

## Codicil Form

### Update your Will to include a gift to St Oswald's Hospice

Please note we recommend that you seek the guidance of a solicitor when you are writing your Will or codicil, so that your intentions can be fully carried out. The form needs to be completed, signed and witnessed to become legally binding. This Codicil form should be kept with your original Will and copies of the Codicil should also be kept with any copies of your Will held by your solicitor or other people.

### Please complete the fields below:

Please ensure that you sign this form in the presence of two independent witnesses. (Please note that the following people cannot witness your codicil: executors or your executor's spouse, a beneficiary of your Will or a beneficiary's spouse). You must sign the form in front of both witnesses who must both then sign the form in front of you and each other. Your witness should fill in their name, address and occupation.

I (FULL NAME) \_\_\_\_\_  
of (FULL ADDRESS) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

declare this to be a (first/second/third)

\_\_\_\_\_

Codicil to my Will dated \_\_/\_\_/\_\_

I give (please tick and give details as appropriate)

\_\_\_ the following percentage of the residue of my estate \_\_\_% (please state percentage)

\_\_\_ the specific sum of £\_\_\_\_\_ (please state amount)

\_\_\_ a specific item (please give details) \_\_\_\_\_

\_\_\_\_\_

to **St Oswald's Hospice of Regent Avenue, Gosforth, Newcastle upon Tyne, NE3 1EE, registered charity number 503386** for its general charitable purposes.

My executors may pay or transfer any assets due to St Oswald's Hospice to the Honorary Treasurer or any other proper officer of St Oswald's Hospice, and the receipt of such person shall be a full discharge to my executors.

In all other respects I confirm my Will and any other codicils thereto.

Signed \_\_\_\_\_

IN WITNESS whereof I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_  
SIGNED by the above named [testator/testatrix] as a codicil } to [his/her] Will dated \_\_\_\_\_  
in the presence of us both present at the same time who at [his/her] request and in [his/her]  
presence and in the presence of each other have signed our names below as witnesses:

Witness 1

Witness 2

Full Name

Full Name

Address

Address

Postcode

Postcode

Occupation

Occupation

Signed

Signed

Date

Date