

SCKPA Codicil form

Six Counties Kidney Patients Association (Registered Charity Number 282361)

I [full name] _____
Of [address] _____

Declare this to be a [first/second] Codicil to my last Will, which was dated ____ / ____ / ____

MY WILL shall be construed and take effect as if it contained the following clause:

I give free of Inheritance tax to:

**Six Counties Kidney Patients Association (Charity Number 282361) of
"Bienvenida" 155 Bicester Road, Aylesbury, Buckinghamshire HP19 9BA**

A per cent [_____ %] [percentage in words and figures] of my residuary estate for the general purposes of the said Charity.

B The sum of _____ pounds [£ _____] [sum in words and figures] for the general purposes of the Charity.

C The specific item _____

The receipt of the treasurer or other officer for the of the said charity shall be full and sufficient discharge to my Executors.

IN ALL other respects I confirm my Will of _____
[Date of Will to be amended by this Codicil]

IN WITNESS whereof I have hereunto set my hand on this day ____ / ____ / ____

SIGNED by the said [full name] _____

[signature of testator] _____

As and for a [first/second] Codicil to his/her Will in our presence and by us jointly attested and subscribed in his/her presence.

FIRST WITNESS

Name: _____
Signature of Witness: _____
Address: _____

Occupation: _____

SECOND WITNESS

Name: _____
Signature of Witness: _____
Address: _____

Occupation: _____