

Probate Court of Chatham County  
**Will Removed from Safekeeping After Death**  
*[original must remain in possession of Probate Court]*

Attach copy of Death Certificate

Attach copy of ID of person requesting copy of Will

Date: \_\_\_\_\_

Name of Testator: \_\_\_\_\_

Safekeeping File Number: \_\_\_\_\_

Probate File Number, if any: \_\_\_\_\_

Date of Will/Codicil: \_\_\_\_\_

If Codicil, date of Will: \_\_\_\_\_ filed here? Yes \_\_\_ No \_\_\_\_

Named Executor: \_\_\_\_\_

Party or Attorney Requesting Copy of Will (if any):

Name: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Bar no.: \_\_\_\_\_

I hereby acknowledge receiving a copy of the above-described will which was removed from safekeeping upon my request:

\_\_\_\_\_  
Receiving Party or Attorney

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Deputy Clerk, Probate Court

\_\_\_\_\_  
Deputy Clerk, Probate Court