CODICIL TO WILL

1. 1. Declaration and Identification

I, [FULL LEGAL NAME], residing at [STREET ADDRESS], [CITY], [COUNTY] County, State of [STATE], being of sound mind and memory and legally competent to make a will, declare this to be the [FIRST / SECOND / THIRD] Codicil to my Last Will and Testament. I make this Codicil freely and voluntarily, without duress, fraud, or the undue influence of any person. I am aware of the nature and extent of my property and of the persons who would ordinarily be the objects of my bounty. Nothing in this Codicil is intended to revoke my Will except to the extent expressly stated below.

2. 2. Identification of the Original Will

This Codicil amends my Last Will and Testament dated [DATE OF ORIGINAL WILL], which was signed at [CITY, STATE] and witnessed by [WITNESS NAMES ON ORIGINAL WILL, IF KNOWN] (my "Will"). The original of my Will is located at [LOCATION OF ORIGINAL WILL, e.g., safe deposit box at [BANK], the office of [ATTORNEY NAME], home fireproof safe]. I have previously executed the following codicils to my Will: [LIST ANY PRIOR CODICILS AND THEIR DATES, OR STATE "none"]. All prior codicils remain in effect except to the extent this Codicil changes them, and where a prior codicil conflicts with this one, this Codicil controls.

3. 3. Amendment One

I amend my Will as follows. [SELECT AND COMPLETE THE APPLICABLE FORM]. REVOCATION: Article [ARTICLE OR SECTION NUMBER] of my Will is revoked in its entirety and is of no further effect. REPLACEMENT: Article [ARTICLE OR SECTION NUMBER] of my Will is revoked and replaced with the following: "[FULL TEXT OF THE REPLACEMENT PROVISION]". ADDITION: The following is added to my Will as new Article [NEW ARTICLE NUMBER]: "[FULL TEXT OF THE NEW PROVISION]". I intend this amendment to have the same force as if it had been included in my Will when it was originally signed.

4. 4. Amendment Two

I further amend my Will as follows: [SECOND AMENDMENT TEXT, OR STATE "This Codicil makes no further amendments."]. If this Codicil contains more than one amendment, each amendment is independent, and if any one of them is held invalid or unenforceable, the remaining amendments and the balance of my Will remain in full force. Any amendment that refers to a dollar amount, percentage, or item of property should be read as replacing the corresponding figure or description in my Will entirely rather than adding to it.

5. 5. Change of Executor

Complete this Section only if you are changing the executor. I revoke the nomination of [PRIOR EXECUTOR NAME] as Executor in Article [ARTICLE NUMBER] of my Will, and I nominate [NEW EXECUTOR FULL NAME], of [NEW EXECUTOR ADDRESS], telephone [NEW EXECUTOR PHONE], as Executor and personal representative of my Will. If that person is unable or unwilling to serve, I nominate [NEW ALTERNATE EXECUTOR FULL NAME], of [ALTERNATE ADDRESS], as successor Executor. I direct that no Executor named in this Codicil be required to post a bond in any jurisdiction, and I confirm that the powers granted to my Executor in my Will apply equally to any Executor named here. All other provisions of my Will regarding the administration of my estate remain unchanged.

6. 6. Change of Guardian Nomination

Complete this Section only if you are changing a guardian nomination. I revoke the nomination of [PRIOR GUARDIAN NAME] as guardian of the person of my minor children, and I nominate [NEW GUARDIAN FULL NAME], of [NEW GUARDIAN ADDRESS], telephone [NEW GUARDIAN PHONE], as guardian, with [NEW ALTERNATE GUARDIAN FULL NAME] as alternate guardian if the first nominee is unable or unwilling to serve. I make this change because [BRIEF REASON, e.g., the prior nominee has relocated and is no longer able to serve]. I understand that a court makes the final appointment based on the best interests of my children and I ask that this updated nomination be given the weight allowed under the law of the State of [STATE].

7. 7. Changes to Specific Gifts

Complete this Section only if you are changing a gift. I revoke the gift of [DESCRIPTION OF PROPERTY OR AMOUNT] to [PRIOR BENEFICIARY NAME] made in Article [ARTICLE NUMBER] of my Will. In its place I give [DESCRIPTION OF PROPERTY OR AMOUNT] to [NEW BENEFICIARY FULL NAME], of [NEW BENEFICIARY ADDRESS], [RELATIONSHIP TO ME]. If that beneficiary does not survive me by [SURVIVORSHIP PERIOD, e.g., 30] days, this gift lapses and the property becomes part of my residuary estate as defined in my Will. If I no longer own the property described above at my death, this gift is void and no substitute or cash equivalent is to be provided. All other specific gifts in my Will remain unchanged.

8. 8. Confirmation of the Will as Amended

In all other respects, I ratify, confirm, and republish my Will dated [DATE OF ORIGINAL WILL] as amended by this Codicil and by any prior codicil that remains in effect. My Will and this Codicil are to be read together as a single testamentary plan, and this Codicil is to be admitted to probate together with my Will. Where a provision of this Codicil conflicts with a provision of my Will or of any earlier codicil, this Codicil controls. If this Codicil is for any reason held invalid, my Will and any earlier codicil remain in full force as if this Codicil had never been executed.

9. 9. Signature and Attestation by Witnesses

I sign this Codicil consisting of [NUMBER OF PAGES] pages on [DATE] at [CITY], [STATE]. TESTATOR: [FULL LEGAL NAME]. Signature: _____. ATTESTATION: The foregoing instrument was signed, published, and declared by the Testator to be a Codicil to the Testator Last Will and Testament in the presence of us, [NUMBER] witnesses, who at the request of the Testator, in the presence of the Testator, and in the presence of each other, have signed our names below. Each of us states that the Testator appeared to be of sound mind and under no constraint or undue influence, and that none of us receives any benefit under the Will or this Codicil. WITNESS 1: Signature: _____. Printed Name: [WITNESS 1 NAME]. Address: [WITNESS 1 ADDRESS]. Date: [DATE]. WITNESS 2: Signature: _____. Printed Name: [WITNESS 2 NAME]. Address: [WITNESS 2 ADDRESS]. Date: [DATE]. [ADD A THIRD WITNESS BLOCK IF YOUR STATE REQUIRES MORE THAN TWO WITNESSES].

10. 10. Self-Proving Affidavit

STATE OF [STATE], COUNTY OF [COUNTY]. We, [FULL LEGAL NAME], [WITNESS 1 NAME], and [WITNESS 2 NAME], the Testator and the witnesses whose names are signed to the foregoing Codicil, being first duly sworn, declare to the undersigned officer that the Testator signed the instrument as a Codicil to the Testator Last Will and Testament, that the Testator signed willingly and for the purposes expressed in it, and that each witness, in the presence and hearing of the Testator, signed as witness and believed the Testator to be of legal age, of sound mind, and under no constraint or undue influence. TESTATOR: _____. WITNESS

1: _____. WITNESS 2: _____. Subscribed, sworn to, and acknowledged before me on [DATE]. Notary Public: _____. My commission expires: [EXPIRATION DATE]. [Seal]. Store this Codicil with the original Will so that both documents are found together.

11. Disclaimer

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