CODICIL: USA [page 1 of 2]
ATTACH THE COMPLETED CODICIL TO YOUR EXISTING WILL. WE STRONGLY RECOMMEND THAT YOU CONSULT YOUR SOLICITOR WHEN MAKING ANY CHANGES TO YOUR WILL.

| I, FULL NAME OF TESTATOR, that is, the PERSON MAKING THIS WILL |   |                |
|--|---|----------------|
| [IF KNOWN BY OTHER NAM   | MES, also known as                                |                |
| IF MARRIED WOMAN, form   | erly known as MAIDEN NAME                         |                |
| a resident of ADDRESS  |   | ],             |
| COUNTY   | , STATE   |                |
| declare that this is the FII                                   | RST, SECOND, THIRD etc                            | Codicil to     |
| my last Will and Testame                                       | ent, which is dated DATE OF CURRENT WILL          | //             |
| [IF THERE ARE ONE OR MC  | DRE PREVIOUS CODICILS, ADD and the Codicils       | thereto, dated |
| DATES OF ALL PREVIOUS (  | CODICILS  | ]              |
| I hereby confirm and rep                                       | ublish my Will, dated DATE OF CURRENT WILL        |                |
| I subscribe my name to t                                       | this Codicil on DATE OF CODICIL                   |                |
| at ADDRESS   |   | <b></b> ,      |
| in the presence of PRINT                                       | NAMES   | ,              |
| WITNESS 1  | ,   |                |
| WITNESS 2  | , and   |                |
|  | , attesting witnesses, whicil on DATE OF CODICIL/ |                |
| SIGNATURE OF TESTATOR  |   |                |
| GO TO SECOND PAGE  |   | _              |

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## **ATTESTATION CLAUSE**

| On the date last written about                      | ve, NAME OF TESTATOR  |
|---|---|
| known to us to be the perso                         | n whose signature appears at the end of this Codicil,                         |
| declared to us, the undersig                        | ned, that the foregoing instrument, consisting of 2 pages,                    |
| was the FIRST, SECOND, etc                          | Codicil to his/her Will, dated DATE OF WILL                                   |
| He/She then signed the Coopresence, we now sign our | dicil in our presence and, at his/her request, in his/her names as witnesses. |
| WITNESS 1 SIGNATURE                                 | , residing at   |
| ADDRESS   | ,   |
| COUNTY  | , STATE   |
| WITNESS 2 SIGNATURE                                 | , residing at   |
| ADDRESS   | ,   |
| COUNTY  | , STATE   |
| WITNESS 3 SIGNATURE                                 | , residing at   |
| ADDRESS   |   |
| COUNTY  | . STATE   |