

Date of Filing: _____

Docket Number: _____

**WILL/CODICIL FILED FOR SAFE-KEEPING
This information is used for administrative purposes ONLY**

Note: The "Testator" is the person who wrote his or her Last Will and Testament.

Please provide information for identification purposes:

Name of the Testator: _____

Testator's Address:

Testator's Phone: _____

Testator's E-mail: _____

DOCUMENT BEING FILED (complete all that apply):

A Last Will and Testament, which is dated: _____

A Codicil to a Last Will and Testament, which is dated: _____

A Second, Third or other additional Codicils, which are dated: _____

(If applicable) **ANOTHER LAST WILL AND TESTAMENT OR ANOTHER
CODICIL IS FILED ELSEWHERE:**

Please inform us where other documents have been filed:

The Last Will and Testament is elsewhere. It is dated _____ and
is filed in the Probate Court of _____ County, State of Georgia.

There is another codicil or codicils which have not been revoked. Those are dated
_____ and filed in the Probate Court of _____ County, State of
Georgia.

(If applicable) **TODAY I AM PICKING UP DOCUMENTS PREVIOUSLY FILED
HERE AND ACKNOWLEDGE RECEIPT OF THE FOLLOWING:**

The **Testator** may take back previously filed documents if desired. If so, the **Testator** acknowledges receipt of the following:

My Last Will and Testament, which is dated: _____

A Codicil to my Last Will and Testament, which is dated: _____

A Second, Third or other additional Codicils, which are dated: _____

INFORMATION ON ATTORNEYS WHO FILE DOCUMENTS FOR CLIENTS:

Documents filed today are on behalf of a client. My information (print or type) is the following:

Name: _____

Address: _____

Contact Number: _____

E-Mail Address: _____

Bar No.: _____