



**Hon. Zoila Cassanova, Esq.**  
**Surrogate**

# State of New Jersey

## Passaic County Surrogate's Courts

Historic Court House Room 101  
 Paterson, New Jersey 07505  
 Phone: (973) 881-4760  
 Fax: (973) 523-3449  
[surrogateinfo@passaiccountynj.org](mailto:surrogateinfo@passaiccountynj.org)

IF THE ESTATE DOES NOT HAVE A  
 LAST WILL & TESTAMENT -  
 COMPLETE BOTH PAGES

**SURROGATE COURT ONLY**  
 Probate \_\_\_\_\_ Affidavit Sp \_\_\_\_\_  
 Admin \_\_\_\_\_ Affidavit He \_\_\_\_\_  
 DoW \_\_\_\_/\_\_\_\_/\_\_\_\_ #ofpg \_\_\_\_\_

### Surrogate Case Information Sheet

Name of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Value of Estate \_\_\_\_\_

Applicant\* \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Co-applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

# of certificates: \_\_\_\_\_

#### NEXT OF KIN

Name	Address	Relation	Age

**COMPLETE THIS FORM AND BRING THE FOLLOWING:**  
**ORIGINAL DEATH CERTIFICATE and ORIGINAL WILL (if applicable)**  
**COPY OF APPLICANT(S) DRIVER'S LICENSE**

\*The applicant is the individual seeking appointment as Executor/trix or Administrator/trix

**FOR ADMINISTRATION/AFFIDAVIT**

**(For Estates without a Last Will & Testament)**

**Passaic County Surrogate's Court**

**VALUE OF ESTATE OVER \$20,000.00 (N.J.S.A. 3B:10-4)**

**IF THE ESTATE DOES NOT  
HAVE A LAST WILL &  
TESTAMENT**

**COMPLETE BOTH PAGES**

**Name of Deceased**

**Date of death**

\*Please bring copies of bank statements, vehicle vin and registration, copies of deed, and any other proof of asset.

<b>Itemized Asset</b>	<b>Value</b>

**Please be advised that you will receive one (1) probate/administration certificate per asset.**