

Last Will and Testament

Governed by the Wills Act 1837 (as amended) | England and Wales

1. Introductory Clause

I,

[Testator's Full Name]

of

[Full Address, including Postcode]

declare this to be my Last Will and Testament. I revoke all previous wills and codicils I made.

2. Identification

A. Children

☐ I have children:

Number of children:

Child One Name:

Child Two Name:

Child Three Name:

All references in this Will to "my children" include them and any other children born to or adopted by me in the future.

☐ I DO NOT have children.

B. Charitable Organisations

☐ I have included a charitable organisation as a beneficiary:

Charitable Organisation Name:

Address:

Telephone:

UK Charity Registration Number:

☐ I have NOT included any charitable organisations.

C. Other Beneficiaries

I have included as a beneficiary:

Relationship:

Beneficiary's Full Name:

Full Address:

3. Disposition of Remains

Choose one:

☐ I request to be buried at:

Burial Site:

Located at (Burial Site Address):

☐ I request that my remains be cremated, and my ashes:

Ashes disposal instructions:

☐ My Executor is authorised to determine the appropriate disposition of my remains at their discretion.

4. Gifts Upon Death

A. Specific Items of Tangible Personal Property

I give:

Beneficiary Name:

my

Description of Specific Item:

If they do not survive me, this gift shall be void.

B. General Tangible Personal Property

I give all my tangible personal property, including but not limited to vehicles, furniture, jewellery, and household items, to:

☐ My surviving descendants, to be divided equally among them.

☐ The following individual(s):

Beneficiary Name(s):

☐ My Executor, who shall distribute the items at their discretion.

5. Real Estate Gifts

I give my real estate located at:

Property Address:

to:

Beneficiary's Name:

If they do not survive me, this gift shall lapse. This gift includes any insurance on the property paid before my death.

6. Financial Gifts

A. Bank Accounts

I give my interest in:

Bank Name:

Account Number:

to:

Beneficiary Name:

If they do not survive me, this gift shall lapse.

B. Cash Gifts

I give £

Amount in Words:

Amount in Figures (£):

to:

Beneficiary Name:

If they do not survive me, this gift shall lapse.

7. Charitable Donations

I give £

Amount in Words:

Amount in Figures (£):

to:

Charitable Organisation Name:

If this organisation ceases to exist or is no longer a registered charity, my Executor shall redirect the funds to a similar organisation.

8. Residue of My Estate

All remaining assets of my estate shall be distributed as follows:

1.

Name:

Residing at:

2.

Name:

Residing at:

3.

Name:

Residing at:

4. If any named beneficiary does not survive me, their share shall be distributed proportionally among the remaining beneficiaries.

If all named beneficiaries predecease me, my estate shall pass to my heirs at law.

9. Executor Provisions

I appoint as Executor of my Will:

Relationship:

Executor Name:

Address:

If they are unable or unwilling to act, I appoint as replacement:

Alternate Executor Name:

Address:

10. Executor Powers

My Executor shall have the authority to:

- Retain or sell any estate property at their discretion.
- Settle debts and liabilities of my estate.
- Manage and distribute my estate to beneficiaries.
- Handle any legal claims, tax matters, and financial transactions.

11. Special Directives

☐ I have specific instructions regarding my estate or dependants:

☐ I have no additional directives.

12. Governing Law

This Will shall be governed by and construed in accordance with the laws of England and Wales. Any dispute concerning the validity or interpretation of this Will shall be subject to the jurisdiction of the courts of England and Wales.

13. Signing and Witnesses

IN WITNESS WHEREOF, I have hereunto set my hand to this, my Last Will and Testament, on:

Date (DD/MM/YYYY):

Signed by:

Testator's Full Name:

Signature: _____

Signed by the above-named testator as their Last Will and Testament in our joint presence and then by us in the presence of the testator:

First Witness

Name:

Address: _____

Signature: _____

Second Witness

Name:

Address: _____

Signature: _____

Note: The witness must be an independent adult aged 18 or over, physically present in the same room at the moment of signing. A beneficiary named in this Will, or their spouse or civil partner, must not act as a witness. Any gift to a witness who is a beneficiary, or their spouse/civil partner, shall be entirely void (Wills Act 1837, s.15).