # _____

Applicant Email Address: _____

Was decedent: married divorced never married widow/widower registered domestic partner
ex-domestic partner civil union partner ex-civil union partner

Name of decedent's spouse/partner: _____ address: _____

_____ or if deceased, date of death: _____

List in appropriate section all children of the decedent (include names, addresses, ages and if deceased include date of death)

1. Decedent's children born to decedent and decedent's most recent spouse or civil union partner:

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

2. Decedent's children from prior marriage/relationship(s): (list each relationship's children separately)

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

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	Grandchild	#/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: _____/address _____ DOD: __/__/__
 Father: _____/ address _____ 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	#/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 of Deceased Decedents Siblings	Niece/Nephew	#/Street/City/State/Zip	Age(If Minor)

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

***7. List names, addresses and ages of all beneficiaries of the Will:

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

8. 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.)

Minor and Parents Names	Adress of Minors and Parents	Minor’s Age

To begin the application process we require the following:

- Probate Fact Sheet Forms
- Last Will & Testament
- Codicil (amendment of Will) (if there is one)
- List (decedent's personal memorandum directing distribution of personal items) (if there is one)
- Death certificate

Forms and other required documents 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 the Original Last Will & Testament,
Codicil & List (if there are one) & Death Certificate.
A Probate Fee will be collected at time of appointment.***

***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>