

CODICIL TO LAST WILL AND TESTAMENT OF _____

I, _____, a resident of _____ (City),
 _____ (County), State of _____, being of sound and disposing
 mind and memory, do hereby make, publish, and declare this to be the First Codicil to my Last Will and
 Testament, which was executed on the ____ day of _____, 20____ (hereinafter referred to as
 the "Will").

I hereby amend, modify, and supplement my Will as follows:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

III. RATIFICATION

Except as specifically modified, amended, or supplemented by this Codicil, I hereby ratify, confirm, and republish my Will dated the ____ day of _____, 20____, and any prior Codicils thereto, in all respects. It is my intent that this Codicil and my Will be read and construed together as a single instrument.

IV. GOVERNING LAW

This Codicil shall be governed by and construed in accordance with the laws of the State of _____.

V. SEVERABILITY

If any provision of this Codicil is held to be invalid, illegal, or unenforceable, the remaining provisions shall remain in full force and effect.

VI. TESTIMONIUM

IN WITNESS WHEREOF, I have signed, published, and declared this instrument as the First Codicil to my Last Will and Testament on the date set forth below.

TESTATOR

Signature: _____

Print Name: _____

Date: ____ day of _____, 20____

Address: _____

*

VII. ATTESTATION OF WITNESSES

The foregoing instrument, consisting of _____ pages (including this page), was signed, published, and declared by _____ (the "Testator") to be the First Codicil to their Last Will and Testament in our presence. We, at the Testator's request and in the Testator's presence and in the presence of each other, have hereunto subscribed our names as witnesses on the date set forth below.

We declare that, to the best of our knowledge, the Testator is of legal age, of sound mind, and under no undue influence or constraint.

WITNESS 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20____

Address: _____

WITNESS 2

Signature: _____

Print Name: _____

Date: _____ day of _____, 20____

Address: _____

*

VIII. SELF-PROVING AFFIDAVIT

State of _____

County of _____

We, _____, _____, and _____, the Testator and the Witnesses respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator signed and

executed the instrument as the Testator's Codicil to the Last Will and Testament and that the Testator signed willingly (or willingly directed another to sign for the Testator), and that the Testator executed it as the Testator's free and voluntary act for the purposes therein expressed, and that each of the Witnesses, in the presence and hearing of the Testator, signed the Codicil as witness and that to the best of the Witnesses' knowledge the Testator was at that time of legal age, of sound mind, and under no constraint or undue influence.

TESTATOR

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

WITNESS 1

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

WITNESS 2

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

NOTARY ACKNOWLEDGMENT

Subscribed, sworn to, and acknowledged before me by _____, the Testator, and
subscribed and sworn to before me by _____ and _____,

witnesses, this _____ day of _____, 20____.

(Seal)

Signature of Notary Public: _____

Print Name: _____

My Commission Expires: _____ day of _____, 20____