

LAST WILL AND TESTAMENT OF

NAME

I, FIRST MIDDLE LAST NAME, a resident of CITY, Arkansas, being of sound and disposing mind and memory and over the age of eighteen (18) years and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my last Will, hereby expressly revoking all Wills and Codicils previously made by me.

I. EXECUTOR: I appoint FIRST LAST NAME as Executor of this my Last Will and Testament and provide if this Executor is unable or unwilling to serve then I appoint NAME SECOND PERSON as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses.

II. ACKNOWLEDGMENT OF CHILDREN

I have the following child(ren), and all references to "child or children" in my Last Will and Testament refer to the named following:

FIRST MIDDLE LAST NAME, daughter/son, Date of Birth

FIRST MIDDLE LAST NAME, daughter/son, Date of Birth

III. SIMULTANEOUS DEATH OF BENEFICIARY: If any beneficiary of this Will, including any beneficiary of any trust established by this Will shall die within 60 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.

IV. BEQUESTS: I will, give, and bequeath unto the persons named below, if he or she survives me, the Property described below: None / Or List Items

If a named beneficiary to this Will predeceases me, the bequest to such person shall lapse, and the property shall pass under the other provisions of this Will. If I do not possess or own any property listed above on the date of my death, the bequest of that property shall lapse.

V. ALL REMAINING PROPERTY; RESIDUARY CLAUSE: I give, devise, and bequeath all of the rest, residue, and remainder of my estate, of whatever kind and character, and wherever located, to my child(ren) LIST ALL FIRST LAST NAME, but if my/any child predeceases me, then her/his share will pass, per share, to her/his lineal descendants, LIST NAME and LIST NAME natural or adopted, share and share alike. But if my named child(ren) or grandchildren do not survive me or leaves a lineal descendant who survives me, then according to one of the following options:

(I have placed my initials next to the provision below that I desire to adopt. An unmarked provision is not adopted by me and is not a part of this Will.)

_____ The rest, residue, and remainder of my estate shall pass to _____ as alternate beneficiary of the rest, residue, and remainder of my estate.

_____ The rest, residue, and remainder of my estate shall be divided according to the order of intestate succession in the State of Arkansas.

VI. ADDITIONAL POWERS OF THE EXECUTOR: My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court. NONE

VII. WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL: My Executor and alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisal of my estate. I direct that no expert appraisal be made of my estate unless required by law.

VIII. OPTIONAL PROVISIONS: I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not a part of this Will.

_____ If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid Promissory Note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt.

_____ Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

_____ I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor.

_____ I direct that my remains be cremated and that the ashes be disposed of in the following manner:

_____ I desire to be buried in the _____ cemetery in _____ County, Arkansas.

IX. CONSTRUCTION: The term "testator" as used in this Will is deemed to include me as Testator or Testatrix. The pronouns used in this Will shall include, where appropriate, either gender or both, singular and plural.

X. SEVERABILITY AND SURVIVAL: If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

IN WITNESS WHEREOF, I, FIRST MIDDLE LAST NAME, hereby set my hand to this last Will, on each page of which I have placed my initials, on this ___ day of MONTH, 20__ at CITY, _____ County, State of Arkansas.

FIRST MIDDLE LAST
Address
City, Arkansas ZIP

WITNESSES

The foregoing instrument, consisting of two (2) pages, including this page, was signed in our presence by FIRST MIDDLE LAST and declared by her/him to be her/his last Will. We, at the request and in the presence of her and in the presence of each other, have subscribed our names below as witnesses. We declare that we are of sound mind and of the proper age to witness a will, that to the best of our knowledge the testator is of the age of majority, or is otherwise legally competent to make a will, and appears of sound mind and under no undue influence or constraint. Under penalty of perjury, we declare these statements are true and correct on this ___ day of MONTH, 20__ at CITY, _____ County, State of Arkansas.

[Signature of Witness #1]
[Printed or typed name of Witness #1]
[Address of Witness #1, Line 1]
[Address of Witness #1, Line 2]

[Signature of Witness #2]
[Printed or typed name of Witness #1]
[Address of Witness #2, Line 1]
[Address of Witness #2, Line 2]

[Signature of Witness #3]
[Printed or typed name of Witness #1]
[Address of Witness #3, Line 1]
[Address of Witness #3, Line 2]

SELF-PROVING AFFIDAVIT

State of Arkansas
County of _____

We, _____,
_____,
_____, and

FIRST MIDDLE LAST, the testator and the witnesses respectively, whose names are signed to the attached instrument in those capacities, personally appearing before the undersigned authority and first being duly sworn, do hereby declare to the undersigned authority under penalty of perjury that the testator declared, signed, and executed the instrument as her last will; she signed it willingly or willingly directed another to sign for him/her; she executed it as his/her free and voluntary act for the purposes therein expressed; and each of the witnesses, at the request of the testator, in his or her hearing and presence, and in the presence of each other, signed the will as witness and that to the best of his or her knowledge the testator was at that time eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

_____ [Signature of Testator]

FIRST MIDDLE LAST
Address
CITY, AR ZIP

_____ [Signature of Witness #1]
_____ [Printed or typed name of Witness #1]
_____ [Address of Witness #1, Line 1]
_____ [Address of Witness #1, Line 2]

_____ [Signature of Witness #2]
_____ [Printed or typed name of Witness #1]
_____ [Address of Witness #2, Line 1]
_____ [Address of Witness #2, Line 2]

_____ [Signature of Witness #3]
_____ [Printed or typed name of Witness #1]
_____ [Address of Witness #3, Line 1]
_____ [Address of Witness #3, Line 2]

Subscribed, sworn, and acknowledged before me,
_____, a notary public, by FIRST MIDDLE LAST,
the testator, and by _____,
_____, and
_____, the witnesses, this

____ day of December, 20____.

[NOTARIAL SEAL]

Notary Public's Signature

My Commission Expires: _____