



# Tyler Mountain Volunteer Fire Department Funeral Planner

Vol.2.0



Name : \_\_\_\_\_

Date : \_\_\_\_\_





**Employment and Activity History**

Name of Employer	Phone	Contact Person	Address

**Past Employers**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Information that applies to you on how you served at Tyler Mt Vol. Fire Department**

Firefighter _____ years	Chief _____ years	Chaplain _____ years	Vice President _____ years
EMT _____ years	Asst Chief _____ years	Secretary _____ years	Date Joined TMVFD _____
Paramedic _____ years	Captain _____ years	Treasure _____ years	
Board Member _____ years	Lt. _____ years	President _____ years	

**Other Activities and Organizations**

Cub Scouts \_\_\_ Web aloes \_\_\_ Boy Scouts \_\_\_ Eagle Scouts \_\_\_ Brownies \_\_\_ Girl Scouts \_\_\_  
 JC's \_\_\_ Ham Radio Club \_\_\_ Rail Road \_\_\_ Rotary Club Beni Kedem \_\_\_ Shrine's \_\_\_

Moose Club \_\_\_ Masons \_\_\_ Lions Club \_\_\_ Other

: \_\_\_\_\_

Church Affiliation

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Church Name	Address	Phone
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Pastors Name : \_\_\_\_\_ Phone : \_\_\_\_\_

### Life Insurance Information

1.

<b>Nome of Insurance Company</b>	<b>Policy Number</b>
<b>Agent's Name</b>	<b>Policy Location</b>
<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>

2.

<b>Nome of Insurance Company</b>	<b>Policy Number</b>
<b>Agent's Name</b>	<b>Policy Location</b>
<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>

3. **Cancer Insurance**

<b>Nome of Insurance Company</b>	<b>Policy Number</b>
<b>Agent's Name</b>	<b>Policy Location</b>
<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>

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<b>Nome of Insurance Company</b>	<b>Policy Number</b>
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**Burial Information**  
(Circle one)

Do you want to be Buried or Cremated

Casket: Metal or Wood / Sealed or Unsealed

Open Casket or Closed

Embalmed or Not Embalmed

Funeral or Memorial service

**\*If not Embalmed the casket lid can not be opened**

If Cremated what do you want done with the  
ashes? \_\_\_ Buried or \_\_\_ Spread?

Spread wear?  
\_\_\_\_\_

**or**

By whom?  
\_\_\_\_\_

Urn given to : \_\_\_\_\_

Have you already purchased your plot? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your vault? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your casket? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your Head Stone? Yes or No

Wear? \_\_\_\_\_

Funeral Home Name & Address	Cemetery Name & Address

**Who do you want to preach your funeral?**

**At the Funeral Home or Firehouse**

**At the Cemetery**

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

Is there any one else you would like to participate? \_\_\_\_\_

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**Would you like a letter read or a video played?**

Letter	Video
Yes or No	Yes or No

Location of letter or Video?  
\_\_\_\_\_

### Firefighters Funeral Rights and Honors

Year you stated in Emergency Services: \_\_\_\_\_

#### Other Fire /EMS Services served with

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you want to be buried in your uniform? Yes or No

If your Death is in the line of duty to you want a firefighters Funeral Yes or No

Who do you want to be the liaison between the Fire Department and your Family?

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#### LODD

Honor Guard	Yes or No
Placed on Apparatus	Yes or No
Witch Apparatus?	
Last Call by Metro @ Graveside	Yes or No
Bell Service 5-5-5 @ Funeral Home	Yes or No
Crossed Ladder Trucks if available	Yes or No
Bag Pipe's (Additional Cost may apply)	Yes or No
Tap's	Yes or No
American Flag or State Flag	
Given to whom?	
_____	

#### Not a LODD

Last Call by Metro @ Graveside	Yes or No
Placed on Apparatus	Yes or No
Witch Apparatus?	
Bag Pipe's (Additional Cost may apply)	Yes or No

#### Military Honors

Did You Serve in the Armed Forces? Yes or No
Branch: Army Navy Air Force Marines Coast Guard
Severed in The War or conflict? Yes or No
_____
Are They to take part in your service? & How?
_____
_____
_____









OF

\_\_\_\_\_  
I, \_\_\_\_\_, of the City of \_\_\_\_\_, County of \_\_\_\_\_, and State of West Virginia, being of full age and of sound mind and memory, do hereby make and publish the following as my LAST WILL and TESTAMENT, and do hereby revoke all previous testamentary dispositions heretofore by me made.

ONE

I direct that all my just debts and funeral expenses be paid as soon after my death as practicable.

TWO

I devise and bequeath all my property, real personal, or mixed, wheresoever situate, unto my four children, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, (or unto my son {daughter, niece, etc}), \_\_\_\_\_), in fee simple absolute, including, but not limited to, my home, known, numbered and designated as \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ City \_\_\_\_\_, \_\_\_\_\_ District, \_\_\_\_\_ County, West Virginia.

THREE

In the event my son {daughter, niece, etc}) shall not survive me, or in the event we both die as a result of a common disaster, and in either such event, I devise and unto \_\_\_\_\_, the aforesaid residence located at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ City \_\_\_\_\_, \_\_\_\_\_ District, \_\_\_\_\_ County, West Virginia, in fee simple absolute, to my granddaughters (niece, nephew, etc), \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, per stirpes and per capita, in fee simple absolute.

As used in the preceding paragraph, "common disaster" shall mean an accident or occurrence in which my said son (granddaughters, etc.), and I shall receive injuries which shall result in the death of the both (or all) of us.

FOUR

I hereby nominate, constitute and appoint my son (daughter, etc.), \_\_\_\_\_, as Executor (Executrix) of this my LAST WILL and TESTAMENT. If my son (daughter, etc.), \_\_\_\_\_, shall not survive

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

me or if he (she) is unable to serve as such Executor (Executrix, then I nominate, constitute and appoint my daughter (niece, nephew, etc.) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, as Executor (Executrix), of this my LAST WILL and TESTAMENT and direct that neither of them be requires to give bond as such.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_(SEAL)  
\_\_\_\_\_

The foregoing instrument was on the \_\_\_\_ day of \_\_\_\_\_, 2003, signed and sealed by the said \_\_\_\_\_, the Testatrix (Testator) herein named, and duly published and declared by the said \_\_\_\_\_, to be her (his) LAST WILL and TESTAMENT, and her (his) free act and deed, in the presence of us, who at her (his) request, and in her (his) presence, and in the presence of each other, hereunto subscribe our names as witnesses. And we, and each of us, do also certify and state that the signature of the Testatrix (Testator) was duly made and appeared to us upon the WILL as above, before we signed as witnesses, and that we, and each of us, do now believe the said Testatrix (Testator) at this time to be of sound mind and memory.

WITNESSES:

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

ADDRESSES:

\_\_\_\_\_ Street (Drive, Road)  
\_\_\_\_\_, WV 253\_\_  
\_\_\_\_\_ Street (Drive, Road)  
\_\_\_\_\_, WV 253\_\_

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

STATE OF WEST VIRGINIA,  
COUNTY OF KANAWHA, to-wit:

This day personally appeared before me, the undersigned authority, in my said county, \_\_\_\_\_ and \_\_\_\_\_, who, being by me first duly sworn (affirmed), did depose and say that, at the request of \_\_\_\_\_, who was personally known to the affiants, and in her (his) presence and in the presence of each other, they signed the foregoing paper writing as attesting witnesses thereto, at which time the said \_\_\_\_\_, signed, sealed, acknowledged, published, and declared the said paper writing as and for her (his) LAST WILL and TESTAMENT, that at said time the said \_\_\_\_\_, was of sound mind and disposing memory and over the age of twenty-one years, and that at said time she (he) was a resident of Kanawha county, West Virginia.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

Taken, sworn (affirmed) to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2003, in my said county.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for  
Kanawha County, West Virginia

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

**Employment and Activity History**

Name of Employer	Phone	Contact Person	Address

**Past Employers**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Information that applies to you on how you served at Tyler Mt Vol. Fire Department**

Firefighter _____ years	Chief _____ years	Chaplain _____ years	Vice President _____ years
EMT _____ years	Asst Chief _____ years	Secretary _____ years	Date Joined TMVFD _____
Paramedic _____ years	Captain _____ years	Treasure _____ years	
Board Member _____ years	Lt. _____ years	President _____ years	

**Other Activities and Organizations**

Cub Scouts \_\_\_ Web aloes \_\_\_ Boy Scouts \_\_\_ Eagle Scouts \_\_\_ Brownies \_\_\_ Girl Scouts \_\_\_  
 JC's \_\_\_ Ham Radio Club \_\_\_ Rail Road \_\_\_ Rotary Club Beni Kedem \_\_\_ Shrine's \_\_\_

Moose Club \_\_\_ Masons \_\_\_ Lions Club \_\_\_ Other  
 : \_\_\_\_\_

**Church Affiliation**

Church Name	Address	Phone
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Pastors Name : \_\_\_\_\_ Phone : \_\_\_\_\_

### Life Insurance Information

1.

<b>Nome of Insurance Company</b>	<b>Policy Number</b>
<b>Agent's Name</b>	<b>Policy Location</b>
<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>

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<b>Nome of Insurance Company</b>	<b>Policy Number</b>
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<b>Nome of Insurance Company</b>	<b>Policy Number</b>
<b>Agent's Name</b>	<b>Policy Location</b>
<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>

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<b>Nome of Insurance Company</b>	<b>Policy Number</b>
<b>Agent's Name</b>	<b>Policy Location</b>
<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>





**Burial Information  
(Circle one)**

Do you want to be Buried or Cremated

Casket: Metal or Wood / Sealed or Unsealed

Open Casket or Closed

Embalmed or Not Embalmed

Funeral or Memorial service

**\*If not Embalmed the casket lid can not be opened**

If Cremated what do you want done with the ashes?    \_\_\_Buried or \_\_\_Spread?

Spread wear? \_\_\_\_\_

**or**

By whom? \_\_\_\_\_

Urn given to : \_\_\_\_\_

Have you already purchased your plot? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your vault? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your casket? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your Head Stone? Yes or No

Wear? \_\_\_\_\_

Funeral Home Name & Address	Cemetery Name & Address

**Who do you want to preach your funeral?**

**At the Funeral Home or Firehouse**

**At the Cemetery**

- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Is there any one else you would like to participate? \_\_\_\_\_

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**Would you like a letter read or a video played?**

Letter	Video
Yes or No	Yes or No

Location of letter or Video? \_\_\_\_\_

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### Firefighters Funeral Rights and Honors

Year you stated in Emergency Services: \_\_\_\_\_

#### Other Fire /EMS Services served with

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you want to be buried in your uniform? Yes or No

If your Death is in the line of duty to you want a firefighters Funeral Yes or No

Who do you want to be the liaison between the Fire Department and your Family?

#### LODD

Honor Guard	Yes or No
Placed on Apparatus	Yes or No
Witch Apparatus?	
Last Call by Metro @ Graveside	Yes or No
Bell Service 5-5-5 @ Funeral Home	Yes or No
Crossed Ladder Trucks if available	Yes or No
Bag Pipe's (Additional Cost may apply)	Yes or No
Tap's	Yes or No
American Flag or State Flag	
Given to whom?	
_____	

#### Not a LODD

Last Call by Metro @ Graveside	Yes or No
Placed on Apparatus	Yes or No
Witch Apparatus?	
Bag Pipe's (Additional Cost may apply)	Yes or No

#### Military Honors

<p>Did You Serve in the Armed Forces? Yes or No</p> <p>Branch::  <span style="padding-left: 40px;">Army Navy Air Force Marines Coast Guard</span></p> <p>Severed in The War or conflict? Yes or No</p> <p>_____</p> <p>Are They to take part in your service? &amp; How?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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OF

\_\_\_\_\_  
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THREE

In the event my son {daughter, niece, etc}) shall not survive me, or in the event we both die as a result of a common disaster, and in either such event, I devise and unto \_\_\_\_\_, the aforesaid residence located at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ City \_\_\_\_\_ District, \_\_\_\_\_ County, West Virginia, in fee simple absolute, to my granddaughters (niece, nephew, etc), \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, per stirpes and per capita, in fee simple absolute.

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\_\_\_\_\_

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IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_(SEAL)  
\_\_\_\_\_

The foregoing instrument was on the \_\_\_\_ day of \_\_\_\_\_, 2003, signed and sealed by the said \_\_\_\_\_, the Testatrix (Testator) herein named, and duly published and declared by the said \_\_\_\_\_, to be her (his) LAST WILL and TESTAMENT, and her (his) free act and deed, in the presence of us, who at her (his) request, and in her (his) presence, and in the presence of each other, hereunto subscribe our names as witnesses. And we, and each of us, do also certify and state that the signature of the Testatrix (Testator) was duly made and appeared to us upon the WILL as above, before we signed as witnesses, and that we, and each of us, do now believe the said Testatrix (Testator) at this time to be of sound mind and memory.

WITNESSES:

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

ADDRESSES:

\_\_\_\_\_ Street (Drive, Road)  
\_\_\_\_\_, WV 253\_\_  
\_\_\_\_\_ Street (Drive, Road)  
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This day personally appeared before me, the undersigned authority, in my said county, \_\_\_\_\_ and \_\_\_\_\_, who, being by me first duly sworn (affirmed), did depose and say that, at the request of \_\_\_\_\_, who was personally known to the affiants, and in her (his) presence and in the presence of each other, they signed the foregoing paper writing as attesting witnesses thereto, at which time the said \_\_\_\_\_, signed, sealed, acknowledged, published, and declared the said paper writing as and for her (his) LAST WILL and TESTAMENT, that at said time the said \_\_\_\_\_, was of sound mind and disposing memory and over the age of twenty-one years, and that at said time she (he) was a resident of Kanawha county, West Virginia.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

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Notary Public in and for  
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\_\_\_\_\_  
\_\_\_\_\_

### Employment and Activity History

Name of Employer	Phone	Contact Person	Address

### Past Employers

1. \_\_\_\_\_
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3. \_\_\_\_\_
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EMT _____ years	Asst Chief _____ years	Secretary _____ years	Date Joined TMVFD _____
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Board Member _____ years	Lt. _____ years	President _____ years	

### Other Activities and Organizations

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Moose Club \_\_\_ Masons \_\_\_ Lions Club \_\_\_ Other  
 : \_\_\_\_\_

### Church Affiliation

Church Name	Address	Phone
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Pastors Name : \_\_\_\_\_ Phone : \_\_\_\_\_

**Life Insurance Information**

1.

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<b>Agent's Name</b>	<b>Policy Location</b>
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<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>

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<b>Nome of Insurance Company</b>	<b>Policy Number</b>
<b>Agent's Name</b>	<b>Policy Location</b>
<b>Beneficiary Name</b>	<b>Beneficiary Address if not Spouse</b>

### Family Information

Spouse Name : \_\_\_\_\_

Maiden Name : \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Marriage: \_\_\_\_\_

Social Security Number is not required but sometimes helpful for  
Funeral Homes for children who have already past away

Children & Step Children	Date of Birth	Nick Name	Social Security Number

Grand Children	Date of Birth	Nick Name	Social Security Number

Children & Step Children	Date of Birth	Nick Name	Social Security Number



**Burial Information**  
(Circle one)

Do you want to be Buried or Cremated

Casket: Metal or Wood / Sealed or Unsealed

Open Casket or Closed

Embalmed or Not Embalmed

Funeral or Memorial service

**\*If not Embalmed the casket lid can not be opened**

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Spread wear? \_\_\_\_\_

**or**

By whom? \_\_\_\_\_

Urn given to : \_\_\_\_\_

Have you already purchased your plot? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your vault? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your casket? Yes or No

Wear? \_\_\_\_\_

Have you already purchased your Head Stone? Yes or No

Wear? \_\_\_\_\_

Funeral Home Name & Address	Cemetery Name & Address

**Who do you want to preach your funeral?**

**At the Funeral Home or Firehouse**

**At the Cemetery**

- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Is there any one else you would like to participate? \_\_\_\_\_

---

**Would you like a letter read or a video played?**

Letter	Video
Yes or No	Yes or No

Location of letter or Video? \_\_\_\_\_

---

## Firefighters Funeral Rights and Honors

Year you stated in Emergency Services: \_\_\_\_\_

### Other Fire /EMS Services served with

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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Do you want to be buried in your uniform? Yes or No

If your Death is in the line of duty to you want a firefighters Funeral Yes or No

Who do you want to be the liaison between the Fire Department and your Family?

### LODD

Honor Guard	Yes or No
Placed on Apparatus	Yes or No
Witch Apparatus?	
Last Call by Metro @ Graveside	Yes or No
Bell Service 5-5-5 @ Funeral Home	Yes or No
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Tap's	Yes or No
American Flag or State Flag	
Given to whom? _____	

### Not a LODD

Last Call by Metro @ Graveside	Yes or No
Placed on Apparatus	Yes or No
Witch Apparatus?	
Bag Pipe's (Additional Cost may apply)	Yes or No

### Military Honors

<p>Did You Serve in the Armed Forces? Yes or No</p> <p>Branch::  <span style="padding-left: 40px;">Army Navy Air Force Marines Coast Guard</span></p> <p>Severed in The War or conflict? Yes or No</p> <p>_____</p> <p>Are They to take part in your service? &amp; How?</p> <p>_____</p> <p>_____</p> <p>_____</p>
---







I \_\_\_\_\_ do hereby this day \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_, Request my wishes to be carried out in the  
event of my death.

---

Signature

---

Printed Name

Witnessed by : \_\_\_\_\_  
\_\_\_\_\_

**LAST WILL AND TESTAMENT  
OF**

\_\_\_\_\_

I, \_\_\_\_\_, of the City of \_\_\_\_\_, County of \_\_\_\_\_, and State of West Virginia, being of full age and of sound mind and memory, do hereby make and publish the following as my LAST WILL and TESTAMENT, and do hereby revoke all previous testamentary dispositions heretofore by me made.

ONE

I direct that all my just debts and funeral expenses be paid as soon after my death as practicable.

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I devise and bequeath all my property, real personal, or mixed, wheresoever situate, unto my four children, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, (or unto my son {daughter, niece, etc}), \_\_\_\_\_), in fee simple absolute, including, but not limited to, my home, known, numbered and designated as \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ City \_\_\_\_\_ District, \_\_\_\_\_ County, West Virginia.

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

me or if he (she) is unable to serve as such Executor (Executrix, then I nominate, constitute and appoint my daughter (niece, nephew, etc.) \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, as Executor (Executrix), of this my LAST WILL and TESTAMENT and direct that neither of them be requires to give bond as such.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_(SEAL)  
\_\_\_\_\_

The foregoing instrument was on the \_\_\_\_\_ day of \_\_\_\_\_, 2003, signed and sealed by the said \_\_\_\_\_, the Testatrix (Testator) herein named, and duly published and declared by the said \_\_\_\_\_, to be her (his) LAST WILL and TESTAMENT, and her (his) free act and deed, in the presence of us, who at her (his) request, and in her (his) presence, and in the presence of each other, hereunto subscribe our names as witnesses. And we, and each of us, do also certify and state that the signature of the Testatrix (Testator) was duly made and appeared to us upon the WILL as above, before we signed as witnesses, and that we, and each of us, do now believe the said Testatrix (Testator) at this time to be of sound mind and memory.

WITNESSES:

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

ADDRESSES:

\_\_\_\_\_ Street (Drive, Road)  
\_\_\_\_\_, WV 253\_\_\_\_  
\_\_\_\_\_ Street (Drive, Road)  
\_\_\_\_\_, WV 253\_\_\_\_

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

STATE OF WEST VIRGINIA,  
COUNTY OF KANAWHA, to-wit:

This day personally appeared before me, the undersigned authority, in my said county, \_\_\_\_\_ and \_\_\_\_\_, who, being by me first duly sworn (affirmed), did depose and say that, at the request of \_\_\_\_\_, who was personally known to the affiants, and in her (his) presence and in the presence of each other, they signed the foregoing paper writing as attesting witnesses thereto, at which time the said \_\_\_\_\_, signed, sealed, acknowledged, published, and declared the said paper writing as and for her (his) LAST WILL and TESTAMENT, that at said time the said \_\_\_\_\_, was of sound mind and disposing memory and over the age of twenty-one years, and that at said time she (he) was a resident of Kanawha county, West Virginia.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

Taken, sworn (affirmed) to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2003, in my said county.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for  
Kanawha County, West Virginia

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