

# SOMERSET COUNTY SURROGATE'S COURT



## ADMINISTRATION QUESTIONNAIRE

In order to properly identify heirs who are entitled to take under New Jersey's amended intestacy statute (NJSA 3B:5-1 et seq.), please provide the following information. Please answer NA if statement does not apply to this estate.

1. Name of deceased \_\_\_\_\_
2. Name of surviving spouse (legally married to decedent at the time of decedent's death) \_\_\_\_\_
3. Name and date of birth of all children born to the marriage of the decedent and the surviving spouse named in statement 2. Include any children of decedent who were legally adopted by the surviving spouse. (Please use additional sheet if necessary.)
  - a. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_
  - b. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_

---

d. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_

---

4. Additional children of *decedent*. These children are not the children of the surviving spouse nor were they adopted by the surviving spouse. (Please use additional sheet if necessary.)

a. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_

---

b. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_

---

c. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_

---

d. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_

---

5. Additional children of *surviving spouse*. These children are not the children of the decedent and decedent did not adopt these children. (Please use additional sheet if necessary.)

a. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

d. \_\_\_\_\_ dob \_\_\_\_\_ living at  
time of decedent's death? \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

6. If any child named in sections 3, 4, and 5 predeceased the decedent but had surviving children, please provide their name, date of birth and whether or not they were living at the time of decedent's death.

7. Name of decedent's parents.

Mother: \_\_\_\_\_ Alive at time of decedent's  
death? \_\_\_\_\_ Yes \_\_\_\_\_ No

Father: \_\_\_\_\_ Alive at time of decedent's  
death? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. If there is no surviving spouse, child of decedent, or parent, please provide the names of the decedent's brothers and sisters (and their children if they predeceased decedent). If there are no brothers and sisters or nephews and nieces, the clerk assisting you will advise you of the additional information we will require. If you are completing this form outside our office, please call for additional instructions.
  
9. **In addition, please provide a list of all assets owned by the decedent at the time of death that pass through the intestate estate along with the date of death value.** (For real estate please include a copy of the latest tax bill.)

*Fax (908-575-3965) or Email ([surrogatesoffice@co.somerset.nj.us](mailto:surrogatesoffice@co.somerset.nj.us)) completed  
Administration Questionnaire*