LAST WILL AND TESTAMENT OF SINGLE PERSON

I,, resident of	
, being of sound mind do hereby make	e, publish, and
declare this Will to be my last Will and testament. I hereby declare that I am over the a	
eighteen (18) years. I further declare that I am not executing this Will under any duress	, menace,
fraud, mistake, or undue influence. I hereby expressly revoke all Wills and Codicils prev	iously made
by me.	
I. EXECUTOR	
I hereby appoint as Executor of this will. N	1y Executor
shall be authorized to carry out all provisions of this Will and pay my just debts, obligat	
funeral expenses. If the Executor is unable or unwilling to serve then I appoint	
as alternate Executor.	
II. BEQUESTS	
I will, give, and bequeath unto the persons named below, if he or she survives me, the	Property
described below:	
Name	
Name:	
Address:	
Delationship	
Relationship:	
Property:	
Name:	
Address:	
Relationship:	
Property:	

Name:
Address:
Relationship:
Property:
II. SIMULTANEOUS DEATH OF BENEFICIARY
f any beneficiary of this Will, including any beneficiary of any trust established by this Will shall dividence within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.
V. REMAINING PROPERTY
give all the rest and residue of my estate to,, should they survive m
for 60 days. If my spouse,, does not survive me, I give all the
rest and residue of my estate to If neither
nor survives me, I give all the rest and residue of my estate to my heirs as determined by the laws of the State of, relating descent and distribution.
/. ADDITIONAL POWERS OF THE EXECUTOR: My Executor shall have the following additional powers:

SEVERABILITY AND SURVIVAL

If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

	, hereby set my hand to
this last Will, on each page of which I have pl	
, 20 at	·
	[Signature]
	[Printed or typed name of Testator]
	[Address of Testator, Line 1]
	[Address of Testator, Line 2]
WITNESSES	
WITNESSES	
	pages, including this page, was signed in our and declared by him or her to be his or
	resence of him or her and in the presence of each
	witnesses. We declare that we are of sound mind and c
	pest of our knowledge the testator is of the age of o make a will, and appears of sound mind and under no
-	y of perjury, we declare these statements are true and
correct on this day of	, 20 at
	[Signature of Witness #1]
	[Printed or typed name of Witness #1]
	[Address of Witness #1, Line 1]
	[Address of Witness #1, Line 2]

 [Signature of Witness #2]
 _ [Printed or typed name of Witness #2]
 _ [Address of Witness #2, Line 1]
 _ [Address of Witness #2, Line 2]
 _ [Signature of Witness #3]
 _ [Printed or typed name of Witness #3]
 _ [Address of Witness #3, Line 1]
 _ [Address of Witness #3, Line 2]