

STATE OF NORTH DAKOTA

Will No. _____

COUNTY OF WELLS

CERTIFICATE OF DEPOSIT OF LAST WILL AND TESTAMENT

This hereby certifies that _____ has this day deposited

with the Wells County Recorder, Fessenden, North Dakota, his/her **Last Will and Testament** sealed in an envelope and only to be released to the following designee(s) upon the death of testator, pursuant to NDCC 30.1-11-01.

Name

Address

Or

Name

Address

The designee must present proof of death of testator before this will may be released.

Testator's signature

Dated this _____ day of _____, 20____, at _____ (A.M./P.M.)

Wells County Recorder

By: _____
Deputy

Seal