

CODICIL

Please complete using capital letters:

I (FULL NAME) _____

of (ADDRESS) _____

_____ (POSTCODE) _____

declare this to be a (FIRST/SECOND/THIRD) _____

codicil to my Will, dated and made on (DAY IN WORDS) _____

of (MONTH IN WORDS) _____

(YEAR IN WORDS) _____

In addition to the provisions of my said Will, I give to **Dulwich Helpline, Dulwich Community Hospital, East Dulwich Grove, London SE22 8PT** (Registered charity Number 1105923) [INSERT SHARE OF ESTATE/AMOUNT OF MONEY (IN WORDS, NOT FIGURES) / DESCRIPTION OF ITEM]

for its general purposes. In all other respects I confirm my said Will and any existing codicils thereto.

TESTATOR'S SIGNATURE _____

This codicil has been signed by the above-named in our joint presence and then by us in his/her presence.

First witness

[SIGNATURE] _____

[FULL NAME] _____

[ADDRESS] _____

[OCCUPATION] _____

Second witness

[SIGNATURE] _____

[FULL NAME] _____

[ADDRESS] _____

[OCCUPATION] _____