



Codicil

I _____ (your name)
of _____

_____ (address)

DECLARE this to be the [first / second / _____ /]* Codicil to my Will

dated ("the Will")

1 The Will shall be construed and take effect as if it contained a legacy in the following terms:-

I GIVE to Sheffield Hospital Charitable Trust, registered charity number 1059043, the sum of

(amount in figures and words)

2 In all other respects I confirm the Will [and the Codicil(s)]

dated]*

AS WITNESS my hand this (date)

Signed

SIGNED BY _____

(print name) in our presence and then by us in [his / hers]*

* delete as applicable

1st witness details

Name

Address

Occupation

Signed

2nd Witness details

Name

Address

Occupation

Signed