

**CAMDEN COUNTY SURROGATE'S COURT**  
600 Market Street  
Camden, New Jersey 08103  
(856) 225-7282

**ESTATE INFORMATION SHEET**

Decedent's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ SS# \_\_\_\_\_

Name and Address of Executor/Administrator (no will):

\_\_\_\_\_

Address \_\_\_\_\_

Telephone/Email \_\_\_\_\_

Names of Next of Kin	Relationship	Address	Age of Minors
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Will \_\_\_\_\_ No pages \_\_\_\_\_

**List of Assets of Decedent and Value**

\_\_\_\_\_  
\_\_\_\_\_

**Estimated Value of Probate Estate:** \_\_\_\_\_

Attorney's  
Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone/Email \_\_\_\_\_

**FOR USE AS FACT SHEET TO BE MAILED OR BROUGHT ALONG WITH A CERTIFIED DEATH  
CERTIFICATE, ORIGINAL WILL AND CODICIL (if applicable)**

**IF NO WILL A LIST OF ALL DEBTS AND ASSETS WITH THEIR VALUE ALONG WITH A  
CERTIFIED DEATH CERTIFICATE MUST BE MAILED OR BROUGHT TO THE OFFICE**