Codicil form



I (Name):	
Of (Address):	
	Postcode:
Declare this is my first/ second/ third* (*delete as appropriate)	codicil to my last Will dated: / /
In addition to any legacies given in my 160 Causewayside, Edinburgh EH9 1PR	v said Will, I give to Age Scotland, Causewayside House, R (Registered charity no. SC010100)
The sum of	
to be used for its general purposes and authorised officer shall be a full and su	d I declare that the receipt of the Treasurer or duly ufficient discharge.
In all other respects I confirm my said \	Will and any other existing codicils thereto.
Signed:	Signed date:/ /
Signed by the above named in our presand each other.	sence and witnessed by us in the presence of him/her*
Witness 1	Witness 2
Signed:	Signed:
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Signed date: / /	Signed date: / /

Please keep this with your Will.

Send, or give, a copy of the will and codicil (in a sealed envelope, if you prefer) to your executor or other trusted friend, with a note indicating where the original is held.

Thank you for your support.