

LAST WILL AND TESTAMENT OF

\_\_\_\_\_  
[Name of Testator]

I, \_\_\_\_\_ [Name of Testator], a resident of \_\_\_\_\_, Delaware, being of sound and disposing mind and memory and over the age of eighteen (18) years or having been lawfully married or a member of the armed forces of the United States or a member of an auxiliary of the armed forces of the United States or a member of the maritime service of the United States, and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my last Will, hereby expressly revoking all Wills and Codicils previously made by me.

I. EXECUTOR: I appoint \_\_\_\_\_ 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.

II. SIMULTANEOUS DEATH OF BENEFICIARY: If any beneficiary of this Will, including any beneficiary of any trust established by this Will shall die within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.

III. BEQUESTS:

I will, give, and bequeath unto the persons named below, if he or she survives me, the Property described below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

# Demonstration

Relationship: \_\_\_\_\_

Property: \_\_\_\_\_

\_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Property: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a named beneficiary to this Will predeceases me, the bequest to such person shall lapse, and the property shall pass under the other provisions of this Will. If I do not possess or own any property listed above on the date of my death, the bequest of that property shall lapse.

IV. ALL REMAINING PROPERTY; RESIDUARY CLAUSE: I give, devise, and bequeath all of the rest, residue, and remainder of my estate, of whatever kind and character, and wherever located, to \_\_\_\_\_, provided that \_\_\_\_\_ survives me. If \_\_\_\_\_ does not survive me, then I give, devise, and bequeath all of the rest, residue, and remainder of my estate, of whatever kind and character, and wherever located, to \_\_\_\_\_ as alternate. If none of my named beneficiaries survives me, then the rest and residue of my estate shall pass according to the order of intestate succession in the State of Delaware.

V. ADDITIONAL POWERS OF THE EXECUTOR: My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court.

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## VI. WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL:

My Executor and alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisement of my estate. I direct that no expert appraisal be made of my estate unless required by law.

VII. OPTIONAL PROVISIONS: I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not a part of this Will.

\_\_\_\_\_ If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid Promissory Note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt.

\_\_\_\_\_ Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

\_\_\_\_\_ I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor.

\_\_\_\_\_ I direct that my remains be cremated and that the ashes be disposed of in the following manner:

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\_\_\_\_\_ I desire to be buried in the \_\_\_\_\_ cemetery in \_\_\_\_\_ County, Delaware.

VIII. CONSTRUCTION: The term "testator" as used in this Will is deemed to include me as Testator or Testatrix. The pronouns used in this Will shall include, where appropriate, either gender or both, singular and plural.

IX. SEVERABILITY AND SURVIVAL: If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully

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operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

IN WITNESS WHEREOF, I, \_\_\_\_\_ [Name of Testator], hereby set my hand to this last Will, on each page of which I have placed my initials, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, State of Delaware.

\_\_\_\_\_[Signature]  
\_\_\_\_\_[Printed or typed name of Testator]  
\_\_\_\_\_[Address of Testator, Line 1]  
\_\_\_\_\_[Address of Testator, Line 2]

**WITNESSES**

The foregoing instrument, consisting of \_\_\_\_\_ pages, including this page, was signed in our presence by \_\_\_\_\_ [name of Testator] and declared by \_\_\_\_\_ [him or her] to be \_\_\_\_\_ [his or her] last Will. We, at the request and in the presence of \_\_\_\_\_ [him or her] and in the presence of each other, have subscribed our names below as witnesses. We declare that we are of sound mind and of the proper age to witness a will, that to the best of our knowledge the testator is of the age of majority, or is otherwise legally competent to make a will, and appears of sound mind and under no undue influence or constraint. Under penalty of perjury, we declare these statements are true and correct on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, State of Delaware.

\_\_\_\_\_[Signature of Witness #1]  
\_\_\_\_\_[Printed or typed name of Witness #1]  
\_\_\_\_\_[Address of Witness #1, Line 1]  
\_\_\_\_\_[Address of Witness #1, Line 2]

# D e m o n s t r a t i o n

\_\_\_\_\_[Signature of Witness #2]  
\_\_\_\_\_[Printed or typed name of Witness #2]  
\_\_\_\_\_[Address of Witness #2, Line 1]  
\_\_\_\_\_[Address of Witness #2, Line 2]

\_\_\_\_\_[Signature of Witness #3]  
\_\_\_\_\_[Printed or typed name of Witness #3]  
\_\_\_\_\_[Address of Witness #3, Line 1]  
\_\_\_\_\_[Address of Witness #3, Line 2]

## ----- Optional Self-Proving Affidavit Form -----

(Note: The grey box below is not a part of the Affidavit and is included for informational purposes only. You should not include it as part of the Affidavit.)

About this Self-Proving Affidavit Form: Although a Self-Proving Affidavit is not a requirement in the State of Delaware, it is an excellent idea to sign one when executing a Will. It can greatly reduce the difficulty associated with probating the Will when the time comes. The testator, along with three witnesses, must sign the Affidavit together in the presence of a notary public. The Affidavit is then attached to the Will. Its basic purpose is to affirm that the Will is that of the testator and that the will was signed and witnessed in accordance with all applicable state requirements.

To make a self-proving Will, a testator should follow this procedure: (1) The testator should sign the Will in the presence of the witnesses and have the witnesses sign as well; (2) A notary public should be present at the time the Will is signed by the testator, together with all the witnesses; (3) The testator should provide the blank Self-Proving Affidavit form below to the notary public, or the testator should consult with the notary public to determine if a different Self-Proving Affidavit form is recommended; (4) The testator and witnesses should complete the Self-Proving Affidavit form in the presence of the notary public. The notary public will require the testator and witnesses to swear to the Self-Proving Affidavit's truth and may require that photo identification is presented; (5) Once completed, the Self-Proving Affidavit should be stapled to the Will.

## SELF-PROVING AFFIDAVIT

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County of \_\_\_\_\_

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I, the undersigned, an officer authorized to administer oaths, certify that

\_\_\_\_\_, the testator,  
and \_\_\_\_\_,

\_\_\_\_\_, the  
witnesses, whose names are signed to the attached or foregoing instrument and whose signatures  
appear below, having appeared together before me and having been first duly sworn, each then  
declare to me that the attached or foregoing instrument is the last will of the testator; the testator  
willingly and voluntarily declared, signed and executed the will or willingly directed another to  
sign in the presence of the witnesses; the witnesses signed the will upon request by the testator, in  
the presence and hearing of the testator, and in the presence of each other; to the best knowledge  
of each witness the testator was, at the time of the signing, eighteen (18) years of age or older, of  
sound mind, and under no constraint or undue influence; and each witness was and is competent,  
and of the proper age to witness a will.

\_\_\_\_\_ [Signature of Testator]  
\_\_\_\_\_ [Printed or typed name of Testator]  
\_\_\_\_\_ [Address of Testator, Line 1]  
\_\_\_\_\_ [Address of Testator, Line 2]

\_\_\_\_\_ [Signature of Witness #1]  
\_\_\_\_\_ [Printed or typed name of Witness #1]  
\_\_\_\_\_ [Address of Witness #1, Line 1]  
\_\_\_\_\_ [Address of Witness #1, Line 2]

\_\_\_\_\_ [Signature of Witness #2]  
\_\_\_\_\_ [Printed or typed name of Witness #2]  
\_\_\_\_\_ [Address of Witness #2, Line 1]  
\_\_\_\_\_ [Address of Witness #2, Line 2]

\_\_\_\_\_ [Signature of Witness #3]  
\_\_\_\_\_ [Printed or typed name of Witness #3]

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\_\_\_\_\_ [Address of Witness #3, Line 1]

\_\_\_\_\_ [Address of Witness #3, Line 2]

Subscribed, sworn, and acknowledged before me,

\_\_\_\_\_, a notary public, by

\_\_\_\_\_, the testator, and by

\_\_\_\_\_

\_\_\_\_\_, and

\_\_\_\_\_, the witnesses, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNED:

\_\_\_\_\_

\_\_\_\_\_

Official Capacity of Officer