

Case Number \_\_\_\_\_

Converted Case Number \_\_\_\_\_

**CONFIDENTIAL**  
**KING COUNTY WILL REPOSITORY COVER SHEET**  
(We are only authorized to accept Original Wills and Codicils)

**FOR IDENTIFICATION PURPOSES ONLY, COMPLETE THE TESTATOR'S INFORMATION  
BELOW:  
(PLEASE PRINT)**

Printed Name: \_\_\_\_\_  
\*\*\*\*EXACTLY AS ON WILL (List AKA's if applicable)\*\*\*\*

Deposit Type:

- Will Only \_\_\_\_\_ (Clerks Initials)  
 Will and Codicil(s) \_\_\_\_\_ (Clerks Initials)  
 Subsequent Deposit of Codicil(s) \_\_\_\_\_ (Clerks Initials)

Birth Place: \_\_\_\_\_  
(city, state or foreign country)

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
(first, middle, last)

Depositors Printed Name \_\_\_\_\_ Depositors Contact Number: \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street City State ZIP)

Signature: \_\_\_\_\_

This form is for internal purposes only. This form is to verify identity of the testator. If the testator wishes to withdraw the Will and/or Codicil, he/she will need to provide three personal identifiers listed above.