

Bergen County Surrogate's Court

MICHAEL R. DRESSLER
SURROGATE

Sharon A. Borys
DEPUTY SURROGATE

April Fronduto-Slavin
SPECIAL DEPUTY SURROGATE



TWO BERGEN COUNTY PLAZA
Fifth Floor
Hackensack, NJ 07601-7000
(201) 336-6700

ADMINISTRATION FACT SHEET

Name of deceased: _____ SSN: _____

Also known as (a/k/a) _____

Address of deceased _____

Date of Death: _____ Date of Birth: _____

Name of Administrator: _____ SSN: _____

Address: _____

Name of Administrator: _____
_____ SSN: _____

Address: _____

Value of Personal Estate \$ _____ Value of Real Estate \$ _____

Amount of Surety Bond \$ _____

Heirs at Law	Relationship	Address	if a minor	Date of Birth

NOTE: If necessary, please list additional heirs on a separate piece of paper.

Deposition [] no [] yes, Complaint to _____ Bill to _____

Entire estate passes to surviving spouse, parent, grandparent, child, stepchild, legally adopted child, or the issue of any child or legally adopted child.....[] yes [] no

Number of certified copies of Letters of Administration requested _____

Attorney of record _____.

Address _____

Address _____

Telephone number _____