

Exemplified Information Sheet

*Ocean County Surrogate's Court
PO Box 2191
118 Washington Street
Toms River, NJ 08754
732-929-2011*

Attorney

_____ Phone Number _____

Estate Name: _____ A/K/A _____

Resident of (address, city, state, County)

Social Security Number: _____

Date of Death: _____ Age at Death _____

Date that Probate or Administration Letters were issued _____

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

Executor Name _____ SS# _____

Co- Executor _____ SS# _____

Address:

Administrator Name _____ SS# _____

Co-Administrator Name _____ SS# _____

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