

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

REQUEST FOR REMOVAL OF ORIGINAL
LAST WILL AND TESTAMENT FROM SAFEKEEPING

Testator Name: _____

The undersigned hereby acknowledges that they are requesting removal of their original Last Will and Testament, and any Codicils thereto, that were filed for safekeeping at the Vermont Superior Court, Probate Division.

- The testator has provided valid photo identification in person.
- The testator has provided a witnessed and notarized request that their Last Will and Testament, and any Codicils filed, be mailed to them or a designee of their choosing as they cannot collect their documents in person.

Name of testator or designee
documents should be mailed to if
testator not collecting in person:

(please print)

Address where documents should be
mailed if testator not collecting in
person:

(please print)

(please print)

Date: _____

Signature of **Testator**: _____

Printed Name: _____

Phone Number: _____

Date: _____

Signature of **Witness**: _____

Printed Name: _____

Signed and sworn to before me:

Date: _____

Signature of **Notary Public**: _____

Expiration Date: _____

Date: _____

Signature of **Court Staff**
Releasing Document: _____