

**CERTIFICATE OF DEPOSIT OF DURABLE POWER  
OF ATTORNEY FOR HEALTH CARE**

THE STATE OF OHIO, )  
Cuyahoga County ) SS:

IN THE PROBATE COURT  
Division of the Court of Common Pleas

Cleveland, Ohio, \_\_\_\_\_ 20\_\_\_\_\_

I hereby Certify, that \_\_\_\_\_,  
(Name)

domiciled at \_\_\_\_\_,  
(Address)

has this day deposited in the Probate Court of Cuyahoga County, Ohio, for safekeeping a copy of the Durable Power of Attorney for Health Care as provided by Section 1337.12 of the Ohio Revised Code. Only the Principal and Attorney-in-Fact shall be entitled to access the document. Both the Principal and Attorney-in-Fact shall advise the Probate Court of any change in their respective address.

Attest \_\_\_\_\_ Probate Judge

Fee \$5.00 paid. \_\_\_\_\_ Deputy Clerk.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (Include Area Code)

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the above named Principal.

\_\_\_\_\_  
Probate Judge

\_\_\_\_\_  
Deputy Clerk  
(MAY BE SIGNED BEFORE A NOTARY PUBLIC)