SOMERSET COUNTY SURROGATE'S COURT

Testamentary Trust Case Information Form

Name of Decedent _____

Date of Death _____

Name of Trust _____

Location of Trust in Will _____

Name and Address(es) of Trustee(s): (Bank as trustee, need name & title of officer)

_____

_____

_____

_____

Name and Address of Beneficiary:

_____

_____

_____

Number of Trust Certificates _____

Attorney of Record _____

_____

_____

_____

Telephone # _____

Fax 908 575-3965 or Email surrogatesoffice@co.somerset.nj.us completed case Information form