

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF YAKIMA**

IN RE: THE DEPOSITED WILL OF

TESTATOR

Date of Birth: _____
(MM/DD/YYYY)

NO. _____

**ORDER TO WITHDRAW WILL
FROM REPOSITORY**

CLERK'S ACTION REQUIRED (2.1)

(ORAWW)

I. BASIS

- 1.1 The person listed below has provided to the court just cause in the form of a motion and declaration for withdrawing the above named deposited Will from the repository for wills maintained by the Yakima County Clerks Office.

II. ORDER

- 2.1 Good cause having been shown that the person listed below is hereby authorized to withdraw the above named Will from the Will Repository maintained by the Yakima County Clerk. The Clerk shall deliver said Will after having first verified identification of the party requesting the Will.

DATED THIS _____ DAY OF _____, 20_____.

Judge / Court Commissioner

Presented by:

Print Name (WSBA #)

Signature

Street Address

Telephone

City, State, Zip

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IN RE: THE DEPOSITED WILL OF

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NO. _____

**MOTION & DECLARATION FOR
ORDER TO WITHDRAW WILL FROM
REPOSITORY**

(MTAF)

Identification of the Moving Party (**who is not the Testator / depositor of the original Will**):

Printed Name

Relationship to Testator

Address

City

State

ZIP

I. MOTION

Based on the declaration below, the undersigned moves the court for order granting withdrawal of the will
of: _____ Testator, from the Will Repository maintained by the Clerk
(printed name of Testator)
of the court.

II. DECLARATION

2.1 I declare, under penalty of perjury that the following facts show that there is good cause to grant
the above named lawyer or moving party with authorization to withdraw the above named
testator's will from the Will Repository maintained by the Clerk of the court:

2.2. The above named lawyer or moving party understands that the withdrawn Will may not be returned to the Clerk of the court, except by initiating a new court filing pursuant to the laws of the State of Washington.

2.3 Other:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on _____ at _____
(Date) (City and State)

Signature WSBA #

Printed or Typed Name