# 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: 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):