

Please ensure that you sign this form in the presence of two independent witnesses. The following people **cannot** witness your codicil: Your executor, your executor's spouse, a beneficiary of your will, a beneficiary's spouse.

**Codicil: please keep this document in a safe place together with your will.**

I (full name) \_\_\_\_\_

of (full address) \_\_\_\_\_ Postcode: \_\_\_\_\_

declare this to be the (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/other) \_\_\_\_\_

codicil to my will dated and made (date) \_\_\_\_\_

I give, free of inheritance tax, the sum of £ \_\_\_\_\_

To the Middlesex Association for the Blind, of Suite 18, Freetrade House, Lowther Road, Stanmore, HA7 1EP registered charity number 207007, absolutely for its general charitable purposes and I declare that the receipt of the treasurer or other proper officer for the time being shall be a sufficient discharge to my executors.

In all other respects I confirm my said will. In witness whereof I have hereunto set my hand this

\_\_\_\_\_ (day) of \_\_\_\_\_ (month) 2020.

This is my 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/other \_\_\_\_\_ codicil to the will:

Testator's signature: \_\_\_\_\_

Signed in the present of:

**First Witness**

Signature \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

**Second Witness**

Signature \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_