LAST WILL AND TESTAMENT OF

Name: First name, Middle name, Last name as it appears in Passport

I, Name: first middle Last, a resident of **Pattaya Beach Thailand** and a Citizen of the United States being born in **Fergus Falls Minnesota on 03 March 1954** bearing US passport number **XXXXXXXXX** being of sound and disposing mind and memory and over the age of eighteen (18) years and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my last Will for any and all assets I legally own in the Kingdom of Thailand, hereby expressly revoking all Wills and Codicils previously made by me.

I. EXECUTOR: I appoint **(example) FULL NAME (Friend, wife sibling etc.)** US passport number **XXXXXXXXX or Thai ID number XXXXXXXXX** as Executor of this my Last Will and Testament and provided if this Executor is unable or unwilling to serve then I appoint **FULL NAME MY Friend (wife sibling etc.) US passport number or Thai ID number XXXXXXXXX** as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

II. BEQUESTS: I have children **(or do not have children)** in the United States; my assets held in the US are addressed in a separate will located in the US. A copy is located in my personal files.

III. ALL REMAINING PROPERTY IN THE KINGDOM OF THAILAND; RESIDUARY CLAUSE: I give, devise, and bequeath all of my estate, of whatever kind and character, and wherever located within the Kingdom of Thailand, to **_____ (MY Child (son or Daughter) Friend / Wife or other) US or Thai Identification number XXXXXXXXXX** one hundred percent (100%). If in the unlikely event my **Child _Name _____ should** expire (die) at the same time I further declare that my assets in Thailand, then go to _____ in equal parts **1/_ each.**

1. **Miss /Mr. _____ _____ID XXXXXXXXXX**
2. **2nd**
3. **3rd**

If in the unlikely event the 3 designated survivors should proceed me **and _____in death I further declare that my assets in Thailand, then go to (example) Care for Kids Charity Pattaya Beach (½) and the Banchang Utapao VFW post 12146 Banchang (½)** to be used as determined by the Charity Board of Directors, VFW Post Officers.

IV. WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL: My Executor or alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisement of my estate. I direct that no expert appraisal be made of my estate unless required by law.

V. SEVERABILITY AND SURVIVAL: If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

VI. FUNERAL DESIRES: I direct that my remains be released to my Executor and that they be cremated in or around **(example) Pattaya Beach Thailand and that the ashes be disposed in the manner decided by my Executor.** I do not require the US Embassy to receive any authorization from my Next of Kin in order to release my remains to my Executor for transport to the Watt.

LAST WILL AND TESTAMENT OF

Name: First name, Middle name, Last name as it appears in Passport

IN WITNESS WHEREOF, I, Name: First, middle, last hereby set my hand to this last Will on each page, on this _____Day of _____Month _____Year at _____Location (Ex: Pattaya Beach, Thailand)

_____ [Signature]
Name: First, middle, last

WITNESSES

The foregoing instrument, consisting of TWO pages, including this page, was signed in our presence by Name: First, middle, last and declared by HIM to be HIS last Will. We, at the request and in the presence of Name: First, middle, last and in the presence of each other, have subscribed our names below as witnesses. We declare that we are of sound mind and of the proper age to witness a Will, and that to the best of our knowledge the testator is of the age of majority, or is otherwise legally competent to make a Will, and appears of sound mind and under no undue influence or constraint. Under penalty of perjury, we declare these statements are true and correct on this 15th day of May 2025 at Pattaya Beach Thailand

_____ [Signature of Witness #1]

_____ [Printed name of Witness #1]

_____ [Address of Witness #1, Line 1]

_____ [Address of Witness #1, Line 2]

_____ [Signature of Witness #2]

_____ [Printed name of Witness #2]

_____ [Address of Witness #2, Line 1]

_____ [Address of Witness #2, Line 2]

_____ [Signature of Witness #3]

_____ [Printed name of Witness #3]

_____ [Adress of Witness #3, Line 1]

_____ [Adress of Witness #3, Line 2]

LAST WILL AND TESTAMENT OF

Name: First name, Middle name, Last name as it appears in Passport

Attachment: for information

Examples:

THE PROPERTY CURRENT ADDRESS (s): _ properties
See the attached Photo, Safe / Drawer A of file Cabinet
The actual deed is located in the Cabinet

Thai Bank # 1
Name of bank: Krungsri (copy of book attached)
Office: X-XXXX-XXXX
Name of Account:
Type of Account: SAVINGS. Acct Number: XXX-X-XXXXXX-X
Passbook is located in Safe/Drawer A of file Cabinet number three (3)

Upon notification of my death. Make contact with US Embassy Bangkok, American Citizens Services Department, contact my Executor (My Friend / VFW Comrade) and Alternate Executor.

NAME, ADDRESS, PHONE, E-MAIL of persons / family in the States to be notified when I become incapacitated, or I pass on:
Details here:

VEHICLE: TYPE, MAKE, MODEL, AND YEAR.
I own Motor Bike and Car parked at my primary residence: Title # XXXXXXXXX

OTHER INFO:
Attached:
Copy of US Passport Cover page & Visa
Copy of Thai Driver license and Thai ID
Copy of the children (3 ea.) ID
Copy of Cover page Thai Bank # 1 Krungsri bank book
Copy of Vehicle (2 ea.) Titles
Copy of Share Certificate / Statement of account
Copy of Designation of Beneficiary
Advance Health Care Directive

Additional information:
In my room/office I maintain Safe / Filing Cabinets labeled / indexed with all pertinent personal important documents and information. Passwords are recorded and located in a sealed envelope in the file cabinet.

LAST WILL AND TESTAMENT OF

Name: First name, Middle name, Last name as it appears in Passport

ADVANCE HEALTH CARE DIRECTIVE
I, Name: First, middle, last being of sound mind, voluntarily create this Advance Health Care Directive.

PRIOR DESIGNATIONS
I revoke any prior Advance Health Care Directive.

APPOINTMENT OF HEALTH CARE PROXY & ALTERNATE HEALTH CARE PROXY
In the event that I have been determined to be incapable of providing informed consent for medical, surgical, and diagnostic treatments, I wish to designate the following person as my health care proxy for health care decisions:

First Name, Last Name/ US passport number XXXXXXXXX and alternate XXXXXXXXX US passport number XXXXXXXXX or Thai ID number

HEALTH CARE PROXY'S AUTHORITY
My health care proxy has the power to make any and all health care decisions for me, except to the extent that I state otherwise. My health care proxy and any alternate health care proxy shall have the authority to make all health care decisions regarding my care, treatment, or procedures to maintain, diagnose, or treat my physical or mental health or personal care.
If I should either (1) have an incurable or irreversible condition that will cause my death within a relatively short time and I am no longer able to provide informed consent regarding my medical treatments or (2) if I should become permanently unconscious in a coma or vegetative state, my health care proxy and any alternate health care proxy shall also have the authority to make decisions regarding the providing, withholding, or withdrawing of life sustaining treatments as my health care proxy. My health care proxy has full power to review and receive any information regarding my physical or mental health, including medical and hospital records, in accordance with the Laws of Thailand. My health care proxy does not have authority to act for me for any purpose other than my health care. All of my health care proxy's actions under this power have the same effect on my heirs, devisees, and personal representatives as if I were competent and acting for myself.

WHEN HEALTH CARE PROXY'S AUTHORITY BECOMES EFFECTIVE
The designation of my health care proxy will become effective if I am unable to make or communicate my health care decisions as determined by my attending physician and will remain in effect until either my death or until I regain competence and revoke it.

EFFECT OF COPY
A copy of this Instrument has the same effect as the original.
SEVERABILITY
If any part of any provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

SIGNATURE
This Advance Health Care Directive is made after full and careful thought while I am of sound mind. I am fully informed as to the contents of this document and understand the meaning of granting these powers to my agent. I fully understand that by signing this document, I will permit my health care proxy to make health care decisions for me when I am no longer able. I understand that this document gives my health care proxy the power to provide, withhold, or withdraw consent to health care treatments or procedures on my behalf; to apply for public benefits to cover the costs of my medical treatment; and to authorize my admission to or transfer from a health care facility. I further affirm that I am not signing this document as a condition of treatment or admission to a health care facility.

_____ [Signature]
Name: First, middle, last

_____ INIT WITNESS #1 _____ INIT WITNESS #2 _____ INIT WITNESS #3

LAST WILL AND TESTAMENT OF

Name: First name, Middle name, Last name as it appears in Passport

LIVING WILL
If I, Name: First, middle, last become incapacitated and am no longer able to provide informed consent and make my wishes known to my health care providers, I direct that this Living Will be read as a true reflection of my health care wishes.

END OF LIFE CARE
If I have a terminal condition that a Physician certifies will reasonably result in my death within a relatively short period of time with no realistic hope of recovery, or I am in an irreversible coma or permanent vegetative state that a Physician certifies as having no realistic hope of recovery and that it is unlikely that I will regain consciousness, I specifically direct that:

1. I be provided with comfort care and pain relief, including pain management medication.
_____ (My Initials)

2. I be removed from life support or any other artificial life-prolonging treatment, even if doing so will shorten my life.
_____ (My Initials)

3. I NOT be artificially administered nutrition (food) and hydration (water) through tube or IV, even if it has the effect of prolonging my life.
_____ (My Initials)

4. I direct that I NOT receive heart-lung resuscitation (CPR).
_____ (My Initials)

5. I direct that I NOT receive any surgeries, even if my doctors deem them necessary to prolong my life.
_____ (My Initials)

6. I direct that I NOT receive chemotherapy, even if my doctors deem it necessary to prolong my life.
_____ (My Initials)

7. I direct that I NOT receive radiation treatment, even if my doctors deem it necessary to prolong my life.
_____ (My Initials)

8. I direct that I NOT receive dialysis (kidney treatments), even if my doctors deem it necessary to prolong my life.
_____ (My Initials)

9. In summary I direct that If I have a terminal condition that a Physician certifies will reasonably result in my death within a relatively short period of time with no realistic hope of recovery, I NOT be resuscitated, no mechanical, electrical or chemical treatment or resuscitation (CPR) to prolong my life.
_____ (My Initials)

10. I have no further instructions regarding my end of life care.
_____ (My Initials)

THE THINGS LISTED IN THIS DOCUMENT ARE WHAT I WANT
I understand the following: I understand that there are more options available to me than those listed here with respect to my future health care and I assure that the directions I have provided were given with knowledge of alternatives that I rejected.
_____ (My Initials)

If my doctor or hospital does not want to follow the directions I have detailed here, they must ensure that I am transferred to a doctor or hospital who will follow my instructions.
If the time comes for me to stop receiving life sustaining treatment or food or water through a tube or IV, I direct that my doctor talks about the good and bad points of doing this, and about my wishes, with my health care proxy.

LAST WILL AND TESTAMENT OF

Name: First name, Middle name, Last name as it appears in Passport

SIGNATURE
I understand the full importance of this document and I am emotionally and mentally competent to make this document. I have written this document upon careful reflection and consultation with my Physician. I affirm that I am fully aware of other options available to me and any options that I rejected were omitted from the above intentionally. I declare that I am an adult in the Pattaya Beach Chonburi Thailand.

_____ [Signature]
Name: First, middle, last

STATEMENT OF WITNESSES
I am of at least 18 years old. I declare under penalty of perjury that Name: First, middle, last signed or requested that another person sign this document on their behalf in my presence. Name: First, middle, last is personally known to me or provided me with evidence sufficient to convince me of their identity, and they signed this document voluntarily and appear to be of sound mind and under no duress, fraud, or undue influence. I further declare that I am not Name: First, middle, last spouse, parent, child, sibling, or otherwise related to Name: First, middle, last through blood, marriage, or adoption. I declare that I am not a person appointed as Name: First, middle, last health care representative, not entitled to any portion of Tim Dueck estate to the best of my knowledge, and not financially responsible for Name: First, middle, last health care costs. I am not Name: First, middle, last health care provider, an operator or employee of a care facility, or an operator or employee of a nursing home.

_____ [Signature of Witness #1]

_____ [Printed name of Witness #1]

_____ [Address of Witness #1, Line 1]

_____ [Address of Witness #1, Line 2]

_____ [Signature of Witness #2]

_____ [Printed name of Witness #2]

_____ [Address of Witness #2, Line 1]

_____ [Address of Witness #2, Line 2]

_____ [Signature of Witness #3]

_____ [Printed name of Witness #3]

_____ [Adress of Witness #3, Line 1]

_____ [Adress of Witness #3, Line 2]

LAST WILL AND TESTAMENT OF

Name: First name, Middle name, Last name as it appears in Passport

SIGNATURE OF PROXY

I, Full Name (FILL IN) and / or Name of Proxy am willing to serve as the health care proxy for Name: First, middle, last as specified in this Advance Directive.

_____ [Signature of Proxy]

_____ [Printed name of Proxy]

_____ [Address of Proxy, Line 1]

_____ [Address of Proxy, Line 2]

_____ [Signature of Alternate Proxy]

_____ [Printed name of Alternate Proxy]

_____ [Address of Alternate Proxy, Line 1]

_____ [Address of Alternate Proxy, Line 2]