

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: _____
(City, State or Foreign Country)

Social Security Number: _____

Date of Birth: _____
(mm / dd / yyyy)

Driver's License Number: _____
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I, _____ *(Testator)*, have withdrawn my original will and understand this completes this record.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