Last Will and Testament

of

BE IT KNOWN, that I,, of
, County of Atlantic, in the State of New Jersey, being of sound
mind, do make, publish and declare this to be my Last Will and Testament,
hereby revoking all my prior Wills and Codicils at any time made.
FIRST: I direct my Personal Representative, herein named, to pay
all my just debts and funeral expenses as soon as may be convenient.
SECOND: 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.
THIRD: In the event that, shall die with me, pre
decease me or not live beyond forty eight hours after my death, I then
give, devise and bequeath my entire to
or their issue per stirpes.
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FOURTH: I hereby nominate, constitute and appoint

, my Person	al Representative	of this my Last	Will and Testament,
to act without be	ond.		
FIFTH: In the	e event that	is	s unable or unwilling
to serve as my Perso	onal Representativ	ve, I hereby non	ninate, constitute and
appoint:			
, t	o serve as alternat	te Co Personal re	epresentatives of this
my Last Will and T	estament, they to	act without bone	d.
Testator, sign my na and being duly swo I sign and execute s willingly, that I exe	ame to this instrut rn do hereby decla ame as my Last V cute it as my free nd that I am over	ment this da are to the unders Vill and Testame and voluntary a 18 years of age,	the y of, the y of, 2010, signed authority that ent and that I sign it ct for the purposes of sound mind, and
			, Testator
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We		and	

the witnesses. sign our names to this instrument, and being duly sworn, do hereby declare to the undersigned authority that the testator signs and executes this instrument as their Last Will and Testament and that they signed it willingly and that each of us, in the presence and hearing the testator, hereby signs this Last Will and Testament as witnesses to the testators signature, and to the best of our knowledge the testator is 18 years or older, of sound mind, and under no constraint or undue influence.

Witness Signature	Witness Signature
Address	Address
State of New Jersey	
County of Atlantic	
•	worn and subscribed before me by
, the Testator, and s	
, the Testator, and s and,	worn and subscribed before me by