

THE FREE WILL KIT®

LAST WILL & TESTAMENT KIT DOCUMENTS



**LAST WILL AND TESTAMENT
OF**

Name _____

I, **Name** _____, in the City of **City** _____, county of **County** _____, and state/province of **State** _____ being of sound mind and disposing memory and not acting under duress or undue influence, and fully understanding the nature and extent of all my property and of this disposition thereof, do hereby make, publish, and declare this document to be my Last Will and Testament, and do hereby revoke any and all other wills and codicils heretofore made by me.

**ARTICLE I
IDENTIFICATION OF FAMILY**

I am married to **Spouse Name** _____ and all references in this Will to "my spouse" are references to _____.
The names of my children are **Kids Names** _____, All references in this Will to "my children" are references to the above-named children and any children born to me or adopted by me after the signing of this Will.

**ARTICLE II
PAYMENT OF DEBTS AND EXPENSES**

I direct that all my debts, and expenses of my last illness, funeral, and burial, be paid as soon after my death as may be reasonably convenient, and I hereby authorize my Independent Personal Representative (or Executor), hereinafter appointed, to settle and discharge, in his or her absolute discretion, any claims made against my estate.

Physical Things

**ARTICLE III
DISPOSITION OF PROPERTY**

A. Specific Bequests. I direct that the following specific bequests be made from my estate. If any beneficiary listed below does not survive me, such bequest shall be distributed with my residuary estate.

1. **House** _____ shall be distributed to **Name** _____
who resides in **Address** _____
2. **Couch** _____ shall be distributed to _____
who resides in _____
3. **TV** _____ shall be distributed to _____
who resides in _____
4. **Toolset** _____ shall be distributed to _____
who resides in _____
5. **Collectibles** _____ shall be distributed to _____
who resides in _____
6. _____ shall be distributed to _____
who resides in _____
7. _____ shall be distributed to _____
who resides in _____
8. _____ shall be distributed to _____
who resides in _____
9. _____ shall be distributed to _____
who resides in _____
10. _____ shall be distributed to _____
who resides in _____
11. _____ shall be distributed to _____
who resides in _____
12. _____ shall be distributed to _____
who resides in _____

B. Digital Assets. My digital assets shall be distributed in accordance with **Schedule A** (located on the last page) of this Will. For the purposes of this Will, digital assets shall mean electronic assets that are stored on my computers, electronic devices, or on any online account, as identified in Schedule A. Online accounts include, but are not limited to, social-networking sites, online backup services, servers, email accounts, photo and document sharing sites, financial and business accounts, domain names, virtual property, websites, and blogs. An instructional document, titled, "Letter of Instructions" with associated websites, usernames, passwords, and related information, is hereby incorporated by reference into this Will and shall be distributed to the Digital Executor designated in this Will.

C. Remaining Tangible Personal Property. My remaining tangible personal property shall be distributed to Contingent. If this beneficiary does not survive me, this property shall be distributed with my residuary estate.

D. Residuary Estate. I direct that my residuary estate be distributed to the following beneficiaries in the percentages as shown. If any beneficiary listed here does not survive me, this share shall be distributed proportionately to the other distributee(s) listed under this provision.

33% - _____ of city: _____, state/province: _____.

33% - _____ of city: _____, state/province: _____.

33% - _____ of city: _____, state/province: _____.

_____% - _____ of city: _____, state/province: _____.

_____% - _____ of city: _____, state/province: _____.

_____% - _____ of city: _____, state/province: _____.

_____% - _____ of city: _____, state/province: _____.

_____% - _____ of city: _____, state/province: _____.

100% - *Percent Total*

ARTICLE IV NOMINATION OF INDEPENDENT PERSONAL REPRESENTATIVE

I nominate Primary _____, of City: _____, State/Province: _____, as my Independent Personal Representative, to serve without bond, surety, or other security. If such person or entity does not serve for any reason, I nominate Contingent _____, of City: _____, State/Province: _____, to serve as my Independent Personal Representative, to serve without bond, surety, or other security.

ARTICLE V NOMINATION OF DIGITAL EXECUTOR

I nominate _____, of City: _____, State/Province: _____, as my Digital Executor, to serve without bond, surety, or other security. If such person or entity does not serve for any reason, I nominate _____, of City: _____, State/Province: _____, to serve as my Digital Executor, without bond, surety, or other security. For the purposes of this Will, Digital Executor shall mean a designated executor assigned to manage the responsibilities for my digital assets after death.

ARTICLE VI NOMINATION OF GUARDIAN

Should it become necessary to appoint a guardian of the person of a minor child, I nominate _____ and _____, of City: _____, State/Province: _____, to serve as Guardian(s) of my surviving children who are minors at the time of my death. If such person is unable to serve as Guardian(s) together, I nominate _____ and _____, of City: _____, State/Province: _____, to serve as the Guardian(s). No guardian(s) shall be required to file or furnish any bond, surety or other security in any jurisdiction.

ARTICLE VII NOMINATION OF PET GUARDIAN

A. Pet Caretaker: In the event that my pet(s), shall survive me at the time of my death, I direct that _____ accept my pet(s) and care for them. If _____ is unable or unwilling to accept my pet(s), I direct that my pet(s) be given to _____ and be cared for appropriately.

B. If neither are able or willing to accept and care for my pet(s), the Executor shall surrender my pet(s) to the local Humane Society, to be placed in an appropriate home.

C. Pet Caretaker Funds: The Executor shall give \$ _____ from my estate to the person who accepts my pet(s), for their care and safety.

**ARTICLE VIII
PERSONAL REPRESENTATIVE POWERS**

A. Power to Administer Estate. My Independent Personal Representative, with respect to my estate, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the following rights, powers, and authority without order of court and without notice to anyone: to identify, gather, value, secure, manage and distribute assets, to maintain records, to settle and wind up business affairs, to pay just debts, to file necessary tax returns, to redirect mail, to cancel services, to establish trusts, and to carry out my wishes as set forth in this Will.

B. Independent Administration. My Independent Personal Representative shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

**ARTICLE IX
DIGITAL EXECUTOR POWERS**

A. Digital Executor. My Digital Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to manage, distribute, and/or terminate my digital assets in accordance with the Letter of Instructions incorporated by reference into this Will, without order of court and without notice to anyone. My Digital Executor's powers shall include, but not be limited to, the power to access, download, and backup digital assets, to convert my file formats, to access any and all devices as necessary to manage digital assets, to clear computer caches and to delete files. The Digital Executor shall also:

1. *Standard of Care.* Manage, distribute, and/or terminate my digital assets, exercising the judgment and care, under the circumstances then prevailing, that persons of prudence, discretion and intelligence exercise in the management of their own affairs, not in regard to speculation but in regard to the permanent disposition of their digital assets, considering the probable safety of their digital assets.
2. *Employ Professional Assistance.* Employ and compensate counsel and other persons deemed necessary by the Digital Administrator for proper administration of my digital assets.
3. *Delegate Authority.* Delegate authority when such delegation is advantageous to the estate or to the management, distribution and/or termination of my digital assets.
4. *Duration of Powers.* Continue to exercise the powers provided in this Article IX notwithstanding the termination of my estate until all the digital assets of the estate have been distributed.

B. Independent Administration. My Digital Executor shall have the right to administer my digital assets using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

**ARTICLE X
SPECIAL DIRECTIVES**

I hereby state, that in addition to the directives and bequests as set forth in this Will, it is my desire and wish to include the following special directives and last wishes:

Buried or Cremated? Services?

Funeral Benefit Plan

Life Insurance payout between 2-6 months

You Need Both

**ARTICLE XI
MISCELLANEOUS PROVISIONS**

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Thirty Day Survival Requirement. For the purposes of determining the appropriate distributions under this Will, no person shall be deemed to have survived me unless such person is also surviving on the thirtieth day after the date of my death.

C. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions of the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith. No successor trustee shall be obliged to inquire into or be in any way accountable for the previous administration of the trust property.

Notary Page

D. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Independent Personal Representative.

Self-Proving Affidavit

STATE/PROVINCE OF _____
COUNTY OF _____

We, _____, _____, and _____, the Testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, having been sworn, declared to the undersigned officer that the Testator, in the presence of witnesses, signed the instrument as the Testator's last Will (codicil), that the Testator signed, and that each of the witnesses, in the presence of the Testator and in the presence of each other, signed the Will (codicil) as a witness.

Testator signature

Testator printed name

Witness #1:

Signature

Print Name Address City State/Province Zip Code

Phone Number E-Mail Address

Witness #2:

Signature

Print Name Address City State/Province Zip Code

Phone Number E-Mail Address

Acknowledged and subscribed before me by the testator, _____, who is personally known to me or who has produced _____ as identification, and sworn to and subscribed before me by the witnesses, _____, who is personally known to me or who has produced _____ as identification, and _____, who is personally known to me or who has produced _____ as identification, and subscribed by me in the presence of the testator and the subscribing witnesses, all on _____.

Signature of Officer

(Print, type, or stamp commissioned name and affix official seal)

**LIVING WILL
AND
DESIGNATION OF HEALTH CARE SURROGATE BELONGS TO:**

Name _____

I. LIVING WILL

Declaration made this _____ day of _____, _____. I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare:

A. LIFE-PROLONGING PROCEDURES.

NB (INITIAL) I so chose that, if at any time I am BOTH mentally and physically incapacitated AND

- I have a terminal condition, OR
- I have an end-state condition, OR
- I am in a persistent vegetative state,

AND if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life- prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

B. NUTRITION AND HYDRATION. If I have a condition stated above, it is my preference to Receive INITIAL or NOT to Receive INITIAL artificially administered nutrition and hydration (food and fluids).

C. PREGNANCY. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this document shall have no force or effect during the course of my pregnancy. However, if at any point it is determined that it is not possible that the fetus could develop to the point of live birth with continued application of life-prolonging procedures, it is my preference that this document be given effect at that point. If life-prolonging procedures will be physically harmful or unreasonably painful to me in a manner that cannot be alleviated by medication, I request that my desire for personal physical comfort be given consideration in determining whether this document shall be effective if I am pregnant, unless otherwise stated in Section D (OTHER REQUESTS).

D. OTHER REQUESTS:

DNR Codes (Do not resuscitate under these conditions) _____

II. DESIGNATION OF HEALTH CARE SURROGATE **Person who makes medical decisions for you**

A. DESIGNATION OF HEALTH CARE SURROGATE. In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my Surrogate for health care decisions:

Surrogate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____

Relation, if any: _____

B. AUTHORITY OF SURROGATE. I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; to have access to my records necessary to make decisions or apply for benefits; and to authorize my admission to or transfer from a health care facility. I specifically give my Surrogate the authority to provide, withhold or withdraw consent to the provision of life-prolonging procedures on my behalf including the provision of artificially provided nutrition and hydration. My Surrogate must act consistently with my desires as stated in this document or otherwise made known.

C. LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT:

Leave blank unless you want limitations on family _____

D. DESIGNATION OF ALTERNATE SURROGATE. If my Surrogate is unwilling or unable to perform his/her duties, I wish to designate as my Alternate Surrogate:

FIRST ALTERNATE SURROGATE **Backup 1**

Surrogate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____

Relation, if any: _____

SECOND ALTERNATE SURROGATE **Backup 2**

Surrogate Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____

Relation, if any: _____

Specific Bequests Digital Assets
Schedule A

Name of Each Digital Asset and Digital Executor

Name of Sole Digital Executor: (EXECUTOR NAME), City: _____, State/Province: _____

1. Name of Digital Asset: **Bank**
Where to Access: **Bank Name**
Username: _____ Password: _____
Additional Information: **Notes to family**
2. Name of Digital Asset: **Life Insurance**
Where to Access: **Company**
Username: _____ Password: _____
Additional Information: **Face amount - \$20,000 Type: Whole Life or Term**
3. Name of Digital Asset: **Funeral Benefit Plan**
Where to Access: **Pays out immediately**
Username: _____ Password: _____
Additional Information: _____
4. Name of Digital Asset: **Medicare A, B**
Where to Access: _____
Username: _____ Password: _____
Additional Information: _____
5. Name of Digital Asset: **Health Supplements**
Where to Access: _____
Username: _____ Password: _____
Additional Information: _____
6. Name of Digital Asset: **Cancer Policy**
Where to Access: _____
Username: _____ Password: _____
Additional Information: _____
7. Name of Digital Asset: _____
Where to Access: _____
Username: _____ Password: _____
Additional Information: _____
8. Name of Digital Asset: _____
Where to Access: _____
Username: _____ Password: _____
Additional Information: _____
9. Name of Digital Asset: _____
Where to Access: _____
Username: _____ Password: _____
Additional Information: _____

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