

MERCER COUNTY SURROGATE'S COURT
Diane Gerofsky, Surrogate

INFORMATION SHEET TRUSTEESHIP
INDIVIDUAL

1. Trustee(s) name and residing address and mailing address if it is different from residing: _____

Telephone No(s): _____

2. Where and when does the Trustee(s) wish to qualify?

3. Trust created under _____
(State under what Article or Paragraph or Item of the Will was the Trust created)

4. Specific Trust Title: _____
(example for the benefit of a specific person (who), Family Trust, Marital Trust, Complex Trust, Simple Trust, Credit Shelter Trust, Charitable Trust, etc.)

<u>Name of Trust Beneficiary</u>	<u>Residing Address</u>	<u>Interest under Trust</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The initial Trusteeship fee includes 1 trustee short certificate, do you wish to order any additional trustee shorts? ____ Yes ____ No. How many? _____

7. Is the trustee(s) appearing in the Trenton office? ____ Yes ____ No

8. Is the trustee(s) appearing at a satellite office? ____ Yes ____ No
(if, yes, what date _____? Which Satellite office?

- Lawrence Satellite _____
- Pennington Satellite _____
- Ewing Satellite _____
- Hamilton Satellite _____
- Hopewell Township _____
- East Windsor Satellite _____
- Princeton Twp. Satellite _____
- Washington Twp. Satellite _____

PLEASE NOTE: When making your appointment with the Surrogate's Court for a satellite office, kindly return or fax this sheet to this office at least 24 hours prior to your appointment. Contact Kelly at (609) 989-6336 to make an appointment.

MERCER COUNTY SURROGATE'S COURT
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