

Codicil form

Please keep this with (but not stapled to) your will.

If you have any questions about writing a codicil or updating your will, you should seek advice from a qualified professional, such as a solicitor.

delete as appropriate	econd/third codicil to my last will	Please insert the date of your will and your	
which is dated	of me (name)	full name, address an postcode.	
Address			
	Postcode		
Registered charity: 1085	ciety, White Hill Centre, White Hill, Chesham, Bucks HP5 1AG 5163 Company Limited by Guarantee no: 4138448	money in both words	
for its general charitable	e purposes.	and figures or the description of the ite you wish to leave to the Chiltern Society.	
		•••••	
	neral purposes of the Chiltern Society.	• •	
Witnessed	neral purposes of the Chiltern Society. onfirm my said will and any existing codicils thereto.	Please sign and date here in the presence	
Witnessed			
Witnessed In all other respects I co	onfirm my said will and any existing codicils thereto.	here in the presence of two independent witnesses.	
Witnessed In all other respects I co	onfirm my said will and any existing codicils thereto. Date:	here in the presence of two independent witnesses. rs. Your witnesses must	
Witnessed In all other respects I co Signed: Signed by the above no	onfirm my said will and any existing codicils thereto. Date: amed testator in our joint presence and then by us in his/he	here in the presence of two independent witnesses. rs. Your witnesses mus insert their name addresses an	
Witnessed In all other respects I considered: Signed: Signed by the above nothing.	onfirm my said will and any existing codicils thereto. Date: amed testator in our joint presence and then by us in his/he Witness 2	here in the presence of two independent witnesses. rs. Your witnesses mu insert their name addresses ar occupations and signal.	
Witnessed In all other respects I considered: Signed: Signed by the above not witness 1 Name	onfirm my said will and any existing codicils thereto. Date: med testator in our joint presence and then by us in his/he Witness 2 Name Address	here in the presence of two independent witnesses. rs. Your witnesses mu insert their name addresses ar occupations and sig and date here in you presence.	
Witnessed In all other respects I co Signed: Signed by the above no Witness 1 Name Address	onfirm my said will and any existing codicils thereto. Date: amed testator in our joint presence and then by us in his/he Witness 2 Name Address	here in the presence of two independent witnesses. rs. Your witnesses mu insert their name addresses are occupations and sign and date here in you presence. NB: Your witnesses	
Witnessed In all other respects I co Signed: Signed by the above no Witness 1 Name Address	onfirm my said will and any existing codicils thereto. Date: med testator in our joint presence and then by us in his/he Witness 2 Name Address	here in the presence of two independent witnesses. rs. Your witnesses must insert their name addresses an occupations and sign and date here in you presence. NB: Your witnesses must be over 18 and must not be	

Give a copy of this codicil to those holding a copy of your will.

Thank you for your support