

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

**AUTHORIZATION TO RELEASE WILL
HELD FOR SAFEKEEPING**

FILE NO. _____

Will of _____

I authorize the court to deliver to _____
Name

the sealed envelope containing my will and codicils, if any, being held for safe keeping in the _____

County Probate Court.

Date

Signature of testator

Address

City, state, zip

XXX-XX- _____ **or** _____

Last four digits of social security number or Michigan driver's license number

OATH OF WITNESS

NOTE: Neither the witness nor the notary can be the person authorized to accept delivery.

I, _____, being duly sworn say that the named testator signed the above
Name of witness
authorization in my presence.

Date

Signature of witness

Subscribed and sworn to before me on _____, _____ County, Michigan.

My commission expires: _____ Signature: _____

Notary public, State of Michigan, County of _____

Do not write below this line - For court use only