Georgia Last Will and Testament

| l, | , of the | City of | |
|------------------------|--|----------------------|------------------------|
| | | | |
| | nent and hereby revoke a | | |
| | | | |
| PERSONAL REPRE | SENTATIVE. I nomin | ate | |
| | person or eligible | | |
| | to serve as my | | |
| provisions of this wi | III. | | |
| If my first choice of | does not serve, I nomin | ate | |
| | person or eligible | | with address at |
| | to serve as perso | onal representative. | |
| (specific distribution | ong my children who surving not valid without signated specific real property to | ure.) | ically provided below: |
| (name) | (description of item) (sig | gnature) | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

PERSONAL AND HOUSEHOLD ITEMS. I give all my furniture, furnishings, household items, personal automobiles and personal items to my spouse, if living; otherwise they



| • | ally divided among my children w: (specific distribution not valid w | who survive me; except as specifically rithout signature.) |
|---|--|--|
| I leave the foll | lowing specific items to the person | (s) named: |
| (name) | (description of item) (signat | ure) |
| | | |
| | | |
| | | |
| following cash stated. If I fail | n gift(s) to the named charitable or | ONS OR INSTITUTIONS. I make the ganizations or institutions in the amount made. If the charitable organization or t, then no gift is made. |
| (name) | (amount) (signatu | re) |
| | | |
| in the box in f place my sign clause "C." If I t or if I fail to p | front of the letter "A," "B" or "C" s ature after clause "A" or clause "B fail to sign the appropriate distribu lace my initials in the appropriate | Disposition Clause by placing my initials ignifying which clause I wish to adopt. I " or after each individual distribution in tion(s) or if I sign in more than one clause box, this paragraph will be invalid and I distributed as if I did not make a will. |
| Property Dispo | osition Clauses. (select one) | |
| | | o my spouse, if living. If my spouse is not ne descendants of any deceased child. |
| | (signature). | |

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| in equal share is not living, | s to my children and | the descendants of ar distributed in equal s | o my spouse and the remainder ny deceased child. If my spouse hares to my children and the |
|----------------------------------|-------------------------|--|--|
| | (signature). | | |
| | C. I leave the followir | ng stated amounts to th | ne persons named: |
| (name) | (amount) | (signature) | _ |
| (name) | (amount) | (signature) | _ |
| (name) | (amount) | (signature) | _ |
| (name) | (amount) | (signature) | _ |
| (name) | (amount) | (signature) | _ |
| | | • • • • | t, for any reason, does not pass be distributed as follows: |

GUARDIAN. If a guardian is needed for any child of mine, then I nominate the first guardian named below to serve as guardian of that child. If the person does not serve, then the others shall serve in the order I list them. My nomination of a guardian is not valid without my signature.

| FIRST GUARDIAN | · |
|--|--|
| | (signature) |
| SECOND GUARDIAN | · |
| | (signature) |
| THIRD GUARDIAN | · |
| | (signature) |
| BOND (Select only 1) | |
| (a) My personal representative and any(Your signals) | guardian I have named shall serve with bond. gnature) |
| (b) My personal representative and any g(Your sign | juardian I have named shall serve without bond. gnature) |
| Testat | or Signature |
| | tator, on this day of, |
| , 3 | is instrument as my last will and that I sign it In for me) as my free and voluntary act and that |
| | ly emancipated minor, of sound mind and under |



| Signature |
|--|
| Printed name |
| Witnesses |
| STATEMENT OF WITNESSES (You must have two witnesses.) |
| a. On the date written below the maker of this Will declared to us that this instrument was the maker's Will and requested us to act as witnesses to it; |
| b. We understand this is the maker's Will; |
| c. The maker signed this Will in our presence, all of us being present at the same time; |
| d. We now, at the maker's request, and in the maker's presence, sign below as witnesses; |
| e. We believe the maker is of sound mind and memory; |
| f. We believe that this Will was not procured by duress, menace, fraud or undue influence; |
| g. The maker is age 18 or older; and |
| h. Each of us is now age 18 or older, is a competent witness, and resides at the address set forth after his or her name |
| Each of us declares that the person who signed above willingly signed this Will in our presence or willingly directed another to sign it for him or her or that he or she acknowledged that the signature on this Will is his or hers or that he or she acknowledged that this Will is his or her will and we sign below as witnesses to that signing. |
| Signature |
| Printed name |

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| Address | | |
|---|--|--|
| Signature | | |
| Printed name | | |
| Address | | |
| | Testamentary Affi | idavit |
| duly sworn, do hereby declar instrument as my last will and me) as my free and voluntary | re to the undersigned d that I sign it willingly y act and that I am 18 | day of, 20, being first authority that I sign and execute this (or willingly direct another to sign for years of age or older or am a legally constraint or undue influence. |
| Testator Signature | | |
| duly sworn, do hereby declar and executed this instrument willingly directed another to hearing of the testator, signs | re to the undersigned t as (his)(her) last will a sign for (him)(her)), an t this will as witness to estator is 18 years of ag | , the witnesses, being first authority that the testator has signed and that (he)(she) signed it willingly (or d that each of us, in the presence and the testator's signing, and that to the ge or older or is a legally emancipated and influence. |
| Witness 1 Signature | | tness 2 Signature |



| State of Georgia} | | | |
|--|-------------|------|--|
| City / County of, ss. | | | |
| Subscribed, sworn to and acknowledged before me by testator, and subscribed and sworn to before me by witnesses, thisth day of, 20 | | | |
| WITNESS my hand and Notarial Seal, the | th day of | , 20 | |
| | NOTARY PUBL | .IC | |
| NOTARY PUBLIC in and for the State of Georgia | | | |
| My commission expires | | | |