

What to do if you wish to make a Codicil to your Will

If you are simply adding a gift in favour of Friends of the Porter Valley to an existing Will, this can be done using a Codicil. A Codicil need not change the terms of your current Will; it can simply add a new instruction.

Please note the following points:

- Unless the change you are making is very straightforward and you are confident that it is adequately covered by the form below, **we recommend that you consult your solicitor.**
- Do not try to change or add anything to your current Will by crossing out or writing in new instructions as any changes will not be valid.
- You will need to sign and date the Codicil and have it witnessed by two people just like your Will. They do not need to see the contents of the Codicil; they must just witness that you have signed it in their presence.
- Witnesses have to be independent adult witnesses (i.e. not family members) and must not be beneficiaries; they must be over the age of 18.
- Keep the Codicil with, but not attached to, your current Will in a safe place.
- Send, or give, a copy of the Will and Codicil (in a sealed envelope, if you prefer) to your Executor, solicitor or other trusted friend, with a note indicating where the original is held.

On the next page you will find a Codicil form that you can complete and sign in the presence of two witnesses.

Codicil

I, _____ (your full name)
of _____

(your full address
& postcode)

Declare that this is the first*/second/ Codicil to my last Will

dated ____ / ____ / ____

* Please indicate what number this Codicil is.

1. I give to The Friends of the Porter Valley (Registered in England and Wales with Charity Reg No. 1069865) the sum of (amount in figures and words)

£ _____

or

a ____% share of the residue of my estate to be applied to its general purposes absolutely.

2. I confirm that the other aspects covered in my Will and any other Codicils are correct.

Signed _____ Date ____ / ____ / ____

Signed by the above named testator in our presence and then by us in his/hers.

Witness 1	Witness 2
Name	Name
Address	Address
Occupation	Occupation
Date	Date
Signature	Signature