

CODICIL

WHEREAS, on \_\_\_\_\_, I, \_\_\_\_\_, executed my last will and testament, and;

WHEREAS, I made various instructions and bequests, and,

WHEREAS , I desire to add an additional provision to the will;

I NOW PUBLISH THIS CODICIL to my last will and testament of \_\_\_\_\_:

I reaffirm all parts and exhibits of said will, except that, I:

desire to grant a life estate in certain real property;

THEREFORE:

I grant to \_\_\_\_\_ a life estate in the following described real property:

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, TESTATOR

I herewith affix my signature to this codicil on this

the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

at \_\_\_\_\_, in the presence of the following witnesses, who witnessed and subscribed this codicil at my request, and in my presence.

ATTESTATION CLAUSE

On the date above written, \_\_\_\_\_, well known to us declared to us, and in our presence, that this instrument,

consisting of \_\_\_\_\_ pages, is a codicil to their last will and testament, and \_\_\_\_\_, then signed this instrument in our presence, and at \_\_\_\_\_'s request we now sign this codicil as witnesses in each other's presence. Further that \_\_\_\_\_ appeared to us to be of sound mind and lawful age, and under no undue influence.

Witness:

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Address: \_\_\_\_\_

Witness:

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Address: \_\_\_\_\_

Witness:

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Address: \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Before me, the undersigned authority authorized to take  
acknowledgments and administer oaths, personally appeared:

\_\_\_\_\_

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who after being having duly sworn or affirmed to tell the truth,  
stated:

1. That \_\_\_\_\_ declared this instrument to be a codicil  
to their last will and testament to the witnesses.

2. That \_\_\_\_\_ signed this instrument in their presence.

3. That the witnesses signed as witnesses in the presence of \_\_\_\_\_ and each other.

4. That \_\_\_\_\_ is well known to the witnesses, and the witnesses believe \_\_\_\_\_ to be of lawful age, of sound mind and under no undue influence or constraint.

\_\_\_\_\_  
Officer

Title of Officer: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_