

LAST WILL AND TESTAMENT

(Testator Physical Disability)

STATE OF LOUISIANA

PARISH OF _____

LAST WILL AND TESTAMENT OF _____
(Name)

I, TESTOR, once married and widowed to: _____
(Name, Deceased Spouse)

OR married to and living with: _____
(Name, Current Spouse)

do declare this to be my **Last Will and Testament**, nullifying any other directives or documents existing before the date signed.

PROVISIONS

(Additional provisions, if any, continued on Page 2) Number of additional pages _____

In our presence the testator has declared or signified that this is his/her testament, and that he/she is able to see and read and knows how to sign his/her name but is unable to do so because of a physical infirmity, and in our presence, or caused to be affixed, his/her mark or name at the end of the testament and on each other separate page, and in the presence of the testator and each other, we have subscribed our names this date:

_____/_____/_____
Month Day Year

WITNESSES

(Signature)

Testator Printed Name

(Signature)

Testator Signature or Mark

William Pittman, Notary Public
ID# 87375