

Administration Renunciation

Docket No. _____

TO THE SURROGATE OF
COUNTY OF HUDSON
STATE OF NEW JERSEY

HUDSON COUNTY SURROGATE'S COURT

RENUNCIATION

BE IT KNOWN, that I/We, next of kin of _____,
(Name of the deceased)
late of the _____ of _____, County of
(City/Town) (Name of the City/Town)
Hudson, State of New Jersey, deceased, do hereby renounce all right and claim to
administration of his/her goods, chattels and credits, and request that
administration be granted to _____.

Dated: _____ <sign
Signed, sealed and delivered *Name: _____
In the presence of: Address: _____ <sign
_____ <sign

A Notary Public (or an Attorney at Law of N.J.)
My Commission Expires on: _____

(SEAL)

STATE OF _____
COUNTY OF _____

BE IT REMEMBERED, that on this _____ day of _____,
_____, before me, the subscriber, a Special Probate Clerk, a Notary Public, an
Attorney at Law of New Jersey, personally
appeared _____, who I am satisfied
i/are the person(s) in the foregoing instrument named, and I having first made known to
him/her/them the contents thereof, he/she/they did thereupon acknowledge that
he/she/they signed, sealed and delivered the aforesaid instrument as his/her/their
voluntary act and deed for the uses and purposes therein expressed.

A Notary Public (or an Attorney at Law of N.J.)
My Commission Expires on: _____

(SEAL)