

Authorization for Withdrawal of Will

I hereby authorize _____ to withdraw my

LAST WILL AND TESTAMENT that is filed in your office for safekeeping.

Printed Name: _____

Prior Name: _____

Present Address: _____

All Prior Addresses: _____

OR

Check here if there are no prior addresses

Signed: _____

State of New York)
) ss.:
County of _____)

On the _____ day of _____, 20____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this
_____ Day of _____, 20____

Notary Public