CODICIL			
WHEREAS my last wil	S, on I and testament, and;	_, I,	, executed
WHEREAS	S, I revoked said last will an	d testament by	 : and.
	S, it is now my intention to r		,
	BLISH THIS CODICIL to r	my last will and testar	ment of
I ratify and	reaffirm said will and confi		iment.
Dated:			
			, TESTATOR
I herewith a	affix my signature to this co	dicil on this	
the	day of		, 19
	ng witnesses, who witnessed ny request, and in my presen		presence of
	AT	TESTATION CLAUS	SE
On the da	ate above written, I to us, and in our presence,	, well k that this instrument,	nown to
testament, a in our preso sign this co	of pages, is a codicil to and ence, and at appeared and under no undue influen	, then signed this instruction , then signed this instruction , then signed the signed that the signed this instruction that the signed t	rument now er mind and
Witness:			

Address:

Witness:	
A diducaci	
Address:	
Witness:	
withess.	
A ddragg:	
Address:	
STATE OF)	
COUNTY OF)	
Before me, the undersigned authority auth- acknowledgments and administer oaths, pe	
acknowledgments and administer oaths, pe	ersonany appeared.
who after being having duly sworn or affir stated:	rmed to tell the truth,
1. That	declared this instrument to be a
codicil to their last will and testament to the	he witnesses.
2. That	_ signed this instrument in their
presence.	
3. That the witnesses signed a and each other.	as witnesses in the presence of
4. That	_ is well known to the witnesses, and
1. 11141	'' '' '' '' '' '' '' '' '' '' '' ''

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:				
-				