

LAST WILL AND TESTAMENT

DISPOSITION OF ESTATE — EXECUTOR, BENEFICIARIES & GUARDIANS

TESTATOR

DATE

I, the Testator identified below, being of legal age and sound mind, declare this instrument to be my Last Will and Testament and direct that my estate be administered and distributed as stated herein.

1 TESTATOR & FAMILY INFORMATION

I provide the following identifying and family information for administration of my estate.

TESTATOR · FULL LEGAL NAME

DOMICILE / FULL ADDRESS

MARITAL STATUS

SPOUSE NAME (IF ANY)

CHILDREN / DESCENDANTS

STATE OF DOMICILE

2 REVOCATION OF PRIOR WILLS

I revoke all prior wills and codicils that I have made, except to the extent applicable law provides otherwise.

3 EXECUTOR / PERSONAL REPRESENTATIVE

I nominate the person below to serve as Executor / Personal Representative, and the alternate if the first nominee cannot or will not serve. No bond is required to the extent permitted by law.

PRIMARY EXECUTOR · NAME

PHONE / EMAIL

ALTERNATE EXECUTOR · NAME

PHONE / EMAIL

4 DEBTS, EXPENSES & TAXES

I direct my Executor to pay enforceable debts, funeral and administration expenses, and taxes from my estate as required by law, using the allocation stated below.

SPECIAL DIRECTIONS FOR DEBTS, EXPENSES OR TAXES

5 SPECIFIC GIFTS

I make the specific gifts of money or property listed below. A gift that cannot take effect will pass under the residuary clause unless stated otherwise.

BENEFICIARY, PROPERTY / AMOUNT & ALTERNATE BENEFICIARY

6 RESIDUARY ESTATE

I give all remaining property in my estate, including failed or lapsed gifts, to the beneficiaries and in the shares stated below.

RESIDUARY BENEFICIARIES, SHARES & ALTERNATES

7 GUARDIANS FOR MINOR CHILDREN

If a guardian is needed for a minor child, I nominate the persons below, subject to court approval and the child's best interests.

PRIMARY GUARDIAN

ALTERNATE GUARDIAN

8 DIGITAL ASSETS, PETS & PERSONAL WISHES

I give my Executor authority to access, manage, transfer, archive, or delete digital assets to the extent permitted by law and state any directions for pets, remains, or other personal matters below.

DIGITAL ASSETS, PETS, FUNERAL / BURIAL & PERSONAL DIRECTIONS

9 EXECUTOR POWERS

My Executor has all powers available under applicable law to collect, manage, sell, invest, settle claims, distribute property in cash or in kind, and administer the estate without court order where permitted, while acting as a fiduciary.

10 SURVIVAL, COMMON DISASTER & SEVERABILITY

A beneficiary must survive me by the period below unless the law or a specific gift provides otherwise. If a provision is invalid, the remainder of this Will remains effective.

REQUIRED SURVIVAL PERIOD (E.G., 30 OR 120 HOURS / DAYS)

11 EXECUTION & WITNESS ATTESTATION

I sign and publish this instrument as my Last Will and Testament, willingly and as my free act, while of legal age and sound mind and free from undue influence. The witnesses attest that the Testator signed or acknowledged this Will in their presence and declared it to be the Testator's Will, and that each witness signed as required by the governing state's law.

TESTATOR SIGNATURE

PRINT NAME

DATE

WITNESS SIGNATURE (IF REQUIRED)

DATE

WITNESS SIGNATURE (IF REQUIRED)

DATE

WITNESS 1 · PRINT NAME

WITNESS 1 · ADDRESS

WITNESS 2 · PRINT NAME

WITNESS 2 · ADDRESS

12 SELF-PROVING AFFIDAVIT

The Testator and witnesses, being duly sworn, declare that the Testator willingly signed and executed this instrument as the Testator's Last Will and Testament; that the witnesses signed in the Testator's presence as required by applicable law; and that, to the best of their knowledge, the Testator was of legal age, sound mind, and under no constraint or undue influence. This affidavit is intended to make the Will self-proving where permitted.

TESTATOR · AFFIANT SIGNATURE

PRINT NAME

DATE

WITNESS 2 · AFFIANT SIGNATURE

PRINT NAME

DATE

WITNESS 1 · AFFIANT SIGNATURE

PRINT NAME

DATE

13 JURAT / NOTARY FOR SELF-PROVING AFFIDAVIT (if required or selected)

ACKNOWLEDGMENT

State of , County of

On (date), before me personally appeared

the above-named person(s), known to me or satisfactorily proven to be the person(s) whose name(s) are subscribed to this instrument, and acknowledged that they executed it for the purposes stated herein.



NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES