

WILL OF

I, _____], a resident of _____ (City) _____ (State) hereby make this Will and revoke all prior Wills and Codicils.

1. PERSONAL INFORMATION:

a. I was born on _____ in _____

b. I am or was married to _____,

b. I am not married and I have never been married.

OR, IF PREVIOUSLY MARRIED

b. I am not currently married but I was previously married to _____ [Name of Last Spouse in _____ YEAR OF MARRIAGE and the marriage ended by _____ [STATE WHICH Death, Divorce, or Annulment] in [Year].

c. I have ___ NUMBER OR WORD "NO" living children. IF YOU DO HAVE LIVING CHILDREN LIST NAMES AND BIRTH DATES OF ALL CHILDREN, NATURAL OR ADOPTED. IF ANY OF YOUR CHILDREN HAVE DIED AND THEY LEFT A CHILD GIVE THE NAME OF DECEASED CHILD AND THE AND NAME OF EACH OF HIS OR HER LIVING CHILDREN

d. In the event am the sole surviving parent of minor children, then I appoint _____ to serve as their Guardian. If she/he is unable or unwilling to serve, I appoint

as Alternate Guardian.

2. BENEFICIARIES: I give my property to the following

persons: All to my spouse.

or

One-half (or other percentage) to my spouse and the balance to _____

or

One-third (or other percentage) to my spouse and the balance to my children, equally and their issue, per stirpes

or

All to my children, equally, and their issue, per

stirpes. or

To NAME BENEFICARY(IES) AND PERCENTAGES

If any beneficiary under this Will does not survive me by 30 days, then I shall be deemed to have survived such person.

3. PERSONAL REPRESENTATIVE OR EXECUTOR: I appoint

_____ as
Executor of my Will, and if s/he is unable or unwilling to serve, then I name

_____ as my

alternate Executor. My Executor and alternate shall have all powers granted by applicable laws of my state to carry out all provisions of this Will, may use provisions and procedures for the simplified handling of estates, may hold in trust the share of any minor beneficiary until s/he reaches age 18, and shall not be required to post a bond.

I, _____

[Your Printed Name], hereby sign this Will at _____ [City and State] on this _____ day of _____, 20_____

[signature]

Witness 1 printed Name

Witness 1 Signature

Witness 2 Printed Name

Witness 2 Signature

GET TWO PEOPLE, WHO ARE ALL THERE AT THE SAME TIME TO SEE YOU SIGN THE WILL, TO IMMEDIATELY SIGN THIS ATTESTATION. A WILL THAT IS NOT PROPERLY WITNESSED IS NOT VALID!

State of Nevada:

County of _____

Each of us hereby states, under penalties of perjury, that on this _____ day of _____, 202_,

at _____ [Name of City, State] we observed

[Full Name of Person Making the Will] who we know or who otherwise proved his/her identity to us, declare the above document to be his/her Will. S/he then asked us to serve as his/her witnesses and then signed the document in our presence. S/he appeared to be an adult, of sound mind and memory, and acting of his/her own free will, and

not under any force or duress. We are now, immediately after s/he signed the Will,
signing our names in his/her presence.

_____ [Signature of Witness #1]

_____ [Printed name of Witness #1]

_____ [Address of Witness #1]

_____ [Signature of Witness #2]

_____ [Printed name of Witness #2]

_____ [Address of Witness #2]

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Nevada }
}ss.
County of..... }

On this day of, in the year 2020

before me, _____, Notary

personally appeared

_____ (principal)

and Principal

_____ and

Witness #1

Witness #2

Who personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name (s) are subscribed to this instrument, and acknowledged that he or she executed it.

.....

(Notary Public)

MY Commission expires on _____

bottom.