I,, whose address is						
				at this is my Last Will and Testame		
and I revoke all previous wills.						
My marital status is that						
I have child(ren) living	g. My child(i	ren)'s names, ac	dresses, and birth	n dates are as follows:		
×1			¢.			
I have grandchild(ren	i) living. My	grandchild(ren)'s names, address	ses, and birth dates are as follows:		
				• •		
				· ·		
		% •				
Page of pages				Testator's initials		
				K307 Will w/o Childrens Trust Pg. 1 (02-		

I make the following specific gifts: I give all the rest of my property, whether real or personal, wherever located, 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. Page ____ of ___ pages Testator's initials

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I appoint	, my,			
	,			
as Executor, to serve without bond. If not survivin				
l appoint	, my,			
of	,			
I grant such Executor or Alternate Executor any a	In addition to any powers, authority, and discretion granted by law, and all powers to perform any acts, in his/her sole discretion and distribution of my estate, including independent administration of my			
I publish and sign this Last Will and Testament, co	onsisting 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 an	d under penalty of perjury, state that:			
	, in the presence of all of us, the above-named Testator pub-			
lished and signed this Last Will and Testament, an	nd then at Testator's request, and in Testator's presence, and in each			
other's presence, we all signed below as witnesses	s, and we declare, under penalty of perjury, that, to the best of our			
-	eely, under no constraint or undue influence, and is of sound mind			
and legal age.				
C' CNT "	C' CYV' - 40			
Signature of Witness #1	Signature of Witness #2			
Printed Name of Witness #1	Printed Name of Witness #2			
Address of Witness #1	Address of Witness #2			
71441545 61 77111556 71	7.000.000 07.77.0000 11.2			
Signature of Witness #3				
-				
Discoular CWC 40				
Printed Name of Witness #3				
Address of Witness #3				
Page of pages	Testator's initials			
	K307 Will w/o Childrens Trust Pg 3 (02-09)			

	County of	
	, the witnesses, pe	ersonally came before me and, being duly
my presence as a free and volunt		nt and that they signed the above document i
,		
Signature of Notary Public		
Notary Public, In		
and for the County of	State of	
My commission expires:		Notary Seal
	a contract of the contract of	
	**	
		•
*		

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