

The Personal Record of



**Office of the Monmouth County Surrogate
Rosemarie D. Peters, Esq., Surrogate
Hall of Records
1 East Main Street
Freehold, NJ 07728**

(732) 431-7330

www.visitmonmouth.com/surrogate

The Office of the Monmouth County Surrogate



Rosemarie D. Peters, Surrogate

Dear Monmouth County Resident,

As Surrogate, I am responsible for the probating of a will, appointment of an administrator where there is no will, naming of a guardian for minors or incapacitated persons, management of minors' trust funds, and applications for adoptions.

This booklet provides you with an opportunity to organize and record your important personal information. By completing it and keeping it in a safe place, you will enjoy the peace of mind that comes with knowing that your family can locate this information easily in the event of an emergency.

If there is any way that my staff or I can be of assistance to you in matters related to the work of the Surrogate's Office, please call us at 732-431-7330, or visit our website at www.visitmonmouth.com/surrogate.

Sincerely,

Rosemarie D. Peters, Esq.
Surrogate, Monmouth County

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*Give this book to a responsible family member
or tell your family where it is kept.*

*Review and update your Personal Record at
least once a year*

MY LEGAL RESIDENCE

Street: _____

City: _____

State: _____

This information is vital due to the fact that the primary residency of the decedent determines the venue for probating an estate.

PERSONAL INFORMATION

I was born in: _____

Date: _____

I have a birth certificate: yes no

It is kept in: _____

My Social Security Number is: _____

I was married in: _____

Date: _____

My marriage certificate is located in:

I have been divorced: _____

Date: _____

Where: _____

Divorce papers are kept in: _____

I served in the Armed Forces: _____

Dates of service: _____

Serial Number: _____

Discharge papers are kept: _____

I am a veteran of the United States Armed Forces. I am entitled to the following death related benefits: _____

MY LAST WILL AND TESTAMENT

I have a will: yes no

It is dated: _____

It is kept at: _____

It was drawn by my attorney: _____

My will appoints: _____

— _____ as executor(s) and trustee(s)

— _____ as guardian(s) of my children

NOTE: If you have not made a will, it is advisable that you do so. Without a will specifying your wishes, your estate will be distributed in accordance with the laws of Intestate Succession and the Surrogate will appoint an administrator determined by State Statute.

MY ADVANCE DIRECTIVE FOR HEALTH CARE - LIVING WILL

I have prepared an Advance Directive for Health Care - Living Will: yes no

It is dated: _____

My primary health care representative is: _____

My alternative representative is: _____

A copy of my Advance Directive For Health Care - Living Will is kept at: _____

MY POWER OF ATTORNEY

I have prepared a Power of Attorney dated: _____

I have named _____ as my primary agent..

_____ as my alternate agent.

MY SAFE DEPOSIT BOX

I have a safe deposit box: yes no

It is located at: _____

It can be opened by:

Name: _____

Address: _____

MY RESIDENCE

I own my residence: yes no

Title is in my name only.
 in joint name with _____ .

Is there a mortgage on this property? yes no

Mortgage is held by: _____

I rent and my landlord is: _____

My security deposit is: \$_____

I own the following other real estate: _____

I have mortgage insurance with: _____

This insurance policy can be located at: _____

This policy provides that my mortgage will be paid in full upon my death.

The following papers are kept at: _____

- | | |
|--|---|
| <input type="checkbox"/> Copy of Mortgage(s) | <input type="checkbox"/> Closing Statement(s) |
| <input type="checkbox"/> Deed(s) | <input type="checkbox"/> Survey(s) |
| <input type="checkbox"/> Title Abstract(s) | <input type="checkbox"/> Insurance Policies |
| <input type="checkbox"/> Title Insurance | <input type="checkbox"/> Tax Receipt(s) |
| <input type="checkbox"/> Lease(s) | |

My insurance broker is: _____

I HAVE CHECKING AND SAVINGS ACCOUNTS

My checking accounts are with the following banks: _____

The following person has the power to sign checks on these accounts:

Name: _____

Address: _____

My savings accounts are with the following banks: _____

The accounts are in my name only

jointly with:

My checks and savings books are kept at: _____

I OWN STOCKS AND BONDS

They are kept at: _____

Records of their purchase and sale will be found at: _____

Papers are located at: _____

I have have not
pledged some or all of my securities for loans with:

Name: _____

Address: _____

I OWN U.S. SAVINGS BONDS

in my name only

jointly with: _____

I am beneficiary at death of: _____

At my death, beneficiary is: _____

The bonds are kept at: _____

A record of the bonds and their serial numbers will be found at:

MY PERSONAL PROPERTY

Includes household furnishings located at: _____

Jewelry kept at: _____

Furs kept at: _____

Other: _____

Location: _____

It is owned by me alone

jointly with:

Name: _____

Address: _____

My personal property is insured. Yes, insured
 No, not insured

My insurance broker is: _____

Address: _____

Bills of sale, insurance policies and personal property tax receipts are kept at: _____

MY LIFE INSURANCE

- I do carry Life Insurance
 do not carry Life Insurance

Policies are kept at: _____

- Others do carry insurance on my life
 do not carry life insurance on my life.

Names and addresses of policy owners: _____

An itemized list of all insurance policies carried on my life is kept at: _____

- I do
 do not carry life insurance on others

Names and addresses of those insured:

1. _____

2. _____

3. _____

4. _____

Policies are kept at: _____

An itemized list of such policies is kept at: _____

I have have not
made loans against some of these life insurance policies.

These loans have been made with:

Name: _____

Address: _____

I have filed the following papers with the policies:

- Premium Receipts
- Settlement Agreements
- Dividend Statements
- Assignments

OTHER DEATH RELATED BENEFITS

I am/was employed by: _____

I have been/was employed there for _____ years.

As a condition of my employment I am entitled to the following
death-related benefits: _____

I am a member of the following fraternal organizations: _____

The organization can be contacted at: _____

As a result of my membership I am entitled to the following death
related benefits: _____

MY TAX RETURNS

Copies of my income tax returns are kept at: _____

All necessary papers are attached to the returns
 are not attached to the returns.

Withholding tax receipt forms received from my employer are kept at: _____

MY FAMILY

FATHER

Name: _____

Address: _____

Date & Place of Birth _____

Date of Death: _____

MOTHER

Name: _____

Address: _____

Her birth name was: _____

Date & Place of Birth: _____

Date of Death: _____

MY TRUST FUNDS

I have established a trust for:

1. _____

2. _____

3. _____

4. _____

Date established: _____

Trustees appointed: _____

Drawn by: _____

Name of Attorney: _____

Address: _____

I am a beneficiary under a trust established by: _____

Papers are kept at: _____

If I die, my heirs are beneficiaries of trust funds established by:

Papers are kept at: _____

PLEASE NOTIFY

My family: _____

The following:

Attorney _____ Phone# _____

Accountant _____ Phone# _____

Banker _____ Phone# _____

Broker _____ Phone# _____

Clergyman/Rabbi _____ Phone# _____

Doctor _____ Phone# _____

Employer _____ Phone# _____

Executor of Estate _____ Phone# _____

Insurance Broker _____ Phone# _____

Other _____ Phone# _____

Other _____ Phone# _____

Other _____ Phone# _____

MY PERSONAL DEBTS AND LOANS OUTSTANDING

The following people owe me money:

1. _____
2. _____
3. _____

I owe money to the following in addition to my mortgage and other secured loans:

1. _____
2. _____
3. _____

Copies of loan arrangements, notes, and receipts are kept at:

Debt Insurance: I have the following additional debt insurance:

These policies can be located at:

These policies provide that upon my death the following debts will be paid:

1. _____
2. _____
3. _____

FUNERAL INSTRUCTIONS

Prepaid Funeral

I have a prepaid funeral registered with: _____

Cemetery Plot

- I do own a Cemetery Plot.
- I do not own a Cemetery Plot

It is located at: _____

Name of Cemetery: _____

Address: _____

Deed to the plot is kept at: _____

- I have arranged for perpetual care
- I have not arranged for perpetual care

Instructions for my funeral will be found at: _____

Organ Donation

- I do want to donate my organs
- I do not want to donate my organs

WHAT SHOULD I DO IF A CLOSE FAMILY MEMBER DIES

1. Contact your funeral director

2. Search for the Decedent's Will by:
 - A. Asking family members
 - B. Contacting his/her attorney
 - C. Searching his/her home
 - D. Calling his/her bank to see if he/she had a safe deposit box
 - E. Place a notice requesting information in a legal journal.

3. When you find the decedent's Will, turn it over to the "Executor" named in the Will.

4. Probate Will or act as Administrator if no Will
 - A. Visit Surrogate's office
 - B. Bring with you:
 - Certified Death Certificate
 - Original Will
 - Estimate or value of estate
 - Check, money order or credit card for Surrogate's fees

MONMOUTH COUNTY SURROGATE SATELLITE LOCATIONS

The Monmouth County Surrogate provides three satellite locations around the county where individuals have the opportunity to access many of our services. Should you need to visit one of these offices, we highly recommend that you schedule an appointment. While walk-ins are always accepted, those who have scheduled appointments take precedence.

MIDDLETOWN TOWNSHIP

Middletown Township Public Library
55 New Monmouth Road

Every Tuesday 9:00 AM to 4:30 PM

WALL TOWNSHIP

Wall Township Public Library
Allaire and Bailey's Corner Roads

Every Wednesday from 9:00 AM to 4:30 PM

OCEAN TOWNSHIP

Ocean Township Public Library
701 Deal Road, Oakhurst

Every Thursday from 9:00 AM to 4:30 PM

Surrogate Rosemarie D. Peters, Esq.

Rosemarie D. Peters is serving in her fifth year as Monmouth County Surrogate. She was a member of the Middletown Township Committee for 18 years and served as Mayor and Deputy Mayor. She is also a former member of the Middletown Planning Board and the Zoning Board of Adjustment.

Mrs. Peters is a member of the New Jersey Supreme Court's Judiciary-Surrogate Liaison Committee, and an Executive Board member of the Constitutional Officers Association of New Jersey. She is a past member of the Executive Board and Legislative Review Committee of the NJ State League of Municipalities.

Mrs. Peters is a graduate of Rutgers School of Law-Newark, Thomas A. Edison State College, and Brookdale Community College.

