



NEW JERSEY JUDICIARY
Records Request Form
SURROGATES' JUDICIARY RECORDS

See instructions on the reverse side.

PART A: Requestor Information

LAST NAME Mattson MIDDLE INITIAL M FIRST NAME Kenn
COMPANY _____

ADDRESS 605 Auland Ave
CITY Mays Landing STATE NJ ZIP 08330 EMAIL Kenn.Mattson@egomail.com
DAYTIME TELEPHONE (INCLUDE AREA CODE) _____ EXT. _____ PREFERRED DELIVERY ☐ PICK UP ☐ US MAIL ☐ ON SITE INSPECT
SIGNATURE [Signature] DATE _____

PART B: Payment Information

SELECT PAYMENT METHOD is charge my account FEES [as provided in N.J.S.A. 22A:2-30]
☐ CASH ☐ CHECK ☐ MONEY ORDER Search of Index \$ 10 each search
Copies of tape, disks, microfiche \$ 3 per page
or other non-paper medium \$150 per medium

PART C: Information Requested

☒ INDIVIDUAL CASE INFORMATION ☐ DOCKET / INDEX INFORMATION

DOCKET NUMBER _____

CASE NAME _____

DOCUMENTS REQUESTED

- ☒ LETTERS TESTAMENTARY ☒ LETTERS OF ADMINISTRATION ☐ LETTERS OF GUARDIANSHIP OF A MINOR
☐ LETTERS AD PROSEQUENDAM ☐ APPLICATION ☒ RENUNCIATION
☐ INDEX FROM _____ TO _____ (PROVIDE DATES)
☐ OTHER (SPECIFY) Copy of Application for the date ' Copy of us 111
and copy of my client's claim

Certified or Exemplified Copies (extra charge) ☐ YES ☐ NO

JUDICIARY USE ONLY

FOR RECORD REQUESTS OVER \$50

TOTAL EST. COST	DEPOSIT AMOUNT	ESTIMATED BALANCE	DEPOSIT DATE	RECEIVED BY

DISPOSITION INFORMATION

DELIVERED DATE	DENIED DATE	UNAVAILABLE DATE

If request is denied or records are unavailable, explain here:

Identification provided for physical custody of file: _____

TITLE NUMBER: _____

PREMISES: _____

TAX BLOCK: _____

LOT: _____

QUAL: _____

TAX MAP: _____

DEV BLOCK: _____

LOT: _____

ST: _____

DEV. NAME: _____

RECORD OWNER: _____

MAP NO: _____

MORTGAGES: _____

JUDGEMENTS: _____

GRANTS

Exempt

RESTRICTIONS: _____

SET BACK: _____

TITLE RUN FROM DEED BOOK _____

DATE _____

BOARD DATE: _____

SEARCHER: _____

PURCHASER: _____

Two copies of the

1000000

To: General Store Table

From: John M. M. M. M.

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