LAST WILL AND TESTAMENT

BE IT KNOWN that I,		, a resident of
	, County of	, in the
State of	, being of sound mi	ind, do make and declare this to be
my Last Will and Testamen	t expressly revoking all n	ny prior Wills and Codicils at ant
time made.		

FIRST: I direct my Executor, hereinafter named, to pay all funeral expenses, just debts, administration expenses of my estate, including estate taxes, state or federal.

SECOND: PERSONAL REPRESENTATIVE

I appoint of , as Executor of this my Last Will and Testament and provide if this Executor is unable or unwilling to serve then I appoint , as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

THIRD: GUARDIAN

In the event I shall die as the sole parent of minor children, then I appoint as Guardian of said minor children. If this named Guardian is unable or unwilling to serve, then I appoint as alternate Guardian.

FOURTH: BEQUESTS

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

IN WITNESS WHEREOF, I have he """"""""to this my Last Will and Testa	-	day of	"	,
	Testator Sig	nature		
FIFTH: WITNESSED				
The testator has signed this will at declared or signified in out presence presence of the testator and each other day of	e that it is his/her last will a	and testament	, and in th	
Witness Signature	Address			
Witness Signature	Address			
Witness Signature	Address			

ACKNOWLEDGMENT

State of County of				
foregoing instr the instrument	, and e witnesses, respectively, whose ument, were sworn and declared as his/her Last Will and that each ch other, signed the will as a wit	I to the undersign th of the witness	ned that the to	estator signed
Testator:		Witness		
		Witness		
		Witness		
On before me, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.				
Signature	Signature of Notary			
			_Known	Produce ID
		Type of ID		(Seal)