

**BURLINGTON COUNTY SURROGATE'S COURT**  
**50 RANCOCAS ROAD, 1<sup>st</sup> FLOOR, MOUNT HOLLY NJ 08060**  
**TEL. (609) 265-5005      FAX (609) 261-4511**  
**surrogates@co.burlington.nj.us**  
**PROBATE INFORMATION SHEET (WILL) – FOR ATTORNEY USE**  
**OR OUT-OF-STATE EXECUTOR**

Name of Decedent: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Will: \_\_\_\_\_

Name of Executor \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ SS# \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Co-Executor \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ SS# \_\_\_\_\_

Email Address: \_\_\_\_\_

NEXT OF KIN	RELATIONSHIP	ADDRESS	AGE OF MINORS

(NOTE) LIST CHILDREN OF DECEASED NEXT OF KIN  
Additional Information on Separate Sheet, If Necessary

Name of Witness on Will (if not self-proving): \_\_\_\_\_

Total Number of Short Certificates Requested: \_\_\_\_\_

Name of Attorney of Record, if any \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR USE AS FACT SHEET TO BE MAILED CERTIFIED OR FED EX TO  
THIS ALONG WITH ORIGINAL WILL AND DEATH CERTIFICATE.  
THANK YOU.**