

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Cover Letter for
Deposit of Last Will and Testament for Safekeeping

Or

for Deposit of Codicil to Last Will and Testament for Safekeeping

Filing Fee - \$30.00/Will for Safekeeping Codicil - No Fee

What is being Filed? Last Will and Testament [] Codicil []
Date of Filing:
Filed by:
Full Name of Testator: / /
Date of Birth of Testator:
Address of Testator:
Physical if Different:
Phone Number of Testator:
Email of Testator:
Date the Will was signed

Does the Testator have a previously filed Will on file with a court? Yes [] No [] Unsure []
In what county is the previously filed Will?
In what other Vermont counties has the Testator lived?

Executor Information

Full name of Executor listed in the Will:
Address of Executor:
Email of Executor:
Phone # of Executor:

Alternate Executor(s) (if any): /
Full name of Alternate Executor(s) listed in the Will:
Address(es) of Alternate Executor(s):
Email of Alternate Executor(s):
Phone # of Alternate Executor(s):