

CODICIL TO WILL TEMPLATE

I, _____, resident in the City of _____, County of _____, and State of _____, hereby declare my Last Will and Testament (the "Last Will") dated _____ (date of Will) amended by this **Codicil to my Last Will and Testament**.

1. Amendments

This Codicil will amend the Last Will previously mentioned as follows:

2. Terms

The other clauses, terms, and declarations not affected by this Codicil of the Last Will will remain in effect. In all respects, I hereby confirm, ratify and republish my Last Will dated ____ of _____, 20____.

IN WITNESS whereof I, the Testator, have authorized this Codicil on the undersigned date.

[TESTATOR NAME], Testator

The foregoing instrument was signed by the Testator in our presence and declared by the Testator to be the Testator's Will, and we, the undersigned witnesses, sign our names hereunto as witnesses at the request and in the presence of the Testator, and in the presence of each other, on the [DATE] day of [MONTH], [YEAR].

[FIRST WITNESS NAME]
[FIRST WITNESS ADDRESS]

[SECOND WITNESS NAME]
[SECOND WITNESS ADDRESS]

SELF PROVING AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, [TESTATOR NAME], sign my name to this instrument this [DATE] day of [MONTH], [YEAR], and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am [18] years of age or older, of sound mind, and under no constraint or undue influence.

[TESTATOR NAME], Testator

We, [FIRST WITNESS NAME] and [SECOND WITNESS NAME], sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as [his/her] Will and that [he/she] signs it willingly (or willingly directs another to sign for [him/her]), and that each of us, in the presence and hearing of the Testator, hereby signs this Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is [18] years of age or older, of sound mind, and under no constraint or undue influence.

[FIRST WITNESS NAME]
[FIRST WITNESS ADDRESS]

[SECOND WITNESS NAME]
[SECOND WITNESS ADDRESS]

STATE OF _____

COUNTY OF _____

SUBSCRIBED, sworn to and acknowledged before me by the Testator, [TESTATOR NAME], and subscribed before me by the witnesses, [FIRST WITNESS NAME], and [SECOND WITNESS NAME], this [DATE] day of [MONTH], in the year [YEAR].

Notary Public: State of [STATE]

Notary's printed name: _____