



(Clerk's Stamp/Date)

# Nooksack Tribal Court

File No: 20\_\_\_\_ CI -W- 0\_\_\_\_

## WILL REPOSITORY COVER SHEET

### Testator's information (please print):

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

\*\*\*Exactly as on Will\*\*\*

Enrollment number: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

I, (print name) \_\_\_\_\_, hereby certify that I have lawful custody or control of the original Will of the testator named above, that I have not received knowledge of his or her death, and do hereby deliver the Will in the accompanying sealed envelope for deposit with the Nooksack Tribal Court.

\_\_\_\_\_  
(Signature of Depositor) (Date) Telephone number: \_\_\_\_\_

\_\_\_\_\_  
Name of Administrator/Executor Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_

Clerk's Name: \_\_\_\_\_  
(Signature) (Date)

### For Clerk's Use Only

Date of Withdrawal \_\_\_\_\_

#### Type of Withdrawal

Withdrawn by Testator       Withdrawn by Administrator/Executor

Clerk's Name: \_\_\_\_\_  
(Signature) (Date)

I, \_\_\_\_\_, have withdrawn the original Will and understand this completes this record, and any future deposits will be handled as a new and separate transaction.

\_\_\_\_\_  
(Signature of Testator/Administrator/Executor) (Date)