REFUNDING BOND AND RELEASE SAMPLE FORM AND INFORMATION

As a courtesy, attached is a sample format of a Refunding Bond and Release form. Similar Forms are available from attorneys and office supply stores and will be acceptable, provided that they are substantially in compliance with New Jersey law. If you would like this form e-mailed to you, please e-mail or call the Surrogate's Court at surrogate@salemcountynj.gov or (856) 935-7510 ext. 8323. The form is also available on our website: www.surrogate.salemcountynj.gov.

Please consult legal counsel if you have any questions.

1. Each beneficiary of the estate, including the Administrator/Executor, if a beneficiary also, will need to fill out and sign in front of a notary, a Refunding Bond and Release, to be filed with the Surrogate's Court.

2. You may re-type or make copies of the form provided.

3. The filing fee is $10.00 (not more than two pages) for each Refunding Bond and Release, payable to the Salem County Surrogate's Court. Add $5.00 for each additional page to the form.

4. Provide the original signature Refunding Bond(s) and Release and copy to the Surrogate's Court to be filed. Provide a self-addressed, stamped envelope for return of your file-stamped, attested copy(s) for your records.

When using the form you will see words italicized, underlined, and blank spaces. These are areas for you to complete. This allows the document to be specific to your situation.

FILING FEE:

1. File original signature Refunding Bond and Release with Surrogate's Court
2. Fee is $10.00 for a one page or two page form. Add $5.00 for each additional page if your Refunding Bond goes over two pages.

RELEASING SURETY BOND:

1. Surrogate's Certificate of Release (to cancel bond): $5.00 - This can be issued by the Surrogate once all Refunding Bonds and Releases have been filed.

REFUNDING BOND AND RELEASE

IN THE MATTER OF THE ESTATE OF: SALEM COUNTY SURROGATE'S COURT

_____, DECEASED

DOCKET NUMBER: _____

I am _____
(Beneficiary's Name and Address)

I am a beneficiary/heir of this estate and receive the sum of $_____
(*Amount and/or items received)*
_____.

from the Executor/Administrator _____
(Name of Executor/Administrator)

Upon 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. My obligation extends to my heirs, Executor or Administrator. I acknowledge the informal closing of the estate.

The condition of this obligation is that I receive from the Executor/Administrator the sum of $ _____ representing distribution to me as an intestate heir
(Amount received)

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.

_____
Beneficiary signature

_____
Beneficiary printed name

Sworn to and subscribed before me
this day of , 20___

_____ (signature)
Notary Public printed name
State of _____
My Commission expires: _____