

SAMPLE HOLOGRAPHIC WILL ONLY – CONSULT YOUR LEGAL PROFESSIONAL

I, (Full names), the undersigned, of (Residential Address including County and State)

.....

hereby declare this to be my Will. I hereby revoke all previous wills or testamentary writings made by me.

I nominate (full name)

(address)

to be the Executor of my Estate, to serve without bond. Should he/she be unwilling or unable to act as executor,

I nominate (full name)

(address) to be the Executor of my Estate, to serve without bond

I direct the distribution and bequeath the residue of my Estate as follows:

.....

.....

I hereby request that the following be the Guardian of any minor children which I may have at the time of my demise:

I nominate (full name)

(address)

to be the Guardian of any minor child of mine. Should he/she be unwilling or unable to act as Guardian, I nominate (full name)

(address) to be the Guardian of any minor child of mine

In witness whereof I have signed this will at (place)

on the (day) of (month)..... (year)

.....

(signature of Will maker)