

## Template Codicil form

<b>I (Name)</b>	
<b>Of (address)</b>	
<b>(postcode)</b>	

DECLARE this to be a ..... (first/second as appropriate) Codicil to my last Will dated the day of ..... 19/20 ..... ("my Will").

**MY WILL shall be construed and take effect as if it contained the following clause:**

*I give free of Inheritance tax to Leukaemia Busters (Registered charity number 1157147) of Southampton General Hospital.*

*a) ..... Per cent (.....%) (percentage in words and figures) of my residuary estate for the general purposes of the said Charity.*

*b) The sum of .....pounds (£.....) (sum in words and figures) for the general purposes of the Charity.*

*The receipt of the secretary or other officer for the time being of the said charity shall be sufficient discharge to my Executors.*

IN ALL other respects I confirm my Will ..... (and Codicil dated) (date of Codicil)

IN WITNESS whereof I have hereunto set my hand on this ..... day of ..... 20.....

SIGNED by the said ..... (Name)

.....(Signature of testator)

As and for a ..... (first/second etc) Codicil to his/her Will in our presence

And by us jointly attested and subscribed in his/her presence.

**FIRST WITNESS**

**SECOND WITNESS**

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(Signature of witness)

(Signature of witness)

Name

Name

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Address

Address


Occupation

Occupation

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(Signature of witness)

(Signature of witness)