

## **CODICIL FORM**





## Codicil Form to amend your Will

A codicil is a supplement to a Will and allows you to amend your existing Will without drawing up a new one.

If you have already made a Will and would like to include a gift for Walking With The Wounded, you can complete the codicil form below.

Note: We recommend that you seek the guidance of a solicitor when you are writing your Will or codicil, so that your intentions can be fully carried out. Please note that any codicil must be signed and witnessed in the same way as a Will. Once completed, the form should be stored with the original copy of your Will.

| I (full name)  |            |       |        |       |             |         |               |              |         |            |                    |
|--|------------|-------|--------|-------|-------------|---------|---------------|--------------|---------|------------|--------------------|
| of (full address)  |            |       |        |       |             |         |               |              |         |            |                    |
|  |            |       |        |       |             |         |               |              |         |            |                    |
| declare this to be n   | ny         | first | second |       | third co    | dicil 1 | to my Will wh | nich was da  | ated ar | nd made o  | on the             |
| (date of Will)   |            |       |        |       |             |         |               |              |         |            |                    |
| I leave the sum of (amount in figure   |            |       | £      |       |             |         |               |              |         |            |                    |
| (amount in words)  |            |       |        |       |             |         |               |              |         |            |                    |
| all the residue  | of my esta | te or |        |       |             |         |               |              |         |            |                    |
| а  |            |       | %      | share | e of the re | sidue   | e of my estat | e to Walking | g With  | The Wou    | Inded              |
| (Registered Charity No 1153497), Stody Hall Barns, Melton Constable, Norfolk NR24 2ED for its general charitable purposes absolutely   |            |       |        |       |             |         |               |              |         |            |                    |
| I leave the following objects or articles  |            |       |        |       |             |         |               |              |         |            |                    |
|  |            |       |        |       |             |         |               |              |         |            |                    |
|  |            |       |        |       |             |         |               |              |         |            |                    |
| (free of the expense<br>Norfolk NR24 2ED,  |            |       |        |       |             | d Cha   | arity No 1150 | 3497), Stod  | ly Hall | Barns, M   | elton Constable,   |
| I wish that donations, in lieu of flowers at my funeral, be given to Walking With The Wounded (Registered Charity No 1153497),<br>Stody Hall Barns, Melton Constable, Norfolk NR24 2ED, for its general charitable purposes absolutely.<br>I confirm that the other aspects covered in my Will and any other codicils are correct. |            |       |        |       |             |         |               |              |         |            |                    |
| Signed by  |            |       |        |       |             |         | in our prese  | ence and the | en by   | us as witr | nesses in his/hers |
| X/ ' '   |            |       |        |       |             |         |               |              |         |            |                    |
| Your signature:  |            |       |        |       | Date:       |         |               |              |         |            |                    |
| First witness  |            |       |        |       |             |         |               |              |         |            |                    |
| signature:   |            |       |        |       | Name:       |         |               |              |         |            |                    |
| Address:   |            |       |        |       |             |         |               |              |         | Date:      |                    |
| Second witness   |            |       |        |       |             |         |               |              |         |            |                    |
| signature:   |            |       |        |       | Name:       |         |               |              |         |            |                    |
| Address:   |            |       |        |       |             |         |               |              |         | Date:      |                    |