



**ERIE COUNTY SURROGATE'S COURT  
DROP OFF FORM**

**NAME:** \_\_\_\_\_  
*(of person dropping off documents)*

**TEL. NO.:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF FILING:** \_\_\_\_\_

**ESTATE ATTORNEY/WILL DRAFTER** *(if any):* \_\_\_\_\_

<b>ITEM(S):</b>	<b>FILE #:</b> <i>(if any)</i>	<b>REASON:</b> <i>(safekeeping, filing)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR OFFICIAL USE ONLY**

**RECEIVED BY:**

**DATE STAMP:**