## **Codicil form**

After you have completed this form, please share it with your solicitor or Will Maker and clarify any implications it may have for your existing Will.

I,	Put in your full name
of Postcode	Put in your full address
declare this to be a Codicil which I make to my Will which is dated	
the day of	Insert the date you sign the Codicil – using words. For example, 'the seventh
in the year	day of April in the year two thousand and thirteen'
In addition to the provisions of my said Will, I give to Northern Ireland Chest Heart & Stroke, 21 Dublin Road, Belfast BT2 7HB (Charity Reg No.NIC103593)  for its general purposes.	Insert here the share of your Estate, or the amount of money (using words rather than figures), or the description of the item you wish to leave to Northern Ireland Chest Heart & Stroke
In all other respects I confirm my said Will.	
Your signature  This Codicil has been signed by the above-named in our joint	Sign this box in the presence of your two witnesses
presence and then by us in his/her presence.  Signature  Name  Name	_
Name Address Address Address	Your two witnesses must be present and see you sign this Codicil. They must also sign in these boxes and each insert their name,
Occupation Occupation	address and occupation.



