|  |  |
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| State of \_\_\_\_\_\_\_\_ | Rev. 133C580 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CODICIL TO LAST WILL AND TESTAMENT OF**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

I, \_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare this to be my \_\_\_\_ Codicil (this “Codicil”) to my Last Will and Testament created by me on \_\_\_\_\_\_\_\_\_ (my “Last Will and Testament”).

1. My Last Will and Testament shall be amended and modified as set forth herein below.

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be amended to change my intended appointed executor from \_\_\_\_\_\_\_ to \_\_\_\_\_\_, my \_\_\_\_\_\_. It is my intent to appoint \_\_\_\_\_\_ as my executor, \_\_\_\_\_\_\_ shall not be appointed. In all other respects \_\_\_\_\_\_\_\_\_\_\_\_ shall remain the same.

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sentence number \_\_\_ shall be deleted in its entirety.

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby added to my Last Will and Testament and shall read as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_shall be modified so that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. If any statement in this \_\_\_\_\_ Codicil contradicts or conflicts with my Last Will and Testament, this Codicil shall control.

7. In all other respects I reaffirm and republish my Last Will and Testament as referenced above.

IN WITNESS WHEREOF, I, \_\_\_\_\_\_\_\_\_\_\_\_, have signed my name below, on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016.

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|  |  |
| **Testator**Signature |  |

SIGNED AND DECLARED by \_\_\_\_\_\_\_\_\_\_\_, in our joint presence to be his \_\_\_\_\_\_ Codicil to Last Will and Testament, and remaining in his presence, and in the presence of each other, and at his request, we signed as attesting witnesses, this clause having first been read aloud.

First Witness

|  |  |
| --- | --- |
|  |  |
| **First Witness** Signature | (date) |
|  |  |
| **First Witness** Name | |
|  | |
| **First Witness** Address | |
|  | |
| **First Witness** City, State and Zip Code | |

Second Witness

|  |  |
| --- | --- |
|  |  |
| **Second Witness** Signature | (date) |
|  |  |
| **Second Witness** Name | |
|  | |
| **Second Witness** Address | |
|  | |
| **Second Witness** City, State and Zip Code | |

Third Witness

|  |  |
| --- | --- |
|  |  |
| **Third Witness** Signature | (date) |
|  |  |
| **Third Witness** Name | |
|  | |
| **Third Witness** Address | |
|  | |
| **Third Witness** City, State and Zip Code | |

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We, , , , the witnesses, and \_\_\_\_\_\_\_\_\_\_, the Testator, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned officer that the Testator, in the presence of witnesses, signed the instrument as his \_\_\_\_\_ Codicil to Last Will and Testament and that he signed voluntarily and that each of the witnesses in the presence of the Testator and in the presence of each other signed the Codicil as a witness, and that to the best of the knowledge of each witness, the Testator was, at the time, 18 or more years of age, of sound mind and under no constraint or undue influence.

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| **Testator**Signature |  | **Testator** Full Name |
|  |  |  |
| **First Witness**Signature |  | **First Witness** Full Name |
|  |  |  |
| **Second Witness**Signature |  | **Second Witness** Full Name |
|  |  |  |
| **Third Witness**Signature |  | **Third Witness** Full Name |

SWORN TO and SUBSCRIBED before me on this day of , 2016, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, , , and \_\_\_\_\_\_\_\_\_, the Testator and, who are personally known to me or produced a driver's license as identification and who did take an oath.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public** Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public** Name

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_