



OCEAN COUNTY SURROGATE'S COURT

Courthouse – 118 Washington Street – Post Office Box 2191

Toms River, New Jersey 08754-2191

Telephone: (732) 929-2011

Dear Sir/Madam:

Please accept this correspondence as an outline of documents that are needed to begin your probate proceedings, during this time that our office is closed to the public. You can mail documents to the main office with the address as follows:

OCEAN COUNTY SURROGATES COURT

P.O.BOX 2191

118 WASHINGTON STREET

TOMS RIVER, NJ 08754-2191

OR

deliver to our drop box which is located inside the lobby of our main office at 118 Washington Street, Toms River, NJ 08754. Please be advised that the drop box for the Surrogate's Office is a large **PINK BOX** on the floor to the right of the main door and the drop box is checked multiple times during the day. Please note there are Sheriff's Officers at this location as well. Since we are not able to assist you in person, all correspondence must be through the mail or the drop box.

Attached is the Estate Information Sheet **which must** accompany your documents.

PROBATE (Will):

Please submit:

- The **ORIGINAL WILL** you wish to probate.
- The original death certificate **WITH A RAISED SEAL** for the decedent.
- Completed Estate Information Sheet
- An invoice will be sent to you for services rendered.

ADMINISTRATION (No Will):

Please submit:

- The original death certificate **WITH A RAISED SEAL** for the decedent.
- Completed Estate Information Sheet
- **On the Estate Information Sheet, please list all assets in the decedent's name ONLY, along with their dollar value**
If this includes Real Estate, we will need the fair market value. Motor Vehicles-we need the year, make, model and approximate value for each vehicle.
- An invoice will be sent to you for services rendered.

PLEASE ALLOW A FEW DAYS, AFTER SUBMISSION OF YOUR DOCUMENTS, FOR OUR OFFICE TO CONTACT YOU.

ESTATE INFORMATION SHEET

OCEAN COUNTY SURROGATES COURT

P.O.BOX 2191

118 WASHINGTON STREET
TOMS RIVER, NJ 08754-2191

Phone: 732-929-2011

Fax: 732-506-5087

Attorney, only if retained by the estate

Name of Deceased _____
Date of Death _____ Address _____
Date of Will _____ Pages _____ Codicil Date _____ Pages _____
Decs'd Social Security Number _____ Age of Decs'd _____

Executor/rix /Administrator/rix _____
Address: _____
Social Security No.: _____ Phone Number: _____
Email Address _____

Co-Executor/rix/Administrator/rix _____
Address _____
Social Security No. _____ Phone Number _____
Email Address _____

NEXT OF KIN	TOWN & STATE	RELATIONSHIP	AGE OF MINORS

Any Children of a prior Marriage YES NO (Circle one)
Any Stepchildren YES NO (Circle one)

Will there be a Trust created _____

List Assets in the Decedent's Name alone and the value of the asset.
(Only If There Is No Will)

Do you need an Administrator/rix Ad Prosequendum appointed? _____
(this is used to sue for wrongful death)

How many short certificates from this office will you need? _____

You Will Need One per Asset in the Deceased Name Alone