

IN THE CIRCUIT COURT OF THE 14TH JUDICIAL CIRCUIT
WASHINGTON COUNTY, STATE OF FLORIDA

LORA BELL, CLERK OF COURT
WASHINGTON COUNTY CLERK OF COURT
P.O. BOX 647
1331 SOUTH BLVD
CHIPLEY, FL 32428
850-638-6009

DEPOSIT OF LAST WILL AND TESTAMENT: _____ DEPOSIT OF CODICIL: _____

Reference: F.S. 28.222 & 28.223(1) & 732.901(1)

File Number: _____-WL-_____

Decedent Full Legal Name: _____

Date of Death: _____

Last four **ONLY** of Social Security Number: _____

I, _____, custodian of the last will and testament or codicil of _____, decedent, hereby instruct the Washington County Clerk of Court, Probate Division, to deposit **without recordation** this true and original copy of the last will and testament or codicil of _____, decedent.

Custodian Full Legal Name or Business Name: _____

Custodian Address: _____

Custodian Phone Number: _____

Custodian Signature: _____ Date: _____

This is to certify that I have received from _____, custodian of the last will and testament or codicil of the decedent, _____, this true and original copy of the last will and testament or codicil being dated _____ for deposit **without recordation** on _____.

Deputy Clerk Printed Name: _____

Deputy Clerk Signature: _____

(Seal)

Clerk Instruction:

If the will or codicil is received via U.S. Mail or delivery service, attach the correspondence advising deposit instruction from the custodian.

If received via U.S. Mail or delivery service, you must send a certified copy of this deposit form to the custodian.

If correspondence is not included with the will or codicil, do not deposit will or codicil.

If correspondence is not included you must return the will or codicil to the custodian with instruction for proper deposit, via U.S. Mail, Certified, with Return Receipt.