

## PLEASE READ THIS DISCLAIMER AND SIGN ON THE APPROPRIATE LINE

You are to understand that the sole purpose of this Free Will Program is to provide free simple wills to Senior Citizens. The will prepared to you by the attorney under this program will not include any estate planning provisions, guardianship provisions, or complicated property distribution provisions.

The attorney who will draft the will is not considering the amount of your assets or the tax consequences of your will. If you have substantial assets, your estate may be subject to federal or state taxation. Therefore, if you have substantial assets, it is recommended that you retain the services of an attorney of your choice at your expense to review your estate plan, considering tax and other consequences.

The attorney who will draft the will under this program is only following your direction on the application form as to how your property is to be distributed under the will. The attorney will not personally interview you concerning those directions and is not undertaking any responsibility not providing any legal advice as to the impact of your will provisions.

Should you wish estate planning advice, trust arrangements or other advice relating to your estate, your beneficiaries or your property, you must seek the advice of an attorney of your own choice at your expense, since those services are not being provided to you under this program. The fact that the attorney preparing your will under this program does not discuss with you estate planning, trust arrangements or other issues is not to be interpreted by you as meaning that you are not in need of estate planning trust provisions or other legal advice.

### DISCLAIMER

By signing this form, I am releasing the preparing attorney and the Surrogate and his employees from any and all liability for preparation of my simple will and all matters related to my estate, but I am directing the preparing attorney to draft my simple will according to the directions contained in my will application form. This is not a will, but merely an application for a simple will and is prepared as part of the Cumberland County Surrogate's Free Will Program.

**Dated:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### PROCEDURE

The Cumberland County Surrogate's Court will forward this completed application to a volunteer attorney located in your general area. Once the will has been prepared, the volunteer attorney will contact you to go to their office to sign the will in front of two witnesses and a Notary Public of the State of New Jersey, so that the documents can be in the pre-probate form.

Although we try to prepare your will as quickly as possible, it sometimes can take 60 days or more to complete this process. Your patience is greatly appreciated. Any communication regarding a will must be directly from the person signing the will, not from friends and/or family.

# **FREE WILL PROGRAM APPLICATION**

{ THIS IS NOT A LAST WILL AND TESTAMENT. THIS IS AN APPLICATION FOR A SIMPLE WILL }

SPONSORED BY CUMBERLAND COUNTY SURROGATE, RUDOLPH A. LUISI  
CUMBERLAND COUNTY SURROGATE'S COURT  
60 WEST BROAD STREET, SUITE A-111 BRIDGETON, NEW JERSEY 0830  
{856} 453-4800

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## **BENEFICIARIES (WHO WILL RECEIVE MY PROPERTY UNDER MY WILL?)**

<b>NAME</b>	<b>SHARE{PERCENTAGE}</b>	<b>RELATIONSHIP</b>	<b>AGE</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **IF ANY OF THE ABOVE NAMED BENEFICIRIES PREDECEASE ME, THEIR SHARE IS TO BE DISTRIBUTED AS FOLLOWS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **EXECUTOR**

**{PERSON WHO WILL PROBATE MY WILL AND HANDLE THE FINANCIAL ASPECTS OF MY ESTATE}**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## **ALTERNATE EXECUTOR**

**{PERSON WHO WILL SERVE AS EXECUTOR IF ABOVE-NAMED EXECUTOR IS UNABLE TO SERVE}**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## **CHECK APPROPRIATE SPACE:**

I DO NOT HAVE AN EXISTING WILL \_\_\_\_\_ I HAVE AN EXISTING WILL \_\_\_\_\_

**DISCLAIMER ON REVERSE SIDE MUST BE READ AND SIGN FOR THIS APPLICATION TO BE VALID.  
PLEASE RETURN TO THE CUMBERLAND COUNTY SURROGATE'S OFFICE AT THE ABOVE ADDRESS.**