

**PROBATE COURT OF HAMILTON COUNTY, OHIO**

**INFORMATION TO TAKE TESTIMONY**

**Use This Form Only If You and/or Your Witness(es) Cannot Appear**

**DEPOSITION OF REGISTRANT**

Your name \_\_\_\_\_

Your address \_\_\_\_\_

Name of Notary \_\_\_\_\_

Address of Notary \_\_\_\_\_

**DEPOSITION OF WITNESS(ES)**

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

Name of Notary \_\_\_\_\_

Address of Notary \_\_\_\_\_

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

Name of Notary \_\_\_\_\_

Address of Notary \_\_\_\_\_