



## Follow up steps to making a will:

**After completing your last will, there are several important follow-up steps that should be taken to ensure its effectiveness and proper implementation:**

### **Review and Proofread**

Before finalizing anything, thoroughly review your will for accuracy and completeness. Ensure that your intentions are clearly stated and that all necessary details are included.

### **Sign the Will Properly**

To ensure the legality of your will, remember to have it signed by two witnesses who are not recipients of the will and are at least 18 years old. The U.S. Will Registry provides a convenient link to an online notary on our home page for your convenience.

### **Securely Store Your Duplicate Copy Online**

It is essential that your will is stored in a safe and protected location to ensure its security. The U.S. Will Registry provides a link on our home page to [SideDrawer.com](https://www.SideDrawer.com), a private and secure online platform, making sure your will is never lost or removed.

### **Register Your Will Free**

Registering your will with The U.S. Will Registry is a complimentary service that ensures the location of your will can be easily identified when necessary. The registration securely records the whereabouts of both your original copy and duplicate. Access to this information is restricted to those listed on your registration. Such access becomes available only upon submission of a death certificate and valid identification.

### **Review and Update Your Will annually for any changes or updates**

The U.S. Will Registry offers the convenience of annual email reminders to update your will. Regularly reviewing your will on an annual basis ensures it accurately reflects your wishes and stays current with any changes or updates.

**Attorney Consultation:** If you're uncertain about any aspect of your will or want to ensure its legality, consider consulting an attorney who specializes in estate planning.

\*Additional Estate Document forms can be found on the home page of The U.S. Will Registry

**LAST WILL AND TESTAMENT**  
**OF**  
**Ben Jameson**

I, Ben Jameson, residing at 692 NW 27 Place, Fort Lauderdale, Florida, 33301, Broward County, do hereby state that this is my Last Will and Testament, and I revoke all prior Wills and Codicils. This Last Will and Testament was created on 01/15/2024.

**FAMILY INFORMATION**

My spouse is Susan Ann Jameson and may hereafter be referred to as "my spouse".

As of the date of this Will, I do not have children.

**DIRECTIVES CONCERNING THE CARE OF PETS**

As of the date of this Will, it is my request that provisions are made for my pet(s) for the remainder of their lives and that those chosen use any specified bequests for that purpose.

My pet is Fluffy (Siamese Cat).

It is my request that Harry Kroll will be caregiver for my pet(s) Fluffy (Siamese Cat) for the remainder of their lives. Kari Kroll will be caregiver in the absence of primary caregiver.

**SPECIFIC BEQUESTS PROVISIONS**

I leave the following specific items to the person(s) or organization(s) below:

- The bequeathed item(s), 2022 Honda Accord, Sports memorabilia, Movado watch, will be given to Nancy Glass (Relative).
- The bequeathed item(s), Baseball card collection, gold necklace, Hirschfeld Artwork, will be given to Simon Lassover (Relative). If Simon Lassover does not survive me, then the gift(s) will be given to George Lassover (Relative).

**DISPOSITION OF RESIDUAL ESTATE**

All of my residual estate will be distributed to the following beneficiaries in the specified portions:

*As a heartfelt way to establish an enduring legacy: I would like to leave:*

---

Initials:

A. **\$5,000** share to be distributed to **American Heart Association**, a non-profit organization.

B. **100%** share to be distributed to **Susan Ann Jameson** (Spouse).

a. If Susan Ann Jameson (Spouse) does not survive me, the share of Susan Ann Jameson (Spouse) shall be distributed to following beneficiaries in noted percentage:

i. 50% share to be distributed to **American Heart Association** a non-profit organization .

ii. 50% share to be distributed to **Robert Benson** (Relative) .

If a mentioned charitable organization is no longer operating, its share will be given to the organization that succeeds in its interests. In the event the charity ceases to exist completely, the portion intended for that organization will be divided among the remaining beneficiaries.

If at any time no person or entity is qualified to receive a final distribution of any part of my residual estate, I give, devise, and bequeath that portion of my residuary estate to those persons who would inherit it had I then died intestate owning the property, as determined and proportioned under the laws of Florida then in effect.

## **DISPUTE RESOLUTION**

If any disagreements or disputes arise regarding the distribution of my assets or the terms of this will, I request that the involved parties first attempt to resolve them through:

Should disputes arise among my beneficiaries regarding the distribution of my estate, I intentionally refrain from incorporating a no-contest clause in this will. I express a genuine trust that my beneficiaries will uphold my final wishes without the need for such a provision. I firmly believe that encouraging open communication and maintaining harmony is in the best interest of my loved ones in matters concerning the distribution of my estate.

## **DESIGNATION OF EXECUTOR**

I hereby appoint Harry Cambell (Friend) as Executor/Personal Representative of this Last Will & Testament.

Should the aforementioned individual be unavailable, unwilling or unable to serve as Executor/Personal Representative, then I hereby nominate Paul Miller (Relative) as the alternate Executor/Personal Representative of this Last Will & Testament.

Immediately following my death, the Executor/Personal Representative will be authorized to exercise all provisions of this Last Will & Testament and to use the assets from my estate to make all necessary arrangements, without any unnecessary delay, for the payment of personal debts, obligations and

---

Initials:

funeral expenses.

### **PERFORMANCE BASED EXECUTOR COMPENSATION**

The compensation of the executor shall be contingent upon their diligent performance and satisfactory fulfillment of all duties related to estate administration. In the event that the executor successfully meets all obligations and settles the estate in accordance with the terms outlined in this will, they shall be entitled to receive compensation of \$5,000 for their representation and work on behalf of my estate.

### **POWERS OF EXECUTOR**

- A. **General Grant of Powers:** My appointed Executor shall possess all the powers necessary for the proper administration of my estate and the execution of this Will.
- B. **Specific Powers:** In addition to the general grant of powers, my Executor is specifically authorized to:
- Manage and distribute all assets, properties, and funds of my estate.
  - Sell, transfer, or otherwise dispose of any real or personal property belonging to my estate as deemed necessary.
  - Pay all my outstanding debts, liabilities, funeral expenses, and testamentary charges.
  - Invest and reinvest funds of my estate in any lawful investments, without being limited by statute or rule of law.
  - Enter into contracts, agreements, and transactions on behalf of my estate to carry out its administration and settle any claims.
  - Hire and employ attorneys, accountants, and other professionals, as well as assistants, to aid in the proper management and settlement of my estate.
  - Exercise any voting rights, hold stock, and participate in the management of any business or entity in which my estate has an interest.
  - Resolve, settle, or contest any claims or disputes that may arise regarding my estate.
  - Take any actions necessary to protect, preserve, and enhance the value of my estate.
- C. **Limitations:** I impose no limitations on my Executor's powers, except where specific assets or properties are bequeathed or designated in this Will to be held, distributed, or managed separately.

I trust my appointed Executor to carry out the responsibilities entrusted to them diligently and in accordance with the intentions stated in this Will.

### **MISCELLANEOUS PROVISIONS**

---

Initials:

- A. **Numbers and Genders and Paragraph Names:** The provisions of this Will are given regardless of gender or number. When reference is made to a plural expression it shall include a singular expression alongside it when the context and information requires, and vice versa. An example of this would be the words “child” and “children”. When reference is made to a particular gender, this reference will extend to and include all genders. Paragraphs in this Will are given names for the purpose of easy referencing. These names should not be construed as a part of this Will, and therefore, should not be used to interpret the requests and provisions made in this Will.
- B. **Liability of Fiduciary:** Any person acting without fraudulent conduct or bad faith, as a fiduciary for me is not considered liable individually to any beneficiary of my estate. My estate is responsible for compensating the fiduciary for any and all claims and expenses incurred while acting on my behalf with good faith actions or lack of actions. This is required unless the actions or lack of actions of the fiduciary are proven to be fraudulent or in bad faith. If there are successor trustees of my estate, they are not required to research or be accountable for any of the previous administrations of my estate.
- C. **Executor's Exoneration & Responsibilities:** The Executor of my estate is exonerated from personal liability and is responsible for payment of reasonable expenses incurred by my estate and trust. The Executor is also tasked with overseeing any changes made to my estate and trust. Furthermore, the Executor shall receive reasonable compensation for representing me and working on behalf of my estate, along with reimbursement for reasonable expenses incurred.
- D. **Bond:** My Executor is not required to give any bond, surety, or security to any court.
- E. **Ancillary Clause:** In the event that assets or property are owned by the individual in various locations and the primary (domiciliary) executor named in the will is unable or unwilling to manage them in those areas, the primary executor is granted the authority to designate an alternate person (ancillary executor) or entity to handle those assets. This chosen individual or entity will possess equivalent powers and responsibilities as granted to the primary executor in the will. The primary executor also has the discretion to delegate to the chosen alternate executor any powers originally granted to the primary executor, as deemed appropriate. This includes the option to serve without the requirement of a bond or surety on bond. The resulting profits from managing the assets in those locations will be transferred to the primary executor.
- F. **Applicable Law:** The validity and construction of my Will will be determined by the laws of the State of Florida.
- G. **Severability:** If any part of this instrument is determined to be void or invalid, the remaining provisions will continue in full force and effect.

## FUNERAL AND FINAL RESTING PLACE INSTRUCTIONS

**Instructions:** The intention of this document is to assist your loved ones in preparing your funeral and final resting place. This is not a legal document. Store it in a safe place and make sure your executor and loved ones know where to find it. If you would like to amend it, create a new document on [Freeonlinewill.com](http://Freeonlinewill.com) and destroy your old document.

### **Funeral Arrangement Information:**

**Funeral Home Name:** Davis Funeral Home

**Place:** Fort Lauderdale, FL

**Funeral Detail/Instructions:** Please celebrate my life by taking those who come to my funeral and take them for a crab feast in my honor.

---

Initials:

## **PRIOR TO SIGNING THIS DOCUMENT**

1. Make sure each page is numbered and initialed by the will Maker on the bottom of each page (not including the witness page).
2. Selecting two qualified witnesses is crucial to ensure the validity and legality of your will.
3. In the event that the individual creating the Will is unable to sign due to physical disability, they have the option to appoint another person to sign on their behalf, provided the Will writer is present. It is advisable to consult with an attorney if you believe this step is required.
4. It is advised that a "Self-Proving" affidavit is attached to this Last Will. By adding a self-proving affidavit, the need for witness testimony can be avoided, so beneficiaries and loved ones can receive their assets faster after you die. To get an affidavit you will need to gather your witnesses and sign in front of a notary public to have the document notarized.
5. This Will is not designed to reduce taxes.
6. In the event you make a new will, make certain you destroy this version or any previous version to avoid any legalities or confusion.

***This Will has been created at [TheUSWillRegistry.org](http://TheUSWillRegistry.org)***

### **DISCLAIMER:**

- *The U.S. Will Registry does not provide legal advice and is not a law firm.*
- *It is advised that you contact an estate attorney to have this will reviewed to make sure it meets your state guidelines, or if you have a complicated estate.*

**WITNESS PAGE**

**Witnesses to the signing of this Last Will, are testifying that:**

- a. The Maker of this will is signing this document as a free and voluntary act.
- b. All present (including the Testator) are of minimum age (in most states 18).
- c. Will Maker is of "**sound mind**" defined by legally having the capacity to think, reason, and understand for oneself.
- d. No witness is a beneficiary in the will.
- e. All are present and eye witness during the actual signing of this will .

**INITIALS FOR WITNESSES** for Statements (a) - (e) above

1. \_\_\_\_\_ 2. \_\_\_\_\_

IN WITNESS THEREOF: I declare this to be my Last Will and Testament, written upon this preceding (#)\_\_\_\_\_ pages, and subscribed by Ben Jameson on this \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

SIGNED by the Testator, \_\_\_\_\_ as their last will, in our presence, both being present at the same time. We, at their request and in their presence, and in the presence of each other, have subscribed our names as witnesses.

X \_\_\_\_\_  
(Ben Jameson, Testator)  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

1.	_____	X	_____	_____
	Witness Name (Print)		Witness Signature	Date
	_____		_____	
	Email		Phone	

2.	_____	X	_____	_____
	Witness Name (Print)		Witness Signature	Date
	_____		_____	
	Email		Phone	

**SELF PROVING AFFIDAVIT**

STATE OF FLORIDA  
COUNTY BROWARD

I, Ben Jameson, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my Last Will and Testament.

\_\_\_\_\_  
Ben Jameson, Testator

We, \_\_\_\_\_, and \_\_\_\_\_, have been sworn by the officer signing below, and declare to that officer on our oaths that the Testator declared the instrument to be the Testatrix's Last Will and Testament and signed it in our presence and that we each signed the instrument as witness in the presence of the Testator and of each other.

Witness 1: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Witness 2: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Acknowledged and subscribed before me by means of physical presence or online notarization, by the Testator, Ben Jameson, who is personally known to me or who has produced \_\_\_\_\_ as identification, and sworn to and subscribed before me by the witnesses, \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and \_\_\_\_\_ who is personally known to me and subscribed by me in the presence of the Testatrix and the subscribing witnesses, all on \_\_\_\_/\_\_\_\_/20\_\_.

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Notary Public

(Seal)

## NON PROBATE ASSETS

Below is a list of my non-probate assets, provided to assist the executor of my estate in identifying, managing, and settling these assets on behalf of my estate.

**Asset Type:** Payable-on-Death (POD) Account

Institution/Provider: Bank of America Account

Approx. Amount: \$35,000

Description: Personal Bank Account

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_

**Asset Type:** \_\_\_\_\_

Institution/Provider: \_\_\_\_\_

Approx. Amount: \_\_\_\_\_ Policy/Account #: \_\_\_\_\_

Description: \_\_\_\_\_