
LAST WILL AND TESTAMENT

Last Will and Testament

This document is the last will and testament of the individual (*Testator*) named below. The full legal name of the testator is to be provided to ensure clarity and to avoid any ambiguity regarding the identity of the person making this will.

I confirm that I am making this last Will & Testament from my own free volition, and with sound body and mind.

I also confirm that I understand that I am making this Will & Testament on the basis that I am not providing any evidence to my testamentary capacity and if at a later date my Will is challenged, freewill.ltd shall not in any way be held liable.

YOU (*Testator*)

FULL NAME:

DATE OF BIRTH:

ADDRESS:

MARITAL STATUS:

TEL:

EMAIL:

PARTNER (*If applicable*)

FULL NAME:

DATE OF BIRTH:

ADDRESS:

MARITAL STATUS:

TEL:

EMAIL:

CHILDREN (If applicable)

Note: **STANDING** indicates whether the named child is from a **'present'** or **'previous'** relationship. In the instance of **'grandchildren'** or **'greatgrandchildren'**, please insert their relationship to the testator.

FULL NAME:

DATE OF BIRTH:

STANDING:

ADDRESS:

FULL NAME:

DATE OF BIRTH:

STANDING:

ADDRESS:

FULL NAME:

DATE OF BIRTH:

STANDING:

ADDRESS:

FULL NAME:

DATE OF BIRTH:

STANDING:

ADDRESS:

FULL NAME:

DATE OF BIRTH:

STANDING:

ADDRESS:

To add more children, copy a blank version of this page and complete.

NOMINATED GUARDIAN *(If applicable)*

Note: *This is for any child that has yet to achieve adulthood in your country.*

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

EXISTING WILL?

TESTATOR: Yes / No

PARTNER: Yes / No

FUNERAL INSTRUCTIONS *(If applicable)*

Note: This page is for the testator to complete and stipulate any special arrangements or requests for their funeral. (location, type of service, music, food, etc). Continue on a separate sheet if needed:

FreeWill.it

BEQUESTS

Note: The following sections are for the testator to divide up their goods/assets in the form of gifts, individually, or to a single benefactor. These are split into three categories, **pecuniary** (money), **specific items**, and **residuary gifts**:

PECUNIARY GIFTS (set amounts of money)

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

SPECIFIC ITEMS *(real estate, cars, jewellery, shares, etc)*

FULL NAME:

ITEM(S):

ADDRESS:

TEL:

EMAIL:

FULL NAME:

ITEM(S):

ADDRESS:

TEL:

EMAIL:

FULL NAME:

ITEM(S):

ADDRESS:

TEL:

EMAIL:

FULL NAME:

ITEM(S):

ADDRESS:

TEL:

EMAIL:

RESIDUARY GIFTS *(percentage or all the remainder of your estate, etc)*

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

AMOUNT:

ADDRESS:

TEL:

EMAIL:

Executor(s)

Note: The testator may choose up to four executors to ensure their Will is carried out faithfully. An executor can be close friends/family members, your GP, accountant, etc.

Besides the testator, each executor should be given a copy of this last Will & Testament, preferably sealed, and kept in a safe place.

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

Witnesses

Note: The testator requires two witnesses to ensure their Will is carried out faithfully. A witness can be close friends/family members, your GP, accountant, etc. A witness can also be executor as long as they are not a beneficiary.

Besides the testator & executor, each witness should be given a copy of this last Will & Testament, preferably sealed, and kept in a safe place.

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

FULL NAME:

DATE OF BIRTH:

RELATIONSHIP TO TESTATOR:

ADDRESS:

TEL:

EMAIL:

Signatures

Note: The testator requires two witnesses to ensure their Will is carried out faithfully. A witness can be close friends/family members, your GP, accountant, etc. A witness can also be executor if they are not a beneficiary.

Besides the testator & executor, each witness should be given a copy of this last Will & Testament, preferably sealed, and kept in a safe place.

TESTATOR

print full name:

DATE:

signature:

EXECUTOR

print full name:

DATE:

signature:

WITNESS

print full name:

DATE:

signature:

WITNESS

print full name:

DATE:

signature: