IOWA LAST WILL AND

TESTAMENT OF

		(name)	
I,	(n	<i>name)</i> , presently residing a	t
		(a	ddress) and a resident
of	(county name)	County, State of Iowa,	declare this to be my
Will.			

ARTICLE I

REVOCATION OF PRIOR WILLS

I revoke all Wills and Codicils previously made by me.

ARTICLE II

DECLARATIONS

I _____ (*am/am not*) married.

(Complete if applicable) My spouse's name is _____ (spouse s

name) and that all references in this Will to "my _____ (wife/husband)" or to

"my spouse" are to _____ (him/her).

(Complete if applicable I have _____ (number of children) living children,

whose names and dates of birth are: (list children's names and birth dates)



I have no other living children and no issue of deceased children.

ARTICLE III

DISPOSITION OF ESTATE

I bequeath my entire estate,	of whatever kind of property and	d wherever situated,
to the following beneficiaries:		
FIRST BENEFICIARY:		
I bequeath to	<i>(name)</i> , my	(relation)
presently residing at		(address)
the following property, or percenta	age of my estate:	
SECOND BENEFICIARY:		
I bequeath to	(<i>name</i>), my	(relation)
presently residing at		(address)
the following property, or percenta	age of my estate:	
THIRD BENEFICIARY:		
I bequeath to	(<i>name</i>), my	(relation)
presently residing at	(address)	
the following property, or percenta	age of my estate:	



ARTICLE IV

PAYMENT OF DEBTS, TAXES, AND EXPENSES

I direct my Executor to pay from my estate passing under Article III, without adjustment among the beneficiaries thereof, all inheritance, estate, and other death taxes, federal or state, of every kind, together with all interest and penalties thereon, if any ("death taxes"), all of my lawful debts, expenses of my funeral and last illness, and all other obligations of my estate, including but not limited to debts and expenses of administration that may, by reason of my death, be attributable to my probate estate, whether domiciliary or ancillary, or any portion thereof, or to any property or transfers of property outside of my probate estate, whether by right of survivorship, settlement of insurance policies or otherwise; provided that proceeds payable under an otherwise federal estate tax exempt pension, profit-sharing or any other kind of retirement plan shall in no event be used for the payment of any death taxes or any other obligations of my estate, including but not limited to debts and expenses.

ARTICLE V

DISTRIBUTION IF NO SURVIVORS

If none of my beneficiaries survive me, and no other disposition is directed by this Will, then the residue of my estate, or the portion for which no other disposition is directed, shall be distributed to my heirs at law, such heirs to be determined according to the applicable laws of my state of residence in effect at the time of my death relating to the intestate succession of separate property not acquired from a predeceased spouse.



ARTICLE VI

CUSTODIANSHIP ACCOUNTS

If any beneficiary under this Will is under the age of twenty-five (25) years at the time title vests in him or her, then his or her share shall be retained by an individual selected by my Executor as custodian for such minor until age twenty-five (25) under the Uniform Transfers to Minors Act.

ARTICLE VII

DISINHERITANCE AND NO CONTEST PROVISIONS

A. <u>**Disinheritance**</u>. Except as otherwise provided in this Will, I have intentionally made no provision for any child of mine, or for the issue of any deceased child of mine, or for any other person or relative, whether claiming to be an heir of mine or not.

B. <u>No Contest Provision</u>. If any beneficiary under this Will shall directly or indirectly contest this Will (which shall include any Codicil hereto) or any of its provisions, then any share or interest in my estate given to that contesting beneficiary is revoked and shall be added to the residue of my estate, and shall be distributed to the other beneficiaries of such residue as herein provided in the same shares and in the same manner as if that contesting beneficiary had predeceased me without issue.



ARTICLE VIII

GUARDIANS FOR MINOR CHILDREN

A. <u>Appointment of Guardians</u>. If my spouse does not survive me and at my death any of my children are under the age of eighteen (18), I nominate and appoint ________ (guardian's name) as guardian of the person and estate of any minor child of mine during minority. If ________ (guardian's name) fails, for any reason, to act or to continue to act as such guardian, then I nominate and appoint ________ (alternate guardian's name) as such guardian. The last guardian in office shall have the right to appoint a successor to himself or herself as guardian.

B. <u>Bond</u>. No bond shall be required of any guardian named in this Will.

ARTICLE IX

EXECUTORS

А.	<u>Appoint</u>	ment of	Executors.	I not	minate and a	ppoint	
	(executor's nat	<i>me)</i> , presently	residing a	t		
						(addre	ss)
as Executor	r of this W	ill. If		(exect	utor's name)	fails, for an	y
reason, to a	act or to co	ntinue to act a	s Executor, th	en I nomir	nate and appo	oint	
		(alternate	executor's	name),	presently	residing	at
						(addre	ss)



as Executor. The last Executor in office shall have the right to appoint a successor to himself or herself as Executor.

B. <u>Powers</u>. In addition to any other powers granted to my Executor by law, my Executor is authorized to invest and reinvest my estate in common stocks and other securities and is authorized to borrow and to sell, lease, mortgage, pledge, or otherwise encumber any property belonging to my estate that my Executor, in his/her discretion, deems necessary for the proper administration and distribution of my estate.

C. <u>Bond</u>. No bond shall be required of any Executor named in this Will.

ARTICLE X

MISCELLANEOUS PROVISIONS

A. <u>Definitions</u>. As used in this Will, the words "child" and "children" include my biological and adopted children; the word "issue" means lawful descendants of all degrees, including adoptive descendants; and the term "my Executor" shall include any Executor or Administrator of my estate.

B. <u>No Contract to Make Will</u>. I confirm that there is no agreement between my spouse and me as to the disposition of our estate upon the death of the second of us to die.

C. <u>Shipping Expenses</u>. I direct that all expenses of storage (pending distribution), packaging, shipping, insurance, delivery, and other charges incurred in connection with the distribution and delivery of the articles of tangible personal property described in this Will to the persons entitled to them shall be borne by my



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estate as an expense of administration, and that my beneficiaries shall not be required to pay for such expenses.

IN WITNESS WHEREOF, I subscribe my name on _____(date).

(signature)

(printed name)



On the date written below, _______ (testator s name) declared to us that this instrument, consisting of ______ (number of pages) pages, including the page signed by us as witnesses, was the testator s Will and requested us to act as witnesses to it. ______ (testator s name) thereupon signed this Will in our presence, all of us being present at the same time. We now, at the testator s request, in the testator s presence and in the presence of each other, subscribe our names as witnesses.

We understand that this instrument is the Will of ______ *(testator s name)*. The testator appears to us to be over eighteen (18) years of age and of sound mind. We have no knowledge of any facts indicating that this Will or any part of it was procured by duress, menace, fraud, or undue influence.

Executed on _____ (*date*), at _____ (*city*),

_____ *(state).* We declare under penalty of perjury under the laws of the State of Iowa that the foregoing is true and correct.

Residing at

Residing at



NOTARY ACKNOWLEDGMENT

State of Iowa	
County of) ss.)
On	(<i>date</i>) before me,
	(name and title of the officer), personally appeared
	(<i>name(s) of testator(s)</i>), who proved to me
on the basis of satisfacto	ry evidence to be the person(s) whose name(s) is/are subscribed to
the within instrument an	nd acknowledged to me that he/she/they executed the same in his/
her/their authorized capa	city(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity u	pon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Iowa that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature

(Seal)

My Commission Expires: _____



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