

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

LAST WILL AND TESTAMENT OF:

NO. _____

**SEALED WILL REPOSITORY
COVER SHEET (SWR)**

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 the 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:**

Testator's Full Legal Name: _____
(Last, First, Middle)

Birth Place: _____ Social Security No. _____
(City, State or Foreign Country) (last four digits only)

Drivers License No. _____ Date of Birth: _____

(Signature of Testator or Depositor) Date: _____

Print Name

Parents' Birth Name:

Address

Name: _____
(First, Middle, Last)

City, State and Zip

Name: _____
(First, Middle, Last)

LAST WILL AND TESTAMENT OF:

NO. _____

**WITHDRAWAL OF WILL
(TESTATOR ONLY)**

I, _____, hereby withdraw my original Will and understand this completes this record and any further deposits will be handled as a new and separate transaction.

Signature of Testator

Date

Identification Provided _____

Initials of Clerk

Initials of Clerk