Will Form PDF

Personal Information

Full Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email Address: _____

Executor Information

Executor's Full Name: _____

Executor's Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Relationship to You: _____

Beneficiaries

Name	Relationship	Percentage (%)	Specific Bequests

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Guardian for Minor Children (If Applicable)

Guardian's Full Name: _____

Guardian's Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Relationship to Children: _____

Assets Distribution

Please check the box next to the type of distribution you desire:

- Equal distribution among beneficiaries
- Specific bequests as detailed above
- Other (please specify): _____

Signatures

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Your Signature: _____ Date: _____

Executor's Signature: _____ Date: _____

Witness #1 Signature: _____ Date: _____

Witness #2 Signature: _____ Date: _____

Notary Public Signature (if required): _____ Date: _____

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