# COURT OF COMMON PLEAS SANDUSKY COUNTY, OHIO PROBATE DIVISION

### **APPLICATION TO PLACE WILL ON DEPOSIT**

#### **TESTATOR INFORMATION – REQUIRED**

Name	
City, State, Zip	
Home Telephone	
Applicant is the Testator	Applicant is an Attorney
Applicant is the Guardian	Other
presenting the document for deposit, I certife for the Testator, the Guardian of the Testato at the request of the Testator or Guardian.	quests the Court accept it for safekeeping. As the person fy I am either the Testator of the document, the Attorney or I am presenting the document to the Court for deposition The applicant further acknowledges that the acceptance Deposit is not a finding by the Court that the document
APPLICANT'S INFORMA	ATION (IF OTHER THAN TESTATOR)
Name	
Home/Cell Telephone	
Attorney Registration Number	
	r guardianship, a copy of this form shall be filed in the Court's e number is

## COURT OF COMMON PLEAS SANDUSKY COUNTY, OHIO PROBATE DIVISION

### AUTHORITY TO RELEASE TESTATOR'S WILL ON DEPOSIT TO AN AUTHORIZED REPRESENTATIVE DURING THE TESTATOR'S LIFETIME

The Testator may appoint an authorized representative to pick up the Testator's Will on Deposit during the Testator's lifetime, in the event, the Testator is unable to do so.

#### Only complete this section if the Testator wishes to name an authorized representative.

, Testator of said Will do hereby name
, as my authorized representative, in which said
fill during my lifetime shall be delivered, in the event the Testator is unable to appear.
Testator's Signature
worn to before me and signed in my presence this day of,,
Notary Public, State of Ohio

The Testator's authorized representative will remain in effect unless revoked by the Testator in writing to the Court. In the event, the Testator names a new authorized representative; the Court will acknowledge the most recent Authority to Release Testator's Will on Deposit.