

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**

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**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)

<b>Name of Trustee(s)</b>	<b>Address</b>	<b>Phone Number</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Name of Beneficiary &amp; Address</b>	<b>Interest under Trust</b>	<b>Minor's Age</b>
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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**