

Ocean County Surrogate's Court
118 Washington Street
P.O. Box 2191
Toms River, NJ 08754
Phone: 732-929-2011

Trust Fact Sheet

Attorney of Record

Name of Decedent _____

Date of Death _____

Name of Trust _____
(Example: "Family Trust" - "Marital Trust" - "For The Benefit of _____")

Location of Trust in Will _____
(State under what Article/Paragraph/Section of the Will the Trust was created)

Name of Trustee(s)	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Beneficiary & Address	Interest under Trust	Minor's Age
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Trust Certificates _____

1 Trust Certificate Comes with the Trust Processing Fee.

Additional Trust Certificates are \$5.00 each

**IF SETTING UP MULTIPLE TRUSTS,
PLEASE SUBMIT A TRUST FACT SHEET FOR EACH BENEFICIARY**