LAST WILL AND TESTAMENT

OF

[TESTATOR NAME IN CAPITALS]

I, [TESTATOR NAME], a resident of and domiciled in the State of Florida, declare this to be my Last Will and Testament (my "Will") and revoke all of my previous wills and codicils.

FAMILY INFORMATION

1.1 My spouse is [SPOUSE NAME]. [ALTERNATIVE 1.1 - UNMARRIED: I have no spouse.]

1.2 My children are [CHILDREN NAMES]. [ALTERNATIVE 1.2 - NO CHILDREN: I have no children.]

1.3 The term "my children" also includes any children later born to me or legally adopted by me. References to "my descendants" mean my children and their descendants.

PERSONAL REPRESENTATIVE

1.4 I appoint my [PERSONAL REPRESENTATIVE 1 RELATIONSHIP], [PERSONAL REPRESENTATIVE 1], of [PERSONAL REPRESENTATIVE 1 CITY, STATE], as my personal representative.

1.5 If [PERSONAL REPRESENTATIVE 1] does not survive me, fails to qualify for any reason, or after qualifying dies, resigns, or ceases to act for any reason, I appoint my [PERSONAL REPRESENTATIVE 2 RELATIONSHIP], [PERSONAL REPRESENTATIVE 2], of [PERSONAL REPRESENTATIVE 2 CITY, STATE], as my personal representative.

1.6 No personal representative is required to file or furnish any bond, surety, or other security in any jurisdiction.

DISTRIBUTIONS

1.7 Personal Property. I give all tangible personal property I own at my death, except cash, according to any written memorandum I sign, and I give whatever a memorandum does not dispose of with my residuary estate.

1.8 Specific Bequests. I make no specific bequests.

[ALTERNATIVE 1.8 - SPECIFIC BEQUESTS: I make the following specific bequests: [SPECIFIC BEQUESTS]. If the named recipient of a specific bequest does not survive me, that bequest lapses and passes with my residuary estate.]

1.9 Residuary Estate. My residuary estate consists of all property and money I own at my death that this Will does not otherwise dispose of, including insurance proceeds and other death benefits payable to my estate, less valid claims against my estate and the expenses of administering my estate, including expenses of administering nonprobate assets. My residuary estate does not include property over which I hold a power of appointment.

I give the balance of my residuary estate to [RESIDUARY BENEFICIARIES], in equal shares, per stirpes.

If none of [RESIDUARY BENEFICIARIES] survives me, I give the balance of my residuary estate to [CONTINGENT BENEFICIARIES], in equal shares, per stirpes.

1.10 Remote Contingent Distribution. If at any time no person or entity is qualified to receive final distribution of my estate or any part of it, that portion shall be distributed to the persons who would inherit it under the intestacy laws of Florida then in effect, as if I had died intestate then owning the property.

1.11 Distributions to Minors or Incapacitated Persons. If any property of my estate vests in absolute ownership in a minor or an incapacitated person, my personal representative, at any time and without court authorization, may distribute all or part of that property to the beneficiary; use it for the beneficiary's health, education, maintenance, and support; or distribute it to the beneficiary's guardian or other legal representative, to a custodian for the beneficiary under the Florida Uniform Transfers to Minors Act or a similar law, or to the person with whom the beneficiary resides, to be used for the beneficiary. The recipient's receipt releases my personal representative from liability for the distribution.

[OPTIONAL - MINOR CHILDREN: 1.12 Appointment of Guardian for Minor Children. If my spouse does not survive me, I appoint [MINOR GUARDIAN 1] as guardian of the person and property of each of my children who is a minor. If [MINOR GUARDIAN 1] is unable or unwilling to serve, I appoint [MINOR GUARDIAN 2]. No guardian is required to file or furnish any bond, surety, or other security in any jurisdiction.]

POWERS OF PERSONAL REPRESENTATIVE

1.13 My personal representative may hire attorneys, accountants, and other professionals needed to administer my estate. My estate shall pay the expenses of those professional services.

1.14 In addition to the powers granted to my personal representative by law, including the transactions authorized under section 733.612, Florida Statutes, my personal representative may sell, retain, transfer, or otherwise deal with any property of my estate, settle claims in favor of or against my estate, and do everything else necessary to complete the administration of my estate, in each case without court order or direction.

GENERAL PROVISIONS

1.15 The expenses of my last illness and funeral, the expenses of administering my estate, and all estate, inheritance, and similar taxes payable with respect to property included in my estate, whether or not the property passes under this Will, shall be paid from my residuary estate without apportionment.

1.16 For purposes of this Will, a beneficiary who does not survive me by more than 30 days is deemed to have predeceased me.

I, [TESTATOR NAME], sign and declare this instrument to be my Last Will and Testament on this ____ day of _____, 20____.

_____

[TESTATOR NAME]

[TESTATOR NAME], the Testator, signed this instrument in our presence on the date written above and declared it to be [HIS/HER] Last Will and Testament, all of us being present at the same time. At the Testator's request, in the Testator's presence, and in the presence of each other, we sign our names below as witnesses. We declare that, at the time of our attestation, [TESTATOR NAME] was, to our best knowledge and belief, of sound mind and memory and under no duress, constraint, or undue influence.

Witnesses:

_____

Name: _____

Address: _____

Address: _____

Phone: _____

_____

Name: _____

Address: _____

Address: _____

Phone: _____

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

I, [TESTATOR NAME], declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my will.

_____

[TESTATOR NAME], Testator

We, _____ and _____, have been sworn by the officer signing below, and declare to that officer on our oaths that the testator declared the instrument to be the testator's will and signed it in our presence and that we each signed the instrument as a witness in the presence of the testator and of each other.

_____

Name: _____

Address: _____

Address: _____

Phone: _____

_____

Name: _____

Address: _____

Address: _____

Phone: _____

Acknowledged and subscribed before me by means of ☐ physical presence or ☐ online notarization by the testator, [TESTATOR NAME], who ☐ is personally known to me or ☐ has produced _____ as identification, and sworn to and subscribed before me by each of the following witnesses: _____, who ☐ is personally known to me or ☐ has produced _____ as identification, by means of ☐ physical presence or ☐ online notarization; and _____, who ☐ is personally known to me or ☐ has produced _____ as identification, by means of ☐ physical presence or ☐ online notarization. Subscribed by me in the presence of the testator and the subscribing witnesses, by the means specified herein, all on _____, 20____.

_____

Notary Public

SEAL: