## POUR OVER WILL

I.	I, (Complete Name), currently		
resi	ding at(Address)		
beii	g of sound mind and in the contemplation of the certainty of death, do hereby		
dec	are this instrument to be my last will and testament.		
II.	. I hereby revoke all previous wills and codicils.		
III.	I hereby direct that the disposition of my remains be as follows:		
IV.	I hereby give all the rest and residue of my estate to		
(Co	(Complete Name), the Trustee of the Living Trust, solely to be held in trust and used for		
the	purposes stated within the trust.		
V.	I hereby appoint		
(Co	mplete Name and Address) to act as the executor of this will, to serve without bond		
Sho	uld		
	mplete Name and Address) be unable or unwilling to serve, then I appoint		
(Co	implete Name and Address) to act as the executor of this will.		
	rewith affix my signature to this will on this the day of		
	nth), (year), at		
(Ad	dress), in the presence of the following witnesses, who witnessed and subscribed		
this	will at my request, and in my presence.		

Signature of Testator	Date
ATTESTATION CLAUSE	
On the date above written,	, TESTATOR,
well known to us, declared to us in our presen	ce that this instrument, consisting of
pages, is (his/her) last will and t	estament,
TESTATOR, then signed this instrument in or	ur presence, and at,
TESTATOR'S request we now sign this will a	as witnesses in each other's presence. We
further avow that	, TESTATOR, appeared to us
to be of sound mind and lawful age and under	no undue influence.
Signature and Address of Witness	Date

Date

Signature and Address of Witness