

Last Will and Testament of

I _____, a resident of _____, Pennsylvania, being of sound and disposing mind and memory and over the age of eighteen (18) years or having been lawfully married or a member of the armed forces of the United States or a member of an auxiliary of the armed forces of the United States or a member of the maritime service of the United States, and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my last Will, hereby expressly revoking all Wills and Codicils previously made by me.

I. EXECUTOR: I appoint The Aleph Institute as Executor of this my Last Will and Testament and provide if this Executor is unable or unwilling to serve then I appoint _____ as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses.

II. BEQUESTS:

I will, give, and bequeath unto the persons named below, if he or she survives me, the Property described below:

Name: _____
Address: _____
Relationship: _____
Property: _____

If a named beneficiary to this Will predeceases me, the bequest to such person shall lapse, and the property shall pass under the other provisions of this Will. If I do not possess or own any property listed above on the date of my death, the bequest of that property shall lapse.

III. ADDITIONAL POWERS OF THE EXECUTOR: My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court.

IV. WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL: My Executor and alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisal of my estate. I direct that no expert appraisal be made of my estate unless required by law.

V. ADDITIONAL PROVISIONS: I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not a part of this Will.

_____ I direct that my remains be disposed of according to the wishes of my Executor.

_____ I desire to be buried in the _____ cemetery in
_____ County, Pennsylvania

VI. CONSTRUCTION: The term "testator" as used in this Will is deemed to include me as Testator or Testatrix. The pronouns used in this Will shall include, where appropriate, either gender or both, singular and plural.

VII. SEVERABILITY AND SURVIVAL: If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

IN WITNESS WHEREOF, I, _____ [Name of Testator], hereby set my hand to this last Will, on each page of which I have placed my initials, on this _____ day of _____, 20____ at _____, Commonwealth of Pennsylvania.

_____ [Signature]
_____ [Printed or typed name of Testator]
_____ [Address of Testator, Line 1]
_____ [Address of Testator, Line 2]

WITNESSES

The foregoing instrument, consisting of _____ pages, including this page, was signed in our presence by _____ [name of Testator] and declared by _____ [him or her] to be _____ [his or her] last Will. We, at the request and in the presence of _____ [him or her] and in the presence of each other, have subscribed our names below as witnesses. We declare that we are of sound mind and of the proper age to witness a will, that to the best of our knowledge the testator is of the age of majority, or is otherwise legally competent to make a will, and appears of sound mind and under no undue influence or constraint. Under penalty of perjury, we declare these statements are true and correct on this _____ day of _____, 20____ at _____, Commonwealth of Pennsylvania.

_____ [Signature of Witness #1]
_____ [Printed or typed name of Witness #1]
_____ [Address of Witness #1, Line 1]
_____ [Address of Witness #1, Line 2]

_____ [Signature of Witness #2]
_____ [Printed or typed name of Witness #2]
_____ [Address of Witness #2, Line 1]
_____ [Address of Witness #2, Line 2]

_____ [Signature of Witness #3]
_____ [Printed or typed name of Witness #3]
_____ [Address of Witness #3, Line 1]
_____ [Address of Witness #3, Line 2]

SELF-PROVING AFFIDAVIT

Commonwealth of Pennsylvania County of _____

We, _____,

_____,
_____, and

_____, the testator

and the witnesses respectively, whose names are signed to the attached instrument in those capacities, personally appearing before the undersigned authority and first being duly sworn, do hereby declare to the undersigned authority under penalty of perjury that the testator declared, signed, and executed the instrument as his/her last will; he/she signed it willingly or willingly directed another to sign for him/her; he/she executed it as his/her free and voluntary act for the purposes therein expressed; and each of the witnesses, at the request of the testator, in his or her hearing and presence, and in the presence of each other, signed the will as witness and that to the best of his or her knowledge the testator was at that time eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

_____ [Signature of Testator]
_____ [Printed or typed name of Testator]
_____ [Address of Testator, Line 1]
_____ [Address of Testator, Line 2]

_____ [Signature of Witness #1]
_____ [Printed or typed name of Witness #1]
_____ [Address of Witness #1, Line 1]
_____ [Address of Witness #1, Line 2]

_____ [Signature of Witness #2]
_____ [Printed or typed name of Witness #2]
_____ [Address of Witness #2, Line 1]
_____ [Address of Witness #2, Line 2]

_____ [Signature of Witness #3]
_____ [Printed or typed name of Witness #3]
_____ [Address of Witness #3, Line 1]
_____ [Address of Witness #3, Line 2]

Subscribed, sworn, and acknowledged before me,

_____,
a notary public, by _____,
the testator, and by _____,

_____, and
_____, the witnesses, this

_____ day of _____, 20_____.

[NOTARIAL SEAL]

Notary Public's Signature

My Commission Expires: _____