

FORM OF NOTICE OF APPLICATION

(To be sent by both Certified Mail, Return Receipt Requested, and Regular First Class Mail)

or PUBLISHED IN A LOCAL NEWSPAPER

Your Name and Address:

**HUDSON COUNTY
SURROGATE'S COURT**

In the Matter of the Estate
of _____, deceased

To:

YOU ARE HEREBY NOTIFIED THAT on _____, the _____ day
of _____, at _____, I shall apply to the Surrogate of the County of
Hudson, at his office in Hudson County Brennan Courthouse, 583 Newark Avenue,
Jersey City, New Jersey 07306, for the granting of letters of administration to
myself, or some other fit person, of the goods, chattels and credits
of _____, deceased, late of _____, in the County of
Hudson and State of New Jersey, who died on or about the _____ day
of _____, _____, intestate.

If you have any objections in this matter, you may contact the Hudson
County Surrogate, by notifying him, in writing of your objection, or by an
appearance in the Hudson County Surrogate's Court on or before _____, 20

Date: _____

Your Name and Address