

**IN THE PROBATE COURT OF CANDLER COUNTY
STATE OF GEORGIA**

WILL FILED FOR SAFEKEEPING

NAME OF TESTATOR: _____

ADDRESS: _____

PHONE: _____ **SPOUSE:** _____

DATE OF BIRTH: _____ **SSN:** _____

DATE OF WILL/CODICIL: _____

IF CODICIL, DATE WILL FILED HERE: _____

NAMED EXECUTOR: _____

ALTERNATE: _____

ATTORNEY (IF ANY): _____

ADDRESS & PHONE: _____

Please provide name & address of person most likely to always know testator's residence/contact information: _____

_____ **You are hereby authorized to deliver to my attorney or executor any & all WILLS executed by me now on file for safekeeping in Probate Court Candler County.**

_____ **I hereby acknowledged receipt of all prior WILLS executed by me now on file for safekeeping in Probate Court Candler County.**

_____ **You are hereby authorized to destroy any & all prior WILLS executed by me now on file for safekeeping in Probate Court Candler County.**

TESTATOR/ATTORNEY SIGNATURE

DATE RECEIVED

BY: _____
CLERK, PROBATE COURT