

Will for Person with No Children

1. To prepare this will, simply tab to each blank. Type in the appropriate information.
2. For each specific gift, you will need to type in the following sentence with the appropriate information:

I give [describe gift] ,
to [name of beneficiary] ,
my [relationship of beneficiary to you] ,
or if not surviving, then to [name of alternate beneficiary] ,
my [relationship of alternate beneficiary to you] .

Repeat this sentence and use the additional gifts page as often as necessary. If your page (or more) of gifts takes up less than a full page, please type in the following sentence at the end of the gifts:

[THE REST OF THIS PAGE IS LEFT INTENTIONALLY BLANK.]

3. If you do not desire to donate your organs or specify your funeral arrangements, you may simply discard or not print that particular page.
4. Please refer to the more detailed instructions in the accompanying book for completing and signing your will.
5. *Please note:* After completing this form on your computer, you should print out this form. You cannot save your completed form to your hard drive.

Last Will and Testament of

I,
whose address is
declare that this is my Last Will and Testament and I revoke all previous wills.

My marital status is that:

I have no children or grandchildren living.

I make the following specific gifts:

I make the additional following specific gifts:

Page ___ of ___ pages

Testator's initials _____

I give all the rest of my property, whether real or personal, wherever located,
to
my
or if not surviving, to
my

All beneficiaries named in this will must survive me by thirty (30) days to receive any gift under this will. If any beneficiary and I should die simultaneously, I shall be conclusively presumed to have survived that beneficiary for purposes of this will.

I appoint
my
of
as Executor, to serve without bond. If not surviving or otherwise unable to serve,
I appoint
my
of
as Alternate Executor, also to serve without bond. In addition to any powers, authority, and discretion granted by law, I grant such Executor or Alternate Executor any and all powers to perform any acts, in his or her sole discretion and without court approval, for the management and distribution of my estate, including independent administration of my estate.

[THE REST OF THIS PAGE IS LEFT INTENTIONALLY BLANK]

I also declare that, pursuant to the Uniform Anatomical Gift Act, I donate any of my body parts and/or organs to any medical institution willing to accept and use them, and I direct my executor to carry out such donation.

Funeral arrangements have been made with the
of
for burial at
located in
and I direct my Executor to carry out such arrangements.

[THE REST OF THIS PAGE IS LEFT INTENTIONALLY BLANK]

I publish and sign this Last Will and Testament, consisting of _____ typewritten pages, on _____, 20 _____, and declare that I do so freely, for the purposes expressed, under no constraint or undue influence, and that I am of sound mind and of legal age.

Signature of Testator

Printed Name of Testator

We, the undersigned, being first sworn on oath and under penalty of perjury, state that:

On _____, 20 _____, in the presence of all of us, the above-named Testator published and signed this Last Will and Testament, and then at Testator's request, and in Testator's presence, and in each other's presence, we all signed below as witnesses, and we declare, under penalty of perjury, that, to the best of our knowledge, the Testator signed this instrument freely, under no constraint or undue influence, and is of sound mind and legal age.

Signature of Witness #1

Signature of Witness #3

Printed Name of Witness #1

Printed Name of Witness #3

Address of Witness #1

Address of Witness #3

Signature of Witness #2

Printed Name of Witness #2

Address of Witness #2

Notary Acknowledgment

State of _____

County of _____

On _____, 20____, _____ the
Testator, and _____,
and _____, the witnesses, personally came before me and,
being duly sworn, did state that they are the persons described in the above document and that
they signed the above document in my presence as a free and voluntary act for the purposes
stated.

Signature of Notary Public

Notary Public, In and for the County of _____
State of _____

My commission expires: _____

Notary Seal

Page ___ of ___ pages

Testator's initials _____