

LAST WILL AND TESTAMENT

Date (the "Effective Date"):

State: _____

County: _____

I, _____ (the "Testator"), residing at _____, date of birth: _____, Social Security Number: _____, being of legal age to make this Last Will and Testament and being of sound mind and of my own free will, do hereby make, publish and declare this to be my Last Will and Testament (the "Will").

EXECUTOR:

I hereby appoint _____, residing at _____ (the "Executor") as the Executor of my Will.

The Executor can use the money in the estate to fulfill the Will, such as paying debts and transferring bequests to the beneficiaries according to the terms hereto.

The Executor is entitled to receive reasonable compensation for their services as specified in a separate written agreement between the Testator and Executor.

Any decision of the Executor with respect to any discretionary power hereunder shall be final and binding on all persons interested.

DISTRIBUTION OF PROPERTY AND ASSETS:

I devise and bequeath my property and/or assets (the "Property"), both real and personal and wherever situated, as follows: *[choose as appropriate]*

First Beneficiary:

_____ *[full name]*, having their usual place of living at _____, as my _____ *[relation]* with the following Property:

Second Beneficiary:

_____ *[full name]*, having their usual place of living at _____, as my _____ *[relation]* with the following Property:

Third Beneficiary:

_____ [full name], having their usual place of living at _____, as my _____ [relation] with the following Property:

Fourth Beneficiary:

_____ [full name], having their usual place of living at _____, as my _____ [relation] with the following Property:

Fifth Beneficiary:

_____ [full name], having their usual place of living at _____, as my _____ [relation] with the following Property:

If any of my Beneficiaries have predeceased me, then any Property that they would have received if they had not predeceased me shall be distributed in equal shares to the remaining Beneficiaries.

If any of my Property cannot be readily sold and distributed, then it may be donated to any charitable organization or organizations of my Executor's choice.

EXECUTOR'S POWERS:

The Executor shall have the following powers:

To lease any real estate as he/she deems advisable, including the granting of options to renew, options to extend the term or terms, and options to purchase.

To pay, settle or otherwise adjust any claims, including taxes, asserted in favor of or against me or my estate.

To make any separation into shares in whole or in part in kind and at values determined by my Executor, and to allocate different kinds and amounts of Property and undivided interests in Property among the shares.

To make such elections under the tax laws as my Executor shall deem appropriate, including, but not limited to make any adjustments between income and principal on account of any election so made.

To make any elections permitted under any pension, profit sharing, employee stock ownership or other benefit plan.

To employ other persons in connection with the administration of my estate, including legal counsel, investment advisors, accountants and agents and to pay them reasonable compensation.

Other

PET CARE DIRECTIVES:

SPECIAL DIRECTIVES AND LAST WISHES:

GOVERNING LAW. This Will shall be governed by and construed in accordance with the laws of the state of _____, without regard to its conflict of laws principles. Any action or proceeding arising out of or in connection with this Will shall be filed in the courts located in _____ State.

I, the undersigned _____, do hereby declare that I sign and execute this instrument as my last Will, that I sign it willingly in the presence of each of the undersigned witnesses, and that I execute it as my free and voluntary act for the purposes herein expressed, on the Effective Date.

The Testator's Name and Signature

WITNESS ACKNOWLEDGEMENT *[In certain States is mandatory requirement]*

Witnesses:

Witness 1. _____

Witness 1's Signature _____

Date: _____

Witness 2. _____

Witness 1's Signature _____

Date: _____

NOTARY ACKNOWLEDGEMENT *[In certain States is mandatory requirement]*
