Docket #		

ATLANTIC COUNTY SURROGATE INFORMATION SHEET

Name of Decedent				
4KA				
Address of Decedent				
Date of Death			лаrital Status	
Did Decedent leave a Will?				
Date of Codicil, if any				
bate of coalen, if any				
List all next of kin				
·	Polotionship	A dd ro	••	Ago of Minors
Name				
Name, Address and phone	e number of Executor or	Administrator apply	ving:	
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PHONE:				
EMAIL:			_	
ASSETS IN DECEDENT'S	NAME ONLY: (NO	T REQUIRED IF	PROBATING A WILL)
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