

SPOKANE COUNTY - WILL REPOSITORY COVER SHEET

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)**

EXAMPLE ONLY - DO NOT USE !!!

Testator's full legal name: _____
(last, first, middle)

Birth Place: _____ (city, state or foreign country) Social Security Number: _____ (last four digits only) Date of Birth: _____ (mm/dd/yyyy)

Signature of Testator or Depositor: _____ Date: _____ Driver's License Number: _____

Print Name: _____ Father's Name: _____ (first, middle, last)

Address: _____ Mother's Maiden Name: _____ (first, middle, last)

City, State and ZIP: _____

Withdrawal of Will – (Testator Only)

I, _____, have withdrawn my original will and understand this completes this record and any future deposits will be handled as a new and separate transaction.

Signature of Testator: _____ Date: _____

Clerk's Initials: _____

DO NOT WRITE IN THIS BOX - FOR CLERKS USE ONLY:

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