

LAST WILL AND TESTAMENT

(Testator Blind)

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)

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 unable to see, and knows how to sign his name but is unable to do so because of a physical infirmity; and in our presence, he/she has affixed 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 or named this date:

_____/_____/_____.
Month Day Year

WITNESSES

(Signature)

Testator Printed Name

(Signature)

Testator Signature or Mark

William Pittman, Notary Public
ID# 87375