

# Last Will & Testament

1. Your Name
2. Your Name
3. Noun Plural
4. Adjective
5. Name Of Someone In The Room
6. Name Of Teacher Or Professor
7. Relationship
8. Animated Tv Show
9. Name Of Celebrity
10. Relationship
11. Saucy Plural Noun
12. Name Of Anyone
13. Relationship
14. Number
15. Food- Plural
16. Your Name
17. Number
18. Noun
19. Four Digit Number
20. Your Name
21. Name Of Someone In The Room - With Full Consent Of Course

# Last Will & Testament

Last Will and Testament

Of

                  Your name                  

I,                   Your name                  , a resident in the City of                   Noun Plural                  -ville and State of                   Adjective                   York,

being of sound mind declare this document to be my Last Will and Testament. I designate                   Name of                  

                  someone in the room                   as Personal Representative of my estate. I devise and bequeath my property, both real and

personal and wherever situated, as follows:

1st Beneficiary:

Full Name:                   Name of teacher or professor                  

Relation:

Relationship \_\_\_\_\_

Property: My collection of \_\_\_\_\_ Animated TV show figurines

2nd Beneficiary:

Full Name: \_\_\_\_\_ Name of celebrity

Relation: \_\_\_\_\_ Relationship

Property: My secret cellar full of \_\_\_\_\_ Saucy plural noun

3rd Beneficiary:

Full Name: \_\_\_\_\_ Name of anyone

Relation: \_\_\_\_\_ Relationship

Property: My \_\_\_\_\_ Number jars of pickled \_\_\_\_\_ Food- Plural

Any decision by my Personal Representative with respect to any discretionary power hereunder shall be final

and binding on all persons interested. I, \_\_\_\_\_ Your name \_\_\_\_\_, do solemnly declare and affirm under the penalties of perjury that I sign and execute this instrument as my last Will, and that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief, on this \_\_\_\_\_ Number day of

\_\_\_\_\_ Noun \_\_\_\_\_ -tember, \_\_\_\_\_ Four digit number

\_\_\_\_\_  
Your name

Testator Signature

\_\_\_\_\_  
Name of someone in the room - with full consent of course

Witness Signature