

**LAST WILL  
AND  
TESTAMENT  
OF  
KATHRYN AUSTIN**

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I, **KATHRYN AUSTIN**, residing at 473 Bird Road, in the County of Bristol, City of Mansfield, and State of Massachusetts, which I hereby declare to be my domicile, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils by me at any time heretofore made.

**1. FUNERAL EXPENSES**

I hereby direct my Executor hereinafter named to pay all my just debts and funeral expenses as soon after my demise as may be practicable.

**2. TAXES:**

I direct that all estate, inheritance and other death taxes (including any interest and penalties thereon) imposed by any jurisdiction whatsoever by reason of my death upon or with respect to any property includible in my estate for the purpose of any such taxes, or upon or with respect to any person receiving such property, whether such property shall pass under or outside the provisions of the Will, shall be paid, without apportionment, out of my general estate, as a cost of administration.

**3. ESTATE – SPOUSE**

All the rest, residue and remainder of my property, of every kind and nature wheresoever situated, whether real or personal, including therein any lapsed legacies, bequeaths, or devises (herein referred to as my “residuary estate”), I give, devise and bequeath to my beloved husband, **ANDREW AUSTIN**, if he shall survive me.

**4. ESTATE – CHILDREN**

If my beloved husband, **ANDREW AUSTIN**, fails to survive me, then I give, devise and bequeath my residuary estate to those of my children who survive me in equal shares, per stirpes, or if I only have one child, then I give, devise and bequeath my residuary estate to that child. All references in this Will to “children,” are intended to apply to children of mine at the date of the execution of this Will as well as children of mine born after the execution of this Will.

**5. ESTATE – RELATIVES**

In the further event that my husband, **ANDREW AUSTIN**, and my children all fail to survive me, then I give, devise and bequeath all of my said residuary estate, as follows:

- A. A one-third (1/3) interest in my residuary estate to my sister, **KRISTIN NYGREEN**, residing at 30 W 15<sup>th</sup> Street #10S, New York City, New York, 10011, if she shall survive me. If my sister, **KRISTIN NYGREEN**, fails to survive me, then I direct that this bequest shall be considered to have lapsed and therefore the said share will be included in my

residuary estate to be distributed, in equal shares, to those other individual beneficiaries named in this Article 5 who do survive me.

B. A one-third (1/3) interest in my residuary estate to my sister, **KYSA NYGREEN**, residing at 28 Maple Ave, Northampton, MA 01060, if she shall survive me. If my sister, **KYSA NYGREEN**, fails to survive me, then I direct that this bequest shall be considered to have lapsed and therefore the said share will be included in my residuary estate to be distributed, in equal shares, to those other individual beneficiaries named in this Article 5 who do survive me.

C. A one-third (1/3) interest in my residuary estate to my brother-in-law, **MATTHEW AUSTIN**, residing at 1 Macedonia Road, Kent, Connecticut, 06757, if he shall survive me. If my brother-in-law, **MATTHEW AUSTIN**, fails to survive me, then I direct that this bequest shall be considered to have lapsed and therefore the said share will be included in my residuary estate to be distributed, in equal shares, to those other individual beneficiaries named in this Article 5 who do survive me.

#### **6. COMMON DISASTER**

If any of my beneficiaries under this Will shall die with me in a common disaster or under such circumstances that it would be impossible to determine who dies first, then in that event, I direct that for purposes of this, my Last Will and Testament, that such beneficiary be deemed to have predeceased me.

#### **7. EXECUTOR AND SUBSTITUTE EXECUTOR**

I hereby nominate, constitute and appoint my husband, **ANDREW AUSTIN**, as Executor of this, my Last Will and Testament. In the event my said husband, **ANDREW AUSTIN**, does not survive me, or fails to qualify, or ceases to act as Executor, then I nominate, constitute and appoint my sister, **KRISTIN NYGREEN**, as the Substitute Executor of this, my Last Will and Testament.

#### **8. GUARDIAN AND SUBSTITUTE GUARDIAN**

If my beloved husband, **ANDREW AUSTIN**, fails to survive me, then I appoint my sister, **KRISTIN NYGREEN**, as Guardian of the person and property of my minor children. In the event my said sister, **KRISTIN NYGREEN**, does not survive me, or fails to qualify, or ceases to act as Guardian, then I nominate, constitute and appoint my brother-in-law, **MATTHEW AUSTIN**, as the Substitute Guardian of this, my Last Will and Testament.

#### **9. DISTRIBUTION OF ESTATE TO MINORS**

If any person who takes under this Will shall be under the age of twenty-one (21) years of age at the time title vests in him or her, I authorize my Executor in his or her absolute discretion:

A. To retain any property to which such person may be entitled, and to manage, invest and reinvest the same and to apply such part or all of the net income therefrom and such part or all of the principal, as he may deem necessary or desirable, for the proper education, support and general welfare of my such person until he or she attains the age of twenty-one (21) years at which time I direct my Executor to transfer and to pay over to such person the accumulated income, if any, and the balance of the principal. My Executor is authorized to

retain any part of such income not so used and shall have in respect of such income and principal all of the powers and authority set forth in Article 12 of this Will.

B. To make such payment or distribution of any property to which such person may be entitled, to the parent, guardian, committee or other legal representative, whenever appointed, of such person or to the person with whom she shall reside or to any adult or a bank or trust company to hold for such person as custodian under the Uniform Gifts to Minors Act or any similar statute of any jurisdiction or to such individual personally, and upon such payment or distribution of such property, my Executor shall be relieved of all liability with respect thereto, the receipt of the person to whom such property shall have been paid or distributed being a complete discharge therefore, even though my Executor may be such person.

#### **10. FINAL RESTING PLACE**

I request that my final resting place be by cremation. If I die before my husband, **ANDREW AUSTIN**, I want him to decide where I am buried. If **ANDREW** and I die together, we want our ashes to be buried in a location that will be convenient for our children to visit us.

#### **11. SURETYSHIP**

I direct that no person named to act in a fiduciary capacity under this, my Last Will and Testament, shall be required to furnish a bond or other security for the performance of his or her duties, in this or any other jurisdiction.

#### **12. POWER OF EXECUTOR**

In addition to those powers, authority and discretion, conferred by law, I give to my Executor and any successor of my Executor, full power, authority and discretion to manage my estate or any trust created herein, and to do all acts and things concerning my said estate or any trust created herein which I could do if living or which may lawfully be done by persons owning similar assets and properties in their name, including without limitation, the power and authority to sell, lease, convey or transfer any or all of my personal property either at public or private sale, and upon such terms and conditions as they in their discretion may consider fair.

**13. CLOSING**

A. All references herein to this Will or this Last Will and Testament shall be construed as referring to this, my Last Will and Testament, and any codicil or codicils hereto that I may hereinafter execute.

B. Whenever necessary or appropriate, the use herein of any gender and the use herein of either the singular or the plural shall be deemed to include the other.

**14. SIGNATURE AND WITNESSES**

I, the undersigned Testator, do hereby declare that I sign and execute this instrument as my last will, that I sign willingly in the presence of each of said witnesses, and that I execute it as my free and voluntary act for the purposes herein expressed on this 4 day of APRIL, 2020.

Kathryn Austin  
Kathryn Austin

We, the witnesses, sign our names to this instrument and do hereby declare that the Testator signs and executes this instrument as his last will, and that he signs it willingly and that each of us, in the presence and hearing of the Testator, hereby signs this will as a witness to the Testator's signing, and that to the best of our knowledge the Testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

Dated: 4 day of APRIL, 2020

Michael M Wabl  
Signature of Witness #1

Michael M Wabl  
Print Name

480 Bird Rd.  
Address

Mansfield, MA 02048  
Address

John Kemp  
Signature of Witness #2

John Kemp  
Print Name

465 Bird Rd  
Address

Mansfield, MA 02048  
Address

**Kathryn Austin  
Health Care Proxy**

**INTRODUCTION**

This health care proxy was written together by Andrew and Kathryn Austin. In the case that either of us is in an accident that leaves us in a state where life support must be used, the following is meant to serve as a guideline for each of us, or our families to follow if we are both incapacitated, in order to make such decisions.

**1. HEALTH CARE AGENT**

I, **KATHRYN AUSTIN** of 473 Bird Road, Mansfield, MA 02048, hereby appoint **ANDREW AUSTIN**, my husband, of 473 Bird Road, Mansfield, MA 02048, as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

**2. INSTRUCTIONS**

I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as she otherwise knows.

- A. If I am in a non-communicative, vegetative state without reasonable hope for recovery, I do not want to be maintained on life support.
- B. If I am in a coma with normal brain activity, I want to be assisted with life support until all reasonable hope for recovery has passed; that is, recovery to a post coma, communicative, non-vegetative state.
- C. If I am in a coma but wake up with normal brain activity, I want to be assisted with life support if necessary in order to progress to a communicative, non-vegetative state.

**3. SUBSTITUTE HEALTH CARE AGENT**

Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent:

**KYSA NYGREEN**, my sister, of 28 Maple Ave, Northampton, MA 01060

*Kathryn Austin*  
Kathryn Austin

4/4/20  
Date

**Statement by Witness:** I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his own free will. He signed this document in my presence.

Signature: Witness #1

Print Name

Address

Signature: Witness #1

Print Name

Address