

**LAST WILL AND TESTAMENT OF NAME OF THE TESTATOR**

I.

I, NAME OF THE TESTATOR, residing at CITY, STATE OF RESIDENCE OF THE TESTATOR, being of sound mind and in the contemplation of the certainty of death, do hereby declare this instrument to be my last will and testament.

II.

I hereby revoke all previous wills and codicils.

III.

I direct that the disposition of my remains be as follows:

**BRIEF BURIAL INSTRUCTIONS**

IV.

I give all the rest and residue of my estate to the Trustee of the NAME OF THE TESTATOR Living Trust, solely to be held in trust and used for the purposes stated within the trust.

V.

I appoint NAME OF EXECUTOR, to act as the executor of this will, to serve without bond. Should NAME OF EXECUTOR be unable or unwilling to serve, then I appoint NAME OF ALTERNATE EXECUTOR to act as the executor of this will.

I herewith affix my signature to this will on this

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

at \_\_\_\_\_, in the presence of the following witnesses, who witnessed and subscribed this will at my request, and in my presence.

\_\_\_\_\_  
NAME OF THE TESTATOR

#### ATTESTATION CLAUSE

On the date above written, NAME OF THE TESTATOR, well known to us declared to us, and in our presence, that this instrument,

consisting of \_\_\_\_\_ pages, is his last will and testament, and NAME OF THE TESTATOR, then signed this instrument in our presence, and at NAME OF THE TESTATOR's request we now sign this will as witnesses in each other's presence. Further that NAME OF THE TESTATOR, appeared to us to be of sound mind and lawful age, and under no undue influence.

Witness:

\_\_\_\_\_

Address: \_\_\_\_\_

Witness:

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Address: \_\_\_\_\_

Witness:

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Address: \_\_\_\_\_

STATE OF STATE WHERE EXECUTED

COUNTY OF COUNTY WHERE EXECUTED

Before me, the undersigned authority authorized to take acknowledgments and administer oaths, personally appeared:

NAME OF THE TESTATOR

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who after being having duly sworn or affirmed to tell the truth, stated:

1. That NAME OF THE TESTATOR declared this instrument to be his last will and testament to the witnesses.
2. That NAME OF THE TESTATOR signed this instrument in their presence.
3. That the witnesses signed as witnesses in the presence of NAME OF THE TESTATOR and each other.
4. That NAME OF THE TESTATOR is well known to the witnesses, and the witnesses believe NAME OF THE TESTATOR to be of lawful age, of sound mind and under no undue influence or constraint.

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Officer

Title of Officer: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

NAME OF THE TESTATOR Please state the name of the testator:

~Enter the full legal name of the testator (the person making the will).

CITY, STATE OF RESIDENCE OF THE TESTATOR Please state the city, state of residence of the testator:

~Enter the city and state of the testator (person making the will.)

BRIEF BURIAL INSTRUCTIONS Please state brief burial instructions:

~Enter burial instructions. For example: I wish to cremated in a simple ceremony.

STATE WHERE EXECUTED Please state the state where executed:

~Enter the state in which this will is being executed.

NAME OF EXECUTOR Please state the name of the executor:

~Enter the name of the executor (person who will administer the will).

NAME OF ALTERNATE EXECUTOR Please state the name of alternate executor:

~Enter the name of the person to act as an executor in the event that the first named executor cannot act.

COUNTY WHERE EXECUTED Please state the county where executed:

~Enter the county, parish etc. where this will was executed.

his/his Select the proper pronoun for the testator:

~Select the appropriate pronoun.

his

her

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the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

at \_\_\_\_\_, in the presence of the following witnesses, who witnessed and subscribed this will at my request, and in my presence.

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NAME OF THE TESTATOR

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Witness:

\_\_\_\_\_

Address: \_\_\_\_\_

Witness:

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Address: \_\_\_\_\_

Witness:

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Address: \_\_\_\_\_

STATE OF STATE WHERE EXECUTED

COUNTY OF COUNTY WHERE EXECUTED

Before me, the undersigned authority authorized to take acknowledgments and administer oaths, personally appeared:

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4. That NAME OF THE TESTATOR is well known to the witnesses, and the witnesses believe NAME OF THE TESTATOR to be of lawful age, of sound mind and under no undue influence or constraint.

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Officer

Title of Officer: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_