

REFUNDING BOND AND RELEASE

IN THE MATTER OF THE ESTATE OF : CAPE MAY COUNTY
_____, DECEASED : SURROGATE COURT

I am (NAME AND ADDRESS):

I am a beneficiary (or heir) of this estate and receive the sum of \$ _____
from the 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.

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.

Sworn to and subscribed before me
this day of , 200 .

Notary Public, State of
My Commission expires: