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| --- | --- | --- |
|  | **OFFICE OF THE SURROGATE**  **CAMDEN COUNTY** |  |
| **Michelle A. Gentek-Mayer**  **Surrogate**  **Adam K. Rosen, Esquire**  **DEPUTY SURROGATE** | CCSC | **509 Lakeland Road**  **Blackwood, New Jersey 08012**  **(856) 225-7282**  **(856) 549-0599 fax**  **www.camdencounty.com** |

October 2024

Dear Sir/Madam:

This letter will outline what documents are needed to begin your probate proceedings. Our court is open by appointment which you may schedule via the home page for the Camden County Surrogate at <https://www.camdencounty.com/service/surrogate-court/>or our online portal [https://camden-county-surrogate-court.app.qless.com/kiosk/7a178ae4-7f33-441e-b6e2-1d5faf0ce911?locale=en](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcamden-county-surrogate-court.app.qless.com%2Fkiosk%2F7a178ae4-7f33-441e-b6e2-1d5faf0ce911%3Flocale%3Den&data=05%7C02%7CKaren.Ridgway%40camdencounty.com%7Ca3edbfc3724b4840e78c08dcf46264d2%7Cb3dba8a792024cd499e53c10de8f99ec%7C0%7C0%7C638653950629913392%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=1vFcbXhVv9aLksA2LSzZVin6f5CdWIBX%2Bv%2B2UweEVKo%3D&reserved=0). You may also mail documents by regular mail, Fed Ex or UPS to the main office: Camden County Surrogate Court, 509 Lakeland Road, Blackwood, NJ 08012 or **hand deliver** to our secure drop box at the same location. The drop box is a large **PURPLE MAILBOX** located to the right of the main door. Pick up is daily. **Please note we do not accept credit cards or debit cards; check, cash and money order are the only forms of payment acceptable**. **Payment will be due at the time of service.**

Attached is the Estate Information Sheet **which must** accompany your documents.

**PROBATE (Will): Please submit:**

* The **ORIGINAL WILL** you wish to probate.
* The death certificate **WITH A RAISED SEAL** for the decedent.
* A copy of your personal identification as **EXECUTOR (such as driver’s license)**
* List of names and addresses of all immediate next of kin.
* **Telephone number and email address for follow-up questions.**

**ADMINISTRATION (No Will): Please submit:**

* The **original** death certificate **WITH A RAISED SEAL** for the decedent.
* A copy of your personal identification as **ADMINISTRATOR (such as driver’s license)**
* List of names and addresses of all immediate next of kin.
* **List of all assets in the decedent’s name ONLY, along with their dollar value**.

If this includes 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.**

**PLEASE ALLOW A FEW DAYS AFTER SUBMISSION OF YOUR DOCUMENTS FOR THE COURT TO CONTACT YOU.**

**CAMDEN COUNTY SURROGATE COURT**

**509 Lakeland Road**

**Blackwood, NJ 08012**

**ESTATE INFORMATION SHEET**

Decedent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name, **your Relationship to Decedent** 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**

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

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**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)**

# Please note we do not accept credit cards or debit cards; check, cash and money order are the only forms of payment acceptable

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

**PLEASE ALLOW A FEW DAYS AFTER SUBMISSION FOR THE COURT TO CONTACT YOU.**