Approved, SCAO JIS CODE: ARW

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 safekeeping in the _____

County Probate Court.

_____ _____
Date Signature of testator

_____
Address

_____
City, state, zip

XXX-XX- **or**
Last four digits of SSN or Michigan driver's license number

OATH OF WITNESS

NOTE: The witness and the notary are not 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