

FILING FEE PAID: \$ _____

CASE NUMBER: _____

**YAKIMA COUNTY, STATE OF WASHINGTON
WILL REPOSITORY COVER SHEET**

NOTE: the Testator is the living person whose will is being deposited.

The purpose of depositing a will with the clerk is to provide a safe place for the will. It is not required by law that a will be deposited with the clerk. The acceptance of a will for safekeeping by the clerk in no way ensures the validity of any provision contained in the will, nor does acceptance in any way enhance the force or effect of the will. **This will is a sealed document before the testator dies and cannot be released except to the testator upon proper identification.** Any person, including an attorney in fact or guardian of the testator, may withdraw the original will so filed only upon court order. Upon request and presentation of a certified copy of the testator's death certificate, the will may become a matter of public record.

**FOR IDENTIFICATION PURPOSES ONLY, COMPLETE THE TESTATOR'S INFORMATION BELOW:
(PLEASE PRINT)**

Testator's full legal name:

(Last First, Middle)

Birth Place: _____ Social Security Number: _____
(City, State or Foreign Country)

Date of Birth: _____ Driver's License Number: _____
(mm / dd / yyyy) State of issuance **if not** Washington: _____

Signature of Testator or Depositor Date

Printed Name Father's Name (First, Middle, Last)

Address Mother's Maiden Name (First, Middle, Last)

City, State ZIP

Withdrawal of Will – (Testator Only)

I, _____ (Testator), have withdrawn my original will and understand this completes this record. . **Any future deposits will require a Filing Fee, but will be assigned and placed in, this Case Number (above).**

Signature of Testator Date Clerks Initials Date