

Will Codicil Form

I (full name) _____
Of (address) _____

_____ Postcode _____



Registered Charity no. 297910

Declare this to be a first/second/third (delete as required)
codicil to my Will, dated: _____

I give:

- The sum of £ _____
- The following specific items, namely: _____

- Or a _____% share of my estate.

To Exeter Leukaemia Fund (registered charity number 297910) of ELF Office, Haematology Centre, RD&E Hospital, Barrack Road, Exeter EX2 5DW, for its general charitable purposes. I direct that the receipt of the Executive Director or other proper officer of such charity shall be a full and sufficient discharge to my Executors. In all other respects I confirm my said Will and any other existing codicils thereto.

Signed _____

Date _____

Witnessed by:

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. Signed by the person mentioned above in our presence, and witnessed by us in the presence of him/her and of each other.

• Full name _____
Of (address) _____
_____ Postcode _____

Occupation _____
Signed _____ Date _____

&
• Full name _____
Of (address) _____
_____ Postcode _____

Occupation _____
Signed _____ Date _____