## CODICIL TO WILL OF

I,, wit of, St Codicil to my Last Will dated the Will"). I hereby republish and declast Will.	th a mailing address of( tate of( e day of clare said Last Will as amended by	City ("Testator") create this , 20 ("Last y this Codicil to be my
I. Declaration. I hereby declare	the following amendments in this	Codicil:
	tions, statements, and requests of ct, I hereby ratify, reaffirm and repu , 20	
	tator, have authorized this Codicil wo (2) Witnesses □ Two (2) Witne	•
Testator's Signature	Date	, 20
Print Name		
I declare, as Witness, the Testat	or executed this Codicil in my pres	sence.
Witness Signature	Date	, 20
Print Name		
I declare, as Witness, the Testat	or executed this Codicil in my pres	sence.
Witness Signature	Date	, 20
Print Name		



## **NOTARY ACKNOWLEDGMENT**

County/Parish of}			
State of}}			
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.			
On this day of	, 20 personally appeared the		
Testator, known as	[Testator's Name], of this Codicil and		
acknowledged the foregoing to be (his/her) free act and deed, before me.			
Notary Public Signature			
Print Name			
My Commission Expires:			
(Seal)			

