WILL OF [Full Name of Person Making the Will]

_____ [Your Typed Name]

I, [Full Name of Person Making the Will], a resident of [City, State], hereby make this Will and revoke all prior Wills and Codicils.
1. PERSONAL INFORMATION:
a. I was born on [Date of Birth] in [Place of Birth]
b. I am married to [Name of Spouse], who I will refer to as "my spouse". We were married on [Date of Marriage] in [Place of Marriage]. IF SEPARATED ADD We have been separated since [Date or Year of Separation, and if by court order or agreement, add pursuant to order of the Court on date].
OR IF NEVER MARRIED
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 HI S 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 s/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 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 [signature]

WITNESSES

	VHO ARE ALL THERE AT THE SAME TIME TO SEE YOU SIGN THE WILL, TO IMMEDIATELY SIGN WILL THAT IS NOT PROPERLY WITNESSED IS NOT VALID!
Each of us hereby state	es, under penalties of perjury, that on this day of, 200_, at[Full
document to be his/he presence. S/he appear	g the Will] who we know or who otherwise proved his/her identity to us, declare the above r Will. S/he then asked us to serve as his/her witnesses and then signed the document in our ed to be an adult, of sound mind and memory, and acting of his/her own free will, and not under e 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]
[:	Signature of Witness #3]
[Printed name of Witness #3]
[Address of Witness #3]