

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

ADMINISTRATION INFORMATION SHEET (NO WILL) – FOR ATTORNEY USE
OR OUT-OF-STATE ADMINISTRATOR

Name of Decedent: _____ SS# _____

Address: _____

Date of Death: _____

Name of Administrator _____ Relationship _____

Address _____

Telephone # _____ SS# _____

Email Address: _____

Name of Co-Administrator _____ Relationship _____

Address _____

Telephone # _____ SS# _____

Email Address: _____

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) _____

OTHER:

DEBTS:

Loans _____

Credit Cards _____

Mortgage _____

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 OR DROPPED OFF TO
OFFICE ALONG WITH DEATH CERTIFICATE. THANK YOU.**