

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

Will Fact Sheet

Name of Testator _____ SSN _____

Also known as (a/k/a) _____

Address _____

Date of Death _____ Date of Birth _____

Name of Executor _____ SSN _____

Address _____

Name of Executor _____ SSN _____

Address _____

Name of Executor _____ SSN _____

Address _____

Heirs at Law	Relationship	Address	if a minor	Date of Birth

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

Date of: Will _____ pages in Will _____ Codicil _____ pages in Codicil _____

Is There a

DEPOSITION ? [] no [] yes , Bill [] 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

Name of Witness () _____

Name of Witness () _____

Self Proving ? (Y) _____ (N) _____ Number of certified copies of Letters Testamentary requested _____

Attorney of record _____

Address _____

Address _____

Telephone number _____