

Exemplified Information Sheet

Ocean County Surrogate's Court

PO Box 2191

118 Washington Street

Toms River, NJ 08754

732-929-2011

Attorney _____

Phone Number _____ Email Address _____

Estate Name: _____ A/K/A _____

Resident of (Address, City, State, Zip Code)

_____ County _____

Social Security Number: _____ Marital Status Married/Widowed/Single/ Divorced

Date of Birth: _____ Date of Death: _____ Age _____

Date that Probate or Administration Letters were issued _____

Number of pages _____ Amount Included (\$5 per page to file) _____

Executor Name _____ Address _____

SS# _____ Phone Number _____

Co- Executor Name _____ Address _____

SS# _____ Phone Number _____

OR

Administrator Name _____ Address _____

SS# _____ Phone Number _____

Co-Administrator Name _____ Address _____

SS# _____ Phone Number _____

*Please make check payable to the Ocean County Surrogate's Court