

Last Will and Testament Form

LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS that I, [Name] of [address], city of [city], county of [county], and state of [state], being of sound and disposing mind and memory, do make, publish, and declare the following to be my Last Will and Testament, hereby revoking all Wills made by me at any time heretofore.

FIRST: I direct my Executor, hereinafter named, to pay all my funeral expenses, administration expenses of my estate, including inheritance and succession taxes, state or federal, which may be occasioned by the passage of or succession to any interest in my estate under the terms of this instrument, and all my just debts, excepting mortgage notes secured by mortgages upon real estate.

SECOND: All the rest, residue, and remainder of my estate, both real and personal, of whatsoever kind or character, and wheresoever situated, I give, devise, and bequeath to [my beloved wife/husband]; [name], to be [his/hers] absolutely and forever.

THIRD: If [my beloved wife/husband] does not survive me, all the rest, residue, and remainder of my estate, both real and personal, of whatsoever kind or character, and wheresoever situated, I give, devise, and bequeath to [my beloved daughter/son]; [name], to be [his/hers] absolutely and forever.

FOURTH: I hereby appoint [my beloved wife/husband], [name], as executor of this, my Last Will and Testament.

FIFTH: If [my beloved wife/husband] does not survive me, I hereby appoint [my beloved daughter/son], [name], as executor of my estate. I direct that no executor serving hereunder shall be required to post bond.

SIXTH: Upon my death, I demand that my body be cremated and that the remaining ashes be given to [my beloved wife/husband], [name]. If, upon my death, [my beloved wife/husband] does not survive me, [my beloved daughter/son], [name], shall decide the disposition of the ashes of my body.

SEVENTH: In the event that I become mentally or physically incapacitated due to accident, terminal illness, or any unforeseen circumstances, I claim and demand the right to die a natural, dignified death. Let be known in no uncertain terms that I refuse to be kept alive by artificial means.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at [city], [state], this [day] day of [month], [year].

[Name]

Witness 1

Witness 2

Sworn to and subscribed before me this [day] day of [month], 19[year].

My commission expires:

Date

Notary Public