

Please keep this signed form with your current Will.

If you would like to make an amendment to your existing Will to leave a gift to Willen Hospice, please complete this simple Codicil form and sign it in the presence of your two witnesses.

It is always best to seek legal advice if amending your Will. Please don't hesitate to call Willen Hospice on 01908 303068 if you have any questions.

I (full name):

Also known as (e.g. any previous names):

Of (address):

Postcode:

Formerly of (e.g. previous address):

Postcode:

Declare this to be a (please tick) First Second Third Codicil
to my Will, which is dated: ___ / ___ / _____ (day/month/year)
(Please provide the day/month/year that your existing Will was first made.)

I give:

The sum of: £

The following specific item(s):

to Willen Hospice, Milton Road, Willen Village, Milton Keynes, MK15 9AB, registered charity number 270194, absolutely for its general charitable purposes and I declare that the receipt of the treasurer or other proper officer for the time being shall be a sufficient discharge to my executors.

Note: Please ensure that you sign this form in the presence of two independent witnesses. **Please see overleaf.**



Signature (In all other respects I confirm my Will and any other Codicils thereto).

Date: __ / __ / ____

Signed by the aforementioned in our presence and witnessed by us in the presence of him/her and of each other.

Witness one

Name:

Address:

Postcode:

Occupation:

Signature:

Witness two

Name:

Address:

Postcode:

Occupation:

Signature:

The following people cannot witness your Codicil:

- A beneficiary of your Will
- A beneficiary's spouse