

# Last Will and Testament

BE IT KNOWN, that I, \_\_\_\_\_ of

\_\_\_\_\_

\_\_\_\_\_, County of Atlantic, in the State of New

Jersey, being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

## I. PERSONAL REPRESENTATIVE:

I appoint \_\_\_\_\_ of \_\_\_\_\_ as my Personal Representative of this, my Last Will and Testament and provide if this Personal Representative is unable or unwilling to serve then I appoint \_\_\_\_\_ of \_\_\_\_\_, as alternate Personal Representative, who shall be authorized to carry out all provisions of this Will and pay all my just debts, obligations and funeral expenses. I further provide that 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.

## II. GUARDIAN:

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

## III. BEQUESTS:

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

I \_\_\_\_\_, the testator, sign my name to this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and being duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Testator Signature

**IV. WITNESSED:**

We, \_\_\_\_\_ and \_\_\_\_\_ the witnesses, sign our names to this instrument, and, being duly sworn, do hereby declare to the undersigned authority that the testator signs and executes this instrument as his or her last will and that he or she signs it willingly (or willingly directs another to sign for him or her), and that each of us, in the presence and hearing the testator, hereby signs this will as witnesses to the testators signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

State of New Jersey

County of Atlantic

Subscribed, sworn to and acknowledged before my by \_\_\_\_\_, the testator, and subscribed and sworn to before me by \_\_\_\_\_, and, \_\_\_\_\_, the witnesses, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY