

BURLINGTON COUNTY SURROGATE'S COURT
50 RANCOCAS ROAD, 1ST FLOOR, MOUNT HOLLY NJ 08060
TEL. (609) 265-5005 FAX (609) 261-4511
surrogate@co.burlington.nj.us

ADMINISTRATION INFORMATION SHEET – FOR ATTORNEY USE
OR OUT-OF-STATE ADMINISTRATOR

Name of Decedent: _____ SS# _____

Address: _____

Date of Death: _____

Name of Administrator _____ Relationship _____

Address _____

Telephone # _____ SS# _____

Name of Co-Administrator _____ Relationship _____

Address _____

Telephone # _____ SS# _____

NEXT OF KIN	RELATIONSHIP	ADDRESS	AGE OF MINORS
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ASSETS:

Vehicles (List Year, Make, Model, Vin# and Value) _____

Banks (List Name of Bank, Account # and Balance) _____

Stock (List Value) _____

Real Estate (List Address and Fair Market Value) _____

DEBTS:

Loans _____

Credit Cards _____

Mortgage _____

Total Number of Short Certificates Requested: _____

Name of Appearing Attorney _____

I will appear _____ **I will not appear** _____

Address _____

Telephone # _____ **Fax #** _____

**FOR USE AS FACT SHEET TO BE MAILED CERTIFIED OR FED EX TO
OFFICE IN ADVANCE OF APPEARANCE ALONG WITH DEATH
CERTIFICATE. WE WILL CALL YOU TO MAKE APPOINTMENT.
THANK YOU!**