

**CAPE MAY COUNTY SURROGATE'S COURT
INFORMATION SHEET**

TO BE SUBMITTED WITH CERTIFIED DEATH CERTIFICATE, ORIGINAL WILL/CODICIL (if applicable)
Asset and Debt information are not required if there is a Will.

If there is **NO WILL**, please include a list of **ALL** Assets and Debts held in the decedent's name alone (including values, account numbers, VIN numbers, etc.) along with a certified Death Certificate.

Decedent's Name: _____ **A.K.A.:** _____

Address: _____

Date of Birth: _____ **Date of Death:** _____ **SS#:** _____

Is there a Will? Y ___ N ___ **Date of Will:** _____ **Codicil date (if applicable):** _____

Does the Will establish a Trust? Y ___ N ___ **Is a Minor/Disabled Person Inheriting?** Y ___ N ___

Executor/Administrator/Personal Representative

Name: _____ **Relationship to Decedent:** _____ **SS#:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

<u>Next of Kin/Relatives</u>	<u>Relationship to Decedent</u>	<u>City, State</u>	<u>Age (if Minor)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List of Assets (Real estate, car, bank accounts, etc.):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Debts (credit, medical debt, funeral bill, etc.):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Estimated Value of Estate: \$ _____

Total Amount of Debts: \$ _____

Attorney (if applicable) _____ **Address** _____

Telephone _____ **Email:** _____

Trustee (If Will Establishes a Trust)

Trustee: _____ **Trustee Phone #:** _____

Address: _____ **Beneficiary:** _____ **Age:** _____

_____ **Beneficiaries City, State:** _____

Additional Info:
