

# Morris County Surrogate's Court

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*Deputy Surrogate*



## Probate Form B: *When there is No Will*

Notes: Fields marked with an asterisk\* are minimal requirements.

Please provide additional information if known.

If the required information is not available at this time, you may enter "N.A. or Not Available"

### General Information

\*Your Name

\*Your Phone

Your Address

City

State

Zip

\*Your Relation to Decedent

### DECEDENT

\*Name of Decedent

\*Date of Death (MM/DD/YYYY)

Address

\*Date of Birth (MM/DD/YYYY)

City

State

Zip

**ADMINISTRATOR**

\*Name of Administrator

Address

City

State

Zip

**HEIRS AT LAW AND NEXT OF KIN (NOT BENEFICIARIES)**

Name 1 \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name 3 \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name 4\_\_\_\_\_

Relationship\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

For Additional heirs and other information, please use the space provided:

\*Value of Estate

**CONCLUSION**

\*Number of Certificates Required