

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 \$ _____

***ABOVE VALUE OF ESTATE CANNOT BE ZERO! There MUST be a value filled in. If the value is below \$20,000, you must itemize. Failure to do so will result in a delay in the administration process. ***

| | |
|-------------------------------|---------------------|
| Amount of Surety Bond\$ _____ | DATE OF BIRTH _____ |
| HEIRS _____ | IF MINOR _____ |
| RELATIONSHIP _____ | ADDRESS _____ |

Deposition [] no [] yes, Complaint to _____

Bill to _____

**Number of certified copies of
Letters of Administration
requested: _____**

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

Attorney of record _____

Street Address: _____

TOWN/STATE/ZIP: _____ Phone: _____

