

Codicil

I _____ (name) of

_____ (address)

DECLARE this to be a first/second/other (*delete as appropriate*) Codicil to my last Will dated
_____(day) of _____(month) _____(year) (“The Will”)

The Will shall be construed and take effect as if it contained the following clause:

“I GIVE to Six Counties Kidney Patients Association, c/o The Treasurer, 10 George Moreland House, Coopers Lane, Abingdon OX14 5GA (Inland Revenue Charity Tax Registration Number 282361) *the residue / a proportion of the residue of my estate / the sum of £(amount)* free of tax for the Committee of the Association to apply in such a manner as they in their absolute discretion think fit and I declare that the receipt of the Treasurer or other authorised officer for the time being of the Association shall be a good and sufficient discharge to my Executors.”

In all other aspects, I confirm the Will.

As witness my hand this _____ day of _____(month) _____(year)

SIGNED by the testator as a first/second/other (*delete as appropriate*) Codicil to his/her Will dated

DATE: _____

SIGNATURE OF TESTATOR: _____

In our presence and attested by us in the presence of him/her and of each other

First Witness

SIGNATURE OF WITNESS: _____

NAME: _____

ADDRESS: _____

Second Witness

SIGNATURE OF WITNESS: _____

NAME: _____

ADDRESS: _____