

CODICIL TO WILL OF (Your Name)

I, _____, with a mailing address of _____ City of _____, State of _____ ("Testator") create this Codicil to my Last Will dated the ____ day of _____, 20____ ("Last Will"). I hereby republish and declare said Last Will as amended by this Codicil to be my Last Will.

I. Declaration. I hereby declare the following amendments in this Codicil:

II. Terms. All other terms, conditions, statements, and requests of the Last Will shall remain in effect. In every respect, I hereby ratify, reaffirm and republish my Last Will dated the ____ day of _____, 20____.

IN WITNESS whereof I, the Testator, have authorized this Codicil on the undersigned date and in the presence of Two (2) Witnesses Two (2) Witnesses and a Notary Public.

Testator's Signature _____ Date _____, 20____

Print Name _____

I declare, as Witness, the Testator executed this Codicil in my presence.

Witness Signature _____ Date _____, 20____

Print Name _____

I declare, as Witness, the Testator executed this Codicil in my presence.

Witness Signature _____ Date _____, 20____

Print Name _____

NOTARY ACKNOWLEDGMENT

County/Parish of _____ }

State of _____ }

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On this ____ day of _____, 20____ personally appeared the
Testator, known as _____ [Testator's Name], of this Codicil and
acknowledged the foregoing to be (his/her) free act and deed, before me.

Notary Public Signature _____

Print Name _____

My Commission Expires: _____

(Seal)