

Estate Planning Document Templates for Notaries

Last Will and Testament (Self-Proving Affidavit)

STATE OF _____)
) SS:
COUNTY OF _____)

We, the undersigned, _____, _____, and _____, do hereby certify that the testator, _____, signed and executed this instrument as their Last Will and Testament in our presence, and declared it to be their Last Will and Testament.

Witnesses:

_____ Date: _____
_____ Date: _____

Notary Public:

Subscribed and sworn before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Estate Planning Document Templates for Notaries

Living Will / Advance Directive

DECLARATION

I, _____, being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions about my medical care.

Signature: _____ Date: _____

Witnesses:

1. _____ 2. _____

Notarization:

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me on _____, 20____.

Notary Public

My Commission Expires: _____

Estate Planning Document Templates for Notaries

Durable Power of Attorney

DURABLE POWER OF ATTORNEY

I, _____, hereby appoint _____ as my Attorney-in-Fact to handle my financial and legal matters effective immediately.

Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____, 20____ by _____.

Notary Public

My Commission Expires: _____

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Medical Power of Attorney

MEDICAL POWER OF ATTORNEY

I, _____, designate _____ as my agent to make health care decisions for me if I am unable.

Signature: _____ Date: _____

Witnesses:

1. _____ 2. _____

STATE OF _____

COUNTY OF _____

Acknowledged before me this ____ day of _____, 20____ by _____.

Notary Public

My Commission Expires: _____

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Revocable Living Trust

REVOCABLE LIVING TRUST AGREEMENT

This agreement is made this ____ day of _____, 20____ by and between _____ ("Grantor") and _____ ("Trustee").

Signature of Grantor: _____

STATE OF _____

COUNTY OF _____

On this day, _____ appeared before me and acknowledged the execution of this trust agreement.

Notary Public

My Commission Expires: _____

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HIPAA Authorization

HIPAA AUTHORIZATION FORM

I, _____, authorize the release of my protected health information to _____.

Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

Acknowledged before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

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Affidavit of Heirship

AFFIDAVIT OF HEIRSHIP

I, _____, being duly sworn, state that I have personal knowledge of the family and heirs of the deceased, _____.

Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me on _____, 20____.

Notary Public

My Commission Expires: _____