

HUNTERDON COUNTY SURROGATE'S COURT

Hunterdon County Justice Center, 65 Park Avenue, P.O. Box 2900, Flemington, NJ 08822

Tel. (908) 788-1156 - Fax 788-1586 - email: surrogate@co.hunterdon.nj.us

AFFIDAVIT BY SURVIVING SPOUSE IN LIEU OF ADMINISTRATION

This form may be used by surviving spouse/partner when there is NO WILL, the estate <\$50,000, and detailed asset information can be provided.

DECEDENT INFORMATION

Name of Deceased: _____ Age: _____

Alternate Names on Accounts or License: _____ Date of Death: _____

Address Where Deceased Was *Residing* at the Time of Death:

Street # and Street City Zip

Township, Borough or City the residence was located in (where taxes were paid to)

AFFIANT INFORMATION *(List your current name and name on your driver's license if different)*

Affiant Name: _____ Affiant SSN: _____

Affiant Address: _____

Relationship to Decedent: _____ Phone: _____ Email: _____

Attorney Retained to Handle the Estate, if applicable:

NAME: _____ Phone Number: _____

Address: _____

ASSET INFORMATION

Account Name (Institution Name & Type)	Account #	Current Value

Car/Truck/Trailer/Boat/Plane (list year/make/model)	VIN	Kelly Blue Book Value

Real Estate Address	Current Market Value