

Last Will and Testament

of

BE IT KNOWN, that I, _____, of _____, County of _____, in the State of New Jersey, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, hereby revoking all my prior Wills and Codicils at any time made.

FIRST: I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my executor as soon after my death is practicable, provided, however, that this direction shall not authorize any creditors to require payment of any debt or obligation prior to its normal maturity in due course.

SECOND: I direct that all estate expenses, inheritance, and other taxes and interest or penalties thereon imposed by reason of my death, whether or not attributable to property passing under this Will and whether or not the same would otherwise be payable by my estate or by a recipient of any such property, to be paid and discharged by my personal representative out of the residue of my estate with no right of reimbursement for the Recipients named in the residuary clause of the Will.

THIRD: All the rest, residue and remainder of my estate, whether real, personal or mixed property, of whatsoever situate (herein referred to as my "residuary estate"), I give, devise and bequeath to _____, in total and without exception.

FOURTH: I hereby nominate, constitute and appoint _____ executor of this my Last Will and Testament, to act without bond. In the event that the aforementioned executor is for any reason unable or unwilling to act as executor hereof, I nominate, constitute and appoint _____ to act as executor, also without bond.

FIFTH: Upon my death, the disposition of my remains shall be controlled by _____ who resides at _____ who I hereby appoint as my agent for body disposition in accordance with N.J.S.3B:1-2. All decisions made by my agent with respect to the final disposition of my remains, including by burial, cremation, anatomical donation or any other legal form of disposition, shall be binding. No other person, regardless of his or her kinship status to me, shall

override my agent's authority. I hereby agree that a third party (such as a funeral home, cremation establishment, funeral director, or cemetery) who receives a copy of this codicil may act in reliance on it.

IN WITNESS WHEREOF, I, _____, the Testator/Testatrix, sign my name to this instrument this ____ day of _____, 20___, and being duly sworn, do hereby declare to the undersigned authority that I sign and execute same as my Last Will and Testament and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am over 18 years of age, of sound mind, and under no constraint or undue influence.

 Testator/Testatrix

We, _____ and _____, the witnesses, sign our names to this instrument, and being duly sworn, do hereby declare to the undersigned authority that the testator/testatrix signs and executes this instrument as their Last Will and that they signed it willingly, and that each of us in the presence and hearing of the testator/testatrix, hereby signs this Last Will and Testament as witnesses to the testator/testatrix's signature, and that to the best of our knowledge, the testator/testatrix is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

 Witness Signature

 Witness Signature

 Address

 Address

STATE OF NEW JERSEY)
) ss:
 COUNTY OF MERCER)

Subscribed, sworn to, and acknowledged before me by _____,
 the Testator/Testatrix, and subscribed and sworn to before me by _____
 and _____, witnesses this ____ day of _____, 20___,

[Notary Seal, if any]:

 Signature of Notarial Officer
 Notary Public for the State of New Jersey
 My commission expires _____