

\_\_\_\_\_  
Plaintiff *(Person filing the Complaint)*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

IN THE MATTER OF \_\_\_\_\_,

*Print or type name of Decedent (the person who died)*

DECEASED

SUPERIOR COURT OF NEW JERSEY  
CHANCERY DIVISION  
CUMBERLAND COUNTY  
PROBATE PART

Docket No. \_\_\_\_\_  
*(To be filled in by the court)*

CIVIL ACTION

PETITIONER'S AFFIDAVIT OF  
DILIGENT INQUIRY OF  
RESPONDENT

Petitioner, \_\_\_\_\_ residing at \_\_\_\_\_,  
City/Township/ Borough of \_\_\_\_\_,  
County, New Jersey, by way of affidavit says:

1. I have made a diligent search and inquiry to discover the name and current resident of \_\_\_\_\_, (hereinafter referred to as "Respondent"), the person first entitled to be appointed Affiant of the above referenced estate by: (Specify details of search) Refer to checklist below and identify all actions taken (any additional information included such as date the action was taken and the person or persons with whom you spoke is helpful, attach additional sheet if necessary):

**CHECK ALL THAT APPLY & ATTACH WRITTEN PROOF(S)**

- \_\_\_\_\_ United States Post Office inquiry through Freedom of Information Act for current address or any relocations.
- \_\_\_\_\_ Last known place of employment of Respondent, including name and address of employer. You should also ask for an addresses to which W-2 Forms were mailed, and, if a pension or profit sharing plan exists, then for any addresses to which any pension or plan payment is and/or has been mailed.
- \_\_\_\_\_ Unions from which Respondent may have worked or that governed Respondent's particular trade or craft.
- \_\_\_\_\_ Regulatory agencies, including professional or occupational licensing.



- \_\_\_\_ Names and addresses of relatives and contacts with those relatives, and inquiry as to Respondent's last known address. You are to follow-up any leads of any addresses where Respondent may have moved. Relatives include, but are not limited to: parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, step-parents, stepchildren, etc.
- \_\_\_\_ Information about the Respondent's possible death and, if dead, the date and location of the death.
- \_\_\_\_ Telephone listings in the last known locations of Respondent's residence.
- \_\_\_\_ Internet at <http://www.switchboard.com> or other internet databank locator service. Please indicate if a public library assisted you in your search.
- \_\_\_\_ Law enforcement arrest and/or criminal records in the last known residential area of Respondent.
- \_\_\_\_ Highway Patrol records in the State of Respondent's last known address.
- \_\_\_\_ Department of Motor Vehicle records in the State of Respondent's last known address.
- \_\_\_\_ Department of Corrections records in the State of Respondent's last known address.
- \_\_\_\_ Child Support Enforcement agency records in the State of Respondent's last known address.
- \_\_\_\_ Hospitals in the last known area of Respondent's residence.
- \_\_\_\_ Utility companies, which include water, sewer, cable TV and electric, in the last known area of Respondent's residence.
- \_\_\_\_ Letter of Armed Forces of the U.S. and their response as to whether or not there is any information about Respondent (Memorandum of Certificate of Military Service).
- \_\_\_\_ Tax Assessor's and Tax Collector's Office in the area where Respondent last resided.
- \_\_\_\_ Other (explain) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. The age of Respondent is [Choose only one] ☐ known {enter age} \_\_\_\_ or ☐ unknown.

3. Respondent's current residence  
[Choose only one]

- a. \_\_\_\_ Respondent's current residence is unknown to me.
- b. \_\_\_\_ Respondent's current residence is in some state or county other than New Jersey. \_\_\_\_\_
- c. \_\_\_\_ The Respondent, having residence in New Jersey, has been absent from New Jersey for more than 60 days prior to the date of this affidavit, or conceals him/her self so that process cannot be served personally upon him or her, and I believe there is no person in the State upon whom service of process would bind this absent or concealed Respondent.

4. Respondent's last know address as of {date} \_\_\_\_\_, was:  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_.

Respondent's last known employment, as of {date} \_\_\_\_\_, was  
Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_.



I understand that I am affirming under penalty of perjury to the truthfulness of the claims made in this affidavit and that the punishment for knowingly make a false statement includes fines and/or imprisonment.

\_\_\_\_\_  
Signature of Petitioner  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

STATE OF NEW JERSEY

ss.

COUNTY OF \_\_\_\_\_

Sworn, Subscribed and Affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_.

\_\_\_\_\_  
Public Notary  
Place Stamp below

☐ Personally known  
☐ Produced identification  
Type of Identification produced \_\_\_\_\_  
Issuing Authority \_\_\_\_\_  
Number (i.e. driver's license) \_\_\_\_\_

If a non-lawyer helped you fill out this form, he/she must fill in the blanks below:  
(Fill in all blanks)

I {full legal name and trade name of non-lawyer} \_\_\_\_\_  
a non- lawyer, located at {street} \_\_\_\_\_ {city} \_\_\_\_\_  
{state} \_\_\_\_\_ {phone} \_\_\_\_\_ helped {name} \_\_\_\_\_  
who is the Petitioner, fill out this form.