

Witnessed Holographic (Handwritten) Will for \_\_\_\_\_

## Last Will & Testament of :

Full Name (Print)

Initials \_\_\_\_\_ Date \_\_\_\_\_

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# Witnessed Holographic (Handwritten) Will for \_\_\_\_\_

## Instructions

- Fill in the form with your own handwriting, a typed or digitally filled in document will not be valid.
- Testator & Witnesses must initial & date each and every page.
- You must be at least 18 years old
- You must be of sound mind
- Fill in all fields/sections. Scribble out or indicate that portions are left blank on purpose and initial next to those sections.
- Sign & date the bottom of every page
- Be precise, clear and descriptive & definitive in your language so as not to leave any ambiguity or vagueness.
- Use your initials instead of check marks.
- Write legibly, ideally in one color of ink, Blue or black.
- **You must print your name legibly, sign & date the will in the presence of at least two disinterested witnesses;**
  - The two witnesses must also legibly print their names, sign & date the will.
  - A disinterested witness is someone who is not a named beneficiary in your will
  - Have the disinterested witnesses include their written names with contact info, copy of photo ID where required.
- In places where a form is not allowed for a Holographic will, it is recommended that you fill in this form to help you organize your thoughts & information, then write all of it into a totally handwritten will. Then attach this form to that. Make sure handwritten pages and document are still signed by yourself, witnesses and a notary if required.
- **Consult a Legal professional who is qualified to deal with Estate planning, Wills, etc.**
- Consider recording a video of you reading the will from beginning to end. To aid as evidence should the will be contested. (It is debated on how much value this will add)
- Some additional resources for your research:

Description	URL
<b>Utah Law on Holographic Wills</b>	<ul style="list-style-type: none"> <li>• <a href="https://le.utah.gov/xcode/Title75/Chapter2/75-2-S502.html">https://le.utah.gov/xcode/Title75/Chapter2/75-2-S502.html</a></li> <li>• <a href="https://le.utah.gov/xcode/Title75/Chapter2/C75-2-S502_1800010118000101.pdf">https://le.utah.gov/xcode/Title75/Chapter2/C75-2-S502_1800010118000101.pdf</a></li> </ul>
<b>Additional Research sources</b>	<ul style="list-style-type: none"> <li>• <a href="https://ascentlawfirm.com/is-it-legal-to-hand-write-a-will-in-utah/">https://ascentlawfirm.com/is-it-legal-to-hand-write-a-will-in-utah/</a></li> <li>• <a href="https://www.utahlegalservices.org/node/64/holographic-will">https://www.utahlegalservices.org/node/64/holographic-will</a></li> </ul>

Witnessed Holographic (Handwritten) Will for \_\_\_\_\_

### Purpose of this Document

Purpose of this Document (For example: "I <Name> being of sound mind wish to provide my last will & testament.")

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Witnessed Holographic (Handwritten) Will for \_\_\_\_\_  
**Part 1. My (The "Testator's") Personal Information**

**Who this Will pertains to (The "Testator")**

Full Name (Print Name)			
Address		City	County
State	Zip	Phone Number	Birthday

**Prior Legal/Married Names**

LAST	FIRST	MIDDLE

<b>Marital Status:</b> Use your initials instead of check marks in the box.	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Single - Never Married	<input type="checkbox"/> Single - Annulled	
	<input type="checkbox"/> Other _____		

**Spouse information**

Spouse's Full Name (Print Name)			
Spouse's Prior Legal/Maiden Name			
Address		City	
State	Zip	Phone Number	Birthday

**Part 2. Revocation of Previous Wills**

<b>This Will</b> Use your initials instead of check marks in the box.	<input type="checkbox"/> Is my first Will given or it completely supersedes and replaced any and all prior existing Will(s) and codicils.
	<input type="checkbox"/> Is a codicil, it Appends or Amends a prior Will that is dated on _____

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**Part 3. Children**

List the names of all your Children (born and adopted), and status of Living or deceased.

Last Name	First Name	Middle Name	Birthdate	Status

**Part 4. Grandchildren**

List the names of all your Grandchildren, and status of Living or deceased.

Last Name	First Name	Middle Name	Birthdate	Parent Name

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## Part 5: Failure to Leave Property

A notice about if someone is omitted from the will.

If I do not leave property in this will to any of my children, grandchildren, or anyone else who may or may not be named above, my failure to do so is:

<b>Failure to leave property</b> Use your initials instead of check marks in the box.	<input type="checkbox"/> Intentional
	<input type="checkbox"/> Unintentional

## Part 6. Pets

List your pets by kind & name, who they could be put in the care of, and how much (if any) monies should be allocated to the care of those pets.



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## General / Group Bequeathals

Used for outlining gifts that may be divided amongst a group (for example, dividing all money and real-estate sales equally to all my living children)

<b>Group 1 description/title/name(s)</b>
Item(s)/Asset(s) given to this group. _____ _____ _____ _____ _____

<b>Group 2 description/title/name(s)</b>
Item(s)/Asset(s) given to this group. _____ _____ _____ _____ _____

<b>Group 3 description/title/name(s)</b>
Item(s)/Asset(s) given to this group. _____ _____ _____ _____ _____





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Bequeathal Notes, Thoughts, & Contingencies & Plans (Page 1 of \_\_\_)

**Additional Notes, or contingency plans for if a named recipient is unable to accept a bequeathal.**

(For example, if You had a child who died, but you want what was given to them to go to their children)

A large rectangular area with horizontal lines for writing.



### Part 9. Personal Representatives' Powers

I direct my personal representatives to take all actions legally permissible to have the probate of my will done as simply and as free of court supervision as possible under the laws of the state having jurisdiction over this will, including filing a petition in the appropriate court for the independent administration of my estate.

I grant to my personal representatives the following powers, to be exercised as they deem to be in the best interests of my estate:

1. To retain property without liability for loss or depreciation.
2. To dispose of property by public or private sale, or exchange, or otherwise, and receive and administer the proceeds as a part of my estate.
3. To vote stock; to exercise any option or privilege to convert bonds, notes, stocks or other securities belonging to my estate into other bonds, notes, stocks or other securities; and to exercise all other rights and privileges of a person owning similar property.
4. To lease any real property in my estate.
5. To abandon, adjust, arbitrate, compromise, sue on or defend and otherwise deal with and settle claims in favor of or against my estate.
6. To continue or participate in any business which is a part of my estate, and to incorporate, dissolve or otherwise change the form of organization of the business.
7. To access, control, use, transfer, distribute, copy, deactivate or delete any of my digital assets; by granting this power, my personal representative may act as an account holder and authorized user of my digital assets; my digital assets include email or other electronic communication, personal or professional websites, online banking and other financial accounts, frequent flyer accounts and other reward programs, social media profiles, digital music, photographs or videos, software or any other electronic record or account; to exercise this power, my agent may access and control any device or equipment used by me to store or manage my digital assets, such as desktop computers, laptop computers, tablets, external drives, cell phones or any other device used for access and control of digital assets that currently exists or may exist as technology develops.

These powers, authority and discretion are intended to be in addition to the powers, authority and discretion vested in them by operation of law by virtue of their office, and may be exercised as often as is deemed necessary or advisable, without application to or approval by any court.

### Part 10. Payment of Debts

Except for liens and encumbrances placed on property as security for the repayment of a loan or debt, I direct that all debts and expenses owed by my estate be paid in the manner provided for by the laws of the state of Utah.

### Part 11. Payment of Taxes

I direct that all estate taxes assessed against property in my estate or against my beneficiaries be paid in the manner provided for by the laws of Utah.

### Part 12. Severability

If a court invalidates any provision of this will, that shall not affect other provisions that can be given effect without the invalid provision.

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Part 13. Guardians of Minor Children:

- This is the person(s) who will My children will be placed in the care of.
- Guardians should be at least 18 years old

Child's/Children's Full Name(s) [Print Name(s)]			
Guardian Full Name(s)			
Address			City
State	Zip	Phone Number	Guardian(s) Relationship

Child's/Children's Full Name(s) [Print Name(s)]			
Guardian Full Name(s)			
Address			City
State	Zip	Phone Number	Guardian(s) Relationship

Child's/Children's Full Name(s) [Print Name(s)]			
Guardian Full Name(s)			
Address			City
State	Zip	Phone Number	Guardian(s) Relationship

Child's/Children's Full Name(s) [Print Name(s)]			
Guardian Full Name(s)			
Address			City
State	Zip	Phone Number	Guardian(s) Relationship

Child's/Children's Full Name(s) [Print Name(s)]			
Guardian Full Name(s)			
Address			City
State	Zip	Phone Number	Guardian(s) Relationship

Child's/Children's Full Name(s) [Print Name(s)]			
Guardian Full Name(s)			
Address			City
State	Zip	Phone Number	Guardian(s) Relationship





Witnessed Holographic (Handwritten) Will for \_\_\_\_\_  
Testator Signature

I \_\_\_\_\_, the testator, sign my name to this document,

This \_\_\_\_\_ day of \_\_\_\_\_. In the year of \_\_\_\_\_

In the City of \_\_\_\_\_

In the County of \_\_\_\_\_

In the State of \_\_\_\_\_

I declare that I sign and execute this document as my last will, that I sign it willingly and that I execute it as my free and voluntary act. I declare that I am of the age of majority or otherwise legally empowered to make a will, and under no constraint or undue influence.

Testator's Full Name (Print Name)	
Testator's Signature	Date

- Sign & date in the presence of the disinterested witnesses and a Notary Public.

# Witnessed Holographic (Handwritten) Will for \_\_\_\_\_

## Witnesses


- Witnesses must be at least 18 years of age
- Witnesses must be a disinterested party who is not a named beneficiary in your will
- Witnesses must fill out their portion in their own hand writing. Clearly & legibly.

We, the witnesses, sign our names to this document, and declare that the testator willingly signed and executed this document as the testator's last will.

In the presence of the testator, and in the presence of each other, we sign this will as witnesses to the testator's signing.


To the best of our knowledge, the testator is of the age of majority or otherwise legally empowered to make a will, is of sound mind and is under no constraint or undue influence.

### Witness #1

As a witness I attest that I confirm that this document is a last will and that I saw \_\_\_\_\_  
the maker freely sign it of their own choice without coercion or duress. (Testator's Name) 

Witness Full Name (Print Name)			
Relationship			
Address			City
State	Zip	Phone Number(s)	
Witness Signature			Date

### Witness #2

As a witness I attest that I confirm that this document is a last will and that I saw \_\_\_\_\_  
the maker freely sign it of their own choice without coercion or duress. (Testator's Name) 

Witness Full Name (Print Name)			
Relationship			
Address			City
State	Zip	Phone Number(s)	
Witness Signature			Date

Witnessed Holographic (Handwritten) Will for \_\_\_\_\_  
Affidavit - Notary Public (if Required)

State Of \_\_\_\_\_ County Of \_\_\_\_\_

We, \_\_\_\_\_ (testator),  
\_\_\_\_\_  
\_\_\_\_\_ (Whitness),  
\_\_\_\_\_ (Whitness)

Respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the testator signed and executed the instrument as his/her last will and that he/she had signed willingly (or willingly directed another to sign for him/her), and that he/she executed it as his/her free and voluntary act for the purposes therein expressed, and that each of the witnesses, ni the presence and hearing of the testator, signed the will as witness and that to the best of his/her knowledge hte testator was at that time eighteen years of age or older, of sound mind and under no constraint or undue influence.

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, the testator, and subscribed and sworn to before me by \_\_\_\_\_ (Whitness),  
\_\_\_\_\_ (Whitness).

This \_\_\_\_\_ day of \_\_\_\_\_ In the year of \_\_\_\_\_ .

Signature \_\_\_\_\_

Official capacity of officer \_\_\_\_\_

Official Notary Stamp