##### *Last Will and Testament*

##### *of*

##### *NAME*

I, **Name,** of City, County of Cook, and State of Illinois, being of sound and disposing mind and memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking all prior Wills and Codicils that I have previously made. I execute this Will of my own free will and not as a result of any coercion or undue influence.

##### Article I

##### Introduction

1.1 Identifications. I am/was married to NAME, who I divorced/predeceased me on DATE. I have \_\_ child(ren), Name(s).

* 1. Real Property Identifications. I hold title to real property located **address**.

(Use this if including Transfer on Death Instrument for real estate, otherwise delete):

I have executed and will record with the Cook County Recorder of Deeds a valid Illinois Residential Real Property Transfer on Death Instrument, a copy of which is attached hereto. My Executor shall inform the beneficiaries designated under this Transfer of Death Instrument of the need to complete and sign a Notice of Death Affidavit and Acceptance of Transfer on Death Instrument (also attached hereto), and to record the executed Notice and Acceptance with the Cook County Recorder of Deeds.

##### Article II

##### Executor and Executor Powers

2.1 Executor. Executor. I appoint **NAME**, my Relationship, as Executor of this Last Will and Testament. If **NAME** predeceases me, becomes incapacitated, refuses to act or resigns, I then appoint **NAME**, my Relationship, as Successor Executor of this Last Will and Testament.

2.2 Waiver of Surety. I do not require my Executor to post a bond or provide security or surety to act as executor.

2.3 Powers of Executor. I give my Executor the powers, without authorization of any court, to carry out any duties defined by Illinois law or directed by me.

* 1. Administration of Estate. I authorize my Executor to administer my estate as is necessary. If, under applicable state law, administration of my estate may be conducted without court supervision, then my Executor should do so, as long as doing so would not be inconsistent with the best interests of the beneficiaries as determined by the Executor.

2.5 Powers of Successor Executors. Any power, duty, authority, requirement, or lack thereof that is conferred by this section, or any subsequent section, upon the appointed Executor shall apply equally to any Successor Executor, whether appointed by this Will or otherwise.

##### Article III

Payment of Taxes, Expenses, and Debts

* 1. Payments. My Executor shall make the following payments:

(a) Estate taxes. All of my estate taxes.

1. Expenses. All of my last illness, funeral, burial, costs of safeguarding and delivering personal property, and estate administration expenses.
2. Debts. All of my legally enforceable debts, other than debts secured by life insurance, by an interest in a land trust or cooperative, or by real property.
	1. Source of Payments Generally. My Executor shall make all payments required under this Article, Article 3, from my estate before distributing any gifts or bequests to my beneficiaries.

### **Article IV**

Funeral and Death Arrangements

4.1 I direct my Executor to work with any Power of Attorney for Healthcare that I may have to ensure that

(If no arrangements, use the following: **I direct my executor work with any Power of Attorney for Healthcare that I may have for funeral and burial arrangements**)

### **Article V**

* 1. Specific Gifts. I make the following specific bequests of personal property to be dispersed as set forth in this section, following the rule of ademption:
1. List specific gifts and recipients by “gift to **NAME,** my relationship”
	1. Ademption. If any specific bequest given to any beneficiary under this will is not in my estate at my death because of ademption, the specific devise, legacy or bequest shall be regarded as adeemed. The disposition of property specifically bequeathed by me, in my lifetime, should operate as a revocation of the specific bequest.

(the two paragraphs above can be deleted if no specific gifts)

* 1. Residuary Estate. I give, devise, and bequeath the residuary of my estate to **NAME,** my Relationship**,** if he/she survives me.

**\*\* Be sure to get specific instructions for residuary estate, and list backup beneficiaries as appropriate.**

* 1. Children under 21. If the recipient of any property under this Article, Article 5, has not reached the age of 21 years at the time of my death, my Executor shall transfer such property to him/herself as custodian for that recipient under the Illinois Uniform Transfers to Minors Act. If unable or unwilling to effect such transfer or function as custodian for any specific property or for any specific individual recipient, my Executor, may at his/her sole discretion, transfer that property to an adult member of the recipient’s family, a trust company, or anyone else he/she chooses as custodian for that recipient under the Illinois Uniform Transfers to Minors Act.
	2. Outright Gifts. Any share of my estate passing under this Article, Article 5, shall be distributed outright and free of any trust.
	3. In terrorem Provision. If any beneficiary contests this Last Will and Testament, she shall take nothing under this Last Will and Testament. All benefits under this Last Will and Testament are forfeited by a beneficiary if the beneficiary contests this Last Will and Testament.

### **Article VI**

Definitions

* 1. Residuary Estate. “Residuary Estate” means:
1. The remainder of my estate after payment of expenses, including funeral expenses, debts, death taxes required to be paid from my estate; and
2. All property not otherwise provided for in this Last Will and Testament, including real estate, personal property tangible and intangible, of whatever kind or character, wherever located, and whenever acquired; and
3. All interests, provisions, or gifts contained in this Last Will and Testament that lapse by reason of death of any person or persons entitled to take under this Last Will and Testament without proper direction as to how the interests, provisions, or gifts should pass; and
4. All interests, provisions, or gifts contained in this Last Will and Testament that fail according to law or for any other reason, without proper direction as to how the interests, provisions or gifts should pass.
	1. Incapacity. A person shall be considered incapacitated if under a legal disability or unable to give prompt and intelligent consideration to financial affairs. The existence of the inability may be determined by a physician or a Court of Law, and any person may rely on written notice of the determination. A person already acting as Executor or trustee shall cease to act on incapacity.
	2. Per Stirpes. Whenever assets are to be allocated for or distributed to the descendants of a person *per stirpes*, those assets shall be divided into equal shares, one such share for each then living child of that person and one such share for the then living descendants collectively of each deceased child of that person. Any such deceased child’s shares shall then be allocated for or distributed to that child’s descendants *per stirpes* in accordance with the preceding sentence and this sentence.

### **Article VII**

Severability

7.1 If any portion of my Last Will and Testament shall be held illegal, invalid or otherwise inoperative, it is my intention that all of the other provisions of this Last Will and Testament shall continue to be fully effective and operative as far as is possible and reasonable.

### **Article VIII**

Captions and Context of Terms

8.1 Captions shall have no impact or meaning as to the terms of the document. Singular and plural and masculine, feminine, and neutral shall be interchangeable as required or permitted in the context of this instrument.

I, **NAME**, being of sound and disposing mind and memory, do hereby make, publish, and declare this Will consisting of six (6) pages, the next two (2) pages included, and having signed each page, to be my Last Will and Testament.

### **Dated: Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME**

We certify that in our presence on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 2019, the Testator, **NAME**, signed the foregoing Last Will and Testament of **NAME** and further state:

1. Testator acknowledged it to be Testator’s Last Will and Testament,
2. Testator appears to be over the age of majority;
3. That we believe Testator to be of sound mind and memory;
4. That Testator voluntarily signed of Testator’s own free will and not as a result of any coercion or undue influence;
5. That at Testator’s request and in Testator’s presence and in the presence of each other we have signed our names below as witnesses.

**Witness:**  **Address Of Witness:**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 205 W. Randolph Suite 1610

Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chicago, IL 60606

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 205 W. Randolph Suite 1610

Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chicago, IL 60606

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by:
Center for Disability & Elder Law

205 W. Randolph Suite 1610

Chicago, IL 60606

(312) 376-1880

***Self-Proving Affidavit***

I certify that in my presence on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, 2019, the Testator, **NAME**, signed the foregoing Last Will and Testament of **NAME** and further state:

1. Testator acknowledged it to be Testator’s Last Will and Testament,
2. Testator appears to be over the age of majority;
3. That I believe Testator to be of sound mind and memory;
4. That Testator voluntarily signed of Testator’s own free will and not as a result of any coercion or undue influence;
5. That at Testator’s request and in Testator’s presence and in the presence of each other I have signed my name as witnesses.

If called upon to testify at trial and under oath, I would so testify based upon my personal knowledge of all the statements contained herein.

**Affiant:**  **Address Of Affiant:**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 205 W. Randolph Suite 1610

Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chicago, IL 60606

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 205 W. Randolph Suite 1610

Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chicago, IL 60606

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Illinois

County of Cook

Signed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiants.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

(seal) My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_