POUR OVER WILL

I.	I,	(Complete Name), currently
resi	ing at	(Address)
beir	g of sound mind and in the contemplation of	of the certainty of death, do hereby
dec	are this instrument to be my last will and te	estament.
II.	I hereby revoke all previous wills and codicils.	
III.	I. I hereby direct that the disposition of my remains be as follows:	
IV.	I hereby give all the rest and residue of m	y estate to
(Co	nplete Name), the Trustee of the Living Tru	ust, solely to be held in trust and used for
the	urposes stated within the trust.	
V.	I hereby appoint	
(Co	aplete Name and Address) to act as the exe	cutor of this will, to serve without bond
Sho	ıld	
(Co	nplete Name and Address) be unable or un	willing to serve, then I appoint
	aplete Name and Address) to act as the exe	ecutor of this will.
I he	ewith affix my signature to this will on this	s the day of
(mc	nth), (year), at	
(Ad	(ress), in the presence of the following with	nesses, who witnessed and subscribed
this	will at my request, and in my presence.	

ATTESTATION CLAUSE

On the date above written,	, TESTATOR
well known to us, declared to us in our presen	ce that this instrument, consisting of
pages, is (his/her) last will and t	estament.
TESTATOR, then signed this instrument in o	ur presence, and at
TESTATOR'S request we now sign this will a	as witnesses in each other's presence. We
further avow that	, TESTATOR, appeared to us
to be of sound mind and lawful age and under	no undue influence.
Signature and Address of Witness	Date
Signature and Address of Witness	Date