

PROBATE COURT OF ASHTABULA, COUNTY  
JUDGE ALBERT S. CAMPLESE

IN THE MATTER OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**WILL FOR DEPOSIT**

(R.C. 2107.07, 2107.08, AND LOC. R. 59.2, 66.12)

I present a document purporting to be the Last Will & Testament of \_\_\_\_\_, dated \_\_\_\_\_, a resident of Ashtabula County, Ohio and request the Court accept it for deposit for safekeeping. I represent to the Court that I am either the testator of the document, the guardian of the testator, the maker of the document, or I am presenting it to the Court for deposit at the request of the testator or guardian. The name and current address and telephone number of the testator, named fiduciary, attorney preparing the will, if any know, known to the undersigned are identified below:

**Testator Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Fiduciary Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Alt. Fiduciary Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Note:** When the will is presented for a person under guardianship, a copy of this form shall be filed in the Court's guardianship file. If applicable, the guardianship case number is \_\_\_\_\_.

\_\_\_\_\_  
Testator

\_\_\_\_\_  
Depositor

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Phone