

Original File Number _____
Sub # _____

KING COUNTY WILL REPOSITORY COVER SHEET
(We are only authorized to accept Wills and Codicils)

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

Printed Name: _____
******EXACTLY AS ON WILL (List AKA's if applicable)******

Deposit Type: Will Only _____ (Clerks Initials) Will and Codicil(s) _____ (Clerks Initials) Subsequent
Deposit of Codicil(s) _____ (Clerks Initials)

Birth Place: _____ Social Security Number: _____
(city, state or foreign country) (last four digits only)

Date of Birth: _____ Driver's License Number: _____

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

Depositors Contact Number: _____ Printed Name _____

Signature: _____

Address:

(Street City State ZIP)

For Clerks' Use Only

Date of Withdrawal _____

Type of Withdrawal

- Withdrawn by Testator Withdrawn by Court Order
 Converted to Will Only Filing Converted to Probate

Converting Case Number: _____

Clerks Name: _____
Print Sign Date

I, _____, have withdrawn my original will or will and
codicil(s) and understand this completes this record and any future deposits will be handled as a new and separate
transaction

Signature of Testator Date