

OFFICE OF THE SURROGATE
MIDDLESEX COUNTY

KEVIN J. HOAGLAND
SURROGATE

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DEPUTY SURROGATE



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**IMPORTANT INFORMATION/INSTRUCTIONS FOR
REFUNDING BOND AND RELEASE**

Attached is the Refunding Bond and Release. You may:

- Type or neatly print the information required.
- Photocopy and re-use the blank form, print out additional forms at our website, or receive additional forms by email, fax or mail by contacting the Surrogate's Court at (732) 745-3055.

No sooner than nine months after the date of death, each beneficiary or heir of the estate, including the Administrator/Executor, will need to fill out and **sign, in front of a witness as well as a notary or a New Jersey attorney**, the Refunding Bond and Release. Please note that the Refunding Bond and Release **should be signed prior to any distribution or checks being released to a beneficiary.**

If the Beneficiary/Heir is a minor, trust or is incapacitated:

- If the beneficiary or heir is a minor, the Refunding Bond and Release must be signed by the guardian of the minor's property that has been appointed by the Surrogate's Court.
- If the beneficiary is a trust, the Refunding Bond and Release must be signed by the trustee.
- If the beneficiary or heir is an incapacitated person, the Refunding Bond and Release must be signed by the guardian of the person and property of the incapacitated person that has been appointed by the Superior Court.

Filing Instructions: *(Fill in ALL blanks with the information required)*

1. The value of cash and property received is the total value of all assets received from the estate and can include cash, bank accounts, stock, personal property and real estate. However, it does not include assets that do not pass through the estate, such as joint accounts or assets with designated beneficiaries other than the estate.
2. File the original signed, witnessed and notarized document along with the **filing fee of \$10.00.**
3. The **check should be made payable to "Middlesex County Surrogate."**
4. If you require "Filed" stamped copies (to send to the Bond Company), you must include copies of the Refunding Bond and Release along with your request and your own self-addressed envelope (we do not make/provide courtesy copies). Mail/deliver your originals, copies and request to our Court.

State of New Jersey Middlesex County Surrogate's Court

In the matter of the Estate of:

_____, Deceased



**REFUNDING BOND
AND RELEASE**

AKA: _____

KNOW ALL MEN BY THESE PRESENTS,

That I am _____ and I reside at _____ in the city/town of _____, State of _____.

I am a beneficiary (or heir) of this estate and receiving the sum of \$ _____ (Value of cash & property received) from Executor/Administrator _____ (Name of Executor/Administrator).

Upon my receipt of this distribution, I am hereby obligated to refund any portion of this distribution should such refund be required by the Executor/Administrator to discharge all proper debts and obligations of the estate as required under N.J.S.A. 3B:23-24 through N.J.S.A. 3B:23-27. Upon my death, my obligation extends to my heirs, Executor or Administrator.

THE CONDITION OF THIS OBLIGATION is that I receive from the Executor/Administrator the sum of \$ _____ representing distribution to me as an intestate heir of this estate or as a beneficiary under the Will if the decedent died testate.

AND IN CONSIDERATION THEREOF, I release and forever discharge the Executor/Administrator from all claims and demands whatsoever in respect to the estate of the deceased and my interest therein.

Signed, Sealed and Delivered in the Presence of:

(Witness' Signature)

(Beneficiary's Signature)

STATE OF NEW JERSEY, COUNTY OF MIDDLESEX } ss.:

Be it Remembered, that on _____ 20_____, before me, a/an _____ of the State of _____ personally appeared _____ who, I am satisfied, is the person named in and who executed the within Instrument in my presence, and thereupon acknowledged that he/she signed, sealed and delivered the same as his/her act and deed for the uses and purposes therein expressed.

Notary Public / Attorney of the State of _____
My commission expires on _____ / _____ /20 _____