Rev. 3-17-22

COURT OF COMMON PLEAS
PROBATE / JUVENILE DIVISION
GEAUGA COUNTY
TIMOTHY J. GRENDELL – JUDGE
Courthouse Annex, 2nd Floor
231 Main Street, Suite 200
Chardon, Ohio 44024
440-279-1830

REQUEST FOR DEPOSITED WILL

Testator Name: _____

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

If Testator is living, then:

Testator's Address: _____ Phone # _____

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

If so, by what court? _____

Name of Requestor: _____

Requestor Address: _____ Phone # _____

By: _____

_____
Print Name of Requestor

Phone No: _____

****

Receipt

The undersigned acknowledges receipt of the Last Will and Testament of _____ that was signed by the Testator on _____, _____.

Date: _____/_____/20___ By: _____

_____
Print Name

Delivered by:

_____

Deputy Clerk _____