LAST WILL AND TESTAMENT OF

I of	revoke anv
I,, of, of	t.
ARTICLE I PAYMENT OF DEBTS AND EXPENSES	
I direct that my debts, funeral expenses, and medical expenses of last illness be first or trust assets.	t paid from my estate
ARTICLE II DISPOSITION OF PROPERTY	
All of the property that I own at my death, or which shall become payable to my erepresentatives, and any property that I have the power to dispose of under my Wilton the Trustee of the and distributed as provided under that Trust.	ll shall be distributed
ARTICLE III NOMINATION OF EXECUTOR	
I nominate, of Executor, without bond or security.	, as the

ARTICLE IV EXECUTOR POWERS

My 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 lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

My Executor 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.

IN WITNESS WHEREOF, I have subscribe	d my name below, this day of
Testator Signature:	
the page(s) which contain the witness Last Will and Testament and we, at the Test	above instrument, which consists of pages, including signatures, was signed in our sight and presence by (the "Testator"), who declared this instrument to be his/her ator's request and in the Testator's sight and presence, and in ereby subscribe our names as witnesses on the date shown
Witness Signature: Name: City: State:	
Witness Signature: Name: City: State:	
AFFIDAVIT	
authority that I sign and execute this instrum the undersigned witnesses, that I execute it	, the Testator, sign my name to this instrument this being first duly sworn, do hereby declare to the undersigned tent as my Will and that I sign it willingly, in the presence of as my free and voluntary act for the purposes expressed in e or older, of sound mind, and under no constraint or undue
Testator Signature:	
undersigned authority that the Testator signs	and the ent, being first duly sworn, and do hereby declare to the s and executes this instrument as the Testator's will and that the, and that the Testator executes it as the Testator's free and

voluntary act for the purposes expressed in the will, and that each of us, in the presence and hearing of

the Testator, at the Testator's request, and in the presence of each other, hereby signs this will, on the date of the instrument, as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature:		
Name:		
Witness Signature:		
Name:		
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STATE OF		
COUNTY OF		
Subscribed, sworn to and ackno	wledged before me by	. the
	orn to before me by	
	witnesses, this day of	
	Notary public, or other officer	-
	authorized to take and certify	
	acknowledgments and administer oaths	