

State of New Jersey
Essex County Surrogate's Court

ALTURRICK KENNEY
SURROGATE

Hall of Records, Room 206
Newark, New Jersey 07102
Phone: 973-621-4900
Fax: 973-621-2654

DEVERO D. MCDOUGAL
DEPUTY SURROGATE

In the matter of the Guardianship of
_____, a Minor
AKA: _____

}

APPLICATION
FOR PERMISSION TO MAKE DEPOSIT
OF FUNDS IN LIEU OF PROVIDING
FULL SECURITY

Applicant, _____, residing at _____ says:

1. The applicant has instituted an action in this Court for the issuance to _____ of Letters of Guardianship of the above-named minor, residing at _____.
2. The said minor has an estate of \$ _____
3. Wherefore, the applicant applies for an order directing that the said sum of \$ _____ be deposited with the _____ subject to the control of this Court.

Signature

STATE OF NEW JERSEY
COUNTY OF ESSEX

} ss.

_____, of full age, being duly sworn according to law, upon his/her oath deposes and says: I am the applicant in the foregoing petition named and the allegations therein set forth are true to my own knowledge and belief.

Subscribed and sworn to before me

Date: ___/___/___

Signature

Notary Public of the State of New Jersey
My Commission Expires: _____
Affix Seal

State of New Jersey
Essex County Surrogate's Court

In the matter of the Guardianship of

_____, a Minor

AKA: _____

}

**ACCEPTANCE AND
POWER OF ATTORNEY**

I, _____ about to be appointed by a judgment of the Surrogate of the County of Essex Guardian of the person only of the above-named minor do hereby declare my acceptance of said Guardianship.

Signature

Dated: ____/____/____

Signed in the presence of:

Witness Signature (Attorney or Notary)

KNOW ALL MEN BY THESE PRESENTS, that I, _____ residing at _____, pursuant to the provisions of Revised Statutes 3B:14-47 do hereby make, constitute and appoint Alurrick Kenney Surrogate of the County of Essex, in the State of New Jersey, and theirs successors in office, my true and lawful attorney upon whom may be served any and all process affecting the aforesaid estate, or any interest therein, whereof I am the Guardian.

And I do further agree that any process against the aforesaid estate, so served, shall be of the same force and effect as if duly served upon me within this State.

Signature

STATE OF NEW JERSEY
COUNTY OF ESSEX } ss.

BE IT REMEMBERED, that on this, ____/____/____, before me, the subscriber, a Notary Public of New Jersey, personally appeared _____ who I am satisfied is the person named in the foregoing power of attorney, and I having first made known to them the contents thereof, they did thereupon acknowledge that they signed, sealed and delivered the said power of attorney as their voluntary act and deed, for the uses and purposes therein expressed.

Attorney or Notary Public of the State of New Jersey

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_____, a Minor
AKA: _____

}

GUARDIANSHIP
RENUNCIATION

To: ALTURRICK KENNEY, Surrogate of the County of Essex;

Be it known that the following individuals with the indicated relationships to the above-referenced of above named minor person of the age of ____ years, do hereby consent to the appointment of _____ as the guardian of said minor/incapacitated person and that I do hereby waive any right which I may have to be so appointed.

| Renouncing Name (s) | Relationship | Signature |
|---------------------|--------------|-----------|
| | | |
| | | |

STATE OF NEW JERSEY
COUNTY OF ESSEX

} ss.

BE IT REMEMBERED, that on this, ___/___/___, before me undersigned authority personally appeared;

| Renouncing Name (#1) | Renouncing Name (#2) |
|----------------------|----------------------|
| | |

who I am satisfied is/are the person(s) named in the foregoing instrument, to whom I first made known the contents thereof, and thereupon they acknowledged that they signed, sealed and delivered the same as their act and deed, for the uses and purposes therein expressed.

Notary Public/Attorney at Law of the State of New Jersey

My Commission Expires: _____

Affix Seal