

Name: _____

Address: _____

Tel. No.: _____

Cell No.: _____

In The Matter of the Estate of

Deceased

OCEAN COUNTY SURROGATE COURT

Docket Number _____

**CAVEAT AGAINST THE GRANTING OF LETTER
OF ADMINISTRATION AND/OR THE PROBATE OF
A LAST WILL AND TESTAMENT**

I, _____, a _____, of the deceased who was a resident of
(your name) (kinship)

(decedent's address)

Do hereby Caveat and protest against the Granting of Letters of Administration for, or the

Probate of any Last Will and Testament of _____,
(name of deceased)

Who passed away on _____.
(date of death)

Date: _____

Signature