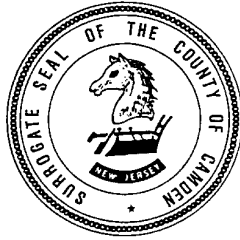


**SURROGATE'S COURT
CAMDEN COUNTY**

Michelle A. Gentek-Mayer
SURROGATE

Cheryl N. Austin
DEPUTY SURROGATE



509 Lakeland Road
Blackwood, New Jersey 08012
(856) 225-7282
(856) 549-0599 fax

www.camdencounty.com

July 2020

Dear Sir/Madam:

This letter will outline what documents are needed to begin your probate proceedings, during this time while the Court is closed to the public. You can mail documents to the main office: Camden County Surrogate's Court, 509 Lakeland Road, Blackwood, NJ 08012 or deliver to our drop box which will be located at our new address at 509 Lakeland Road, Blackwood, NJ 08012, effective July 6, 2020. The drop box will be a large **BLACK MAILBOX** to the right of the main door. Pick up is daily. Attached is the Estate Information Sheet which must accompany your documents.

PROBATE (Will):

Please send:

- The **ORIGINAL WILL** you wish to probate.
- The death certificate **WITH A RAISED SEAL** for the decedent.
- An invoice will be sent to you for services rendered.
- A form of personal identification as **EXECUTOR**
- List of names and addresses of all immediate next of kin.
- **Telephone number and email address for follow-up questions.**

ADMINISTRATION (No Will):

- The death certificate **WITH A RAISED SEAL** for the decedent.
- A form of personal identification as **ADMINISTRATOR**
- List of names and addresses of all immediate next of kin.
- An invoice will be sent to you for services rendered.
- List of all assets in the decedent's name **ONLY**, along with their dollar value.
- Real Estate. We will need the fair market value (if accessible). If a mortgage is outstanding on the property, we will need a copy of the statement showing the balance due.
- Motor Vehicles – we need the make, model and approximate mileage for each vehicle.
- **Telephone number and email address for follow-up questions.**

If you have any questions, please feel free to reach out to me by e-mail or leave a message at the following number: 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

FYI Fees:

Probate - \$100.00 for first 2 pages of will. All additional pages are \$5.00 per page added to the initial fee. This fee includes one short certificate. Additional short certificate are \$5.00 each

Administration - \$125.00 including one short certificate. Additional short certificates are \$5.00 each. Additional fees for renunciations from heirs of decedent.

Spouse/Heir Affidavit – Initial Fee \$50.00. Additional fees for Consents from heirs of decedent.