



COURT OF COMMON PLEAS
PROBATE DIVISION
GEAUGA COUNTY
TIMOTHY J. GRENDALL – JUDGE

Courthouse Annex, 2nd Floor
231 Main Street, Suite 200
Chardon, Ohio 44024
440-279-1830

The undersigned requests that the Clerk deposit an instrument that purports to be the Last Will of _____, which appears to be signed on _____, _____.

WILL DEPOSIT INFORMATION

Testator Name: _____

Testator is Living Deceased. If deceased, then date of death is: _____, _____

If living, then Testator's address is _____ Phone # _____

Has the Will been validated pursuant to R.C. 5817.02? Yes No

If so, by what court? _____

Name of Depositor (if not Testator): _____

Depositor Address: _____ Phone # _____

If Depositor is an attorney, then the Attorney's registration number is: _____

Name of person (to be endorsed on the Will deposit envelope) to whom the Will is to be delivered upon request after Testator's death is : _____, whose current address is _____

Name of person to receive the Certificate of Deposit _____

Mailing Address: _____

Date: ____/____/20____

By: _____

Print Name

Received

Phone No.: _____

Deputy Clerk _____

Print Name