ES

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

Codicil to	Last	Ħill
Ĺ	nf	

I, _____, being of legal age and of sound and disposing mind, memory, and understanding, and not acting under fraud, duress or the undue influence of any person whomsoever, do hereby make, publish and declare this to be a Codicil to my Last Will dated ______.

I amend that section entitled Article _____, paragraph _____, commencing on Page _____ of my Last Will, such that after this amendment it will read as follows:

	ARTICL	Е	
I amend that section entitled Article	, paragraph	, commencing on Page	of my Last Will, such that after
this amendment it will read as follows:			
	ARTICL	Е	
I amend that section entitled Article	, paragraph	. commencing on Page	of my Last Will, such that after
this amendment it will read as follows:			
	ARTICL	Е	

I republish and reaffirm my Last Will, and any previous Codicils as amended by this Codicil as if such Will and Codicil(s) were set out in this Codicil in full, and incorporate it/them by this reference to such Will, and republish and declare my Last Will, as amended, to be my Last Will.

IN WITNESS WHEREOF, I have hereunto set my hand a	at		,	
on (date)		CITY	STATE	
		SIGNATURE		
		TYPE OR PRINT NAM	E	
WITNESS SIGNATURES:				
	7			
	-			
This instrument was, on the above date, signed by			, who declared this to	o he
his/her Codicil. At his/her request and in his/her presence, and ir	n the manner requ	ired by law, we have s	igned our names hereto	to as
attesting witnesses. At the time this Codicil was signed, we belie was acting voluntarily and not under fraud, duress or undue influ		n signing it was of sou	nd mind and memory a	and
		WITNESS SIGNATUR	E	
		WITNESS NAME (TYPED OR	PRINTED)	
		ADDRESS		
-	CITY		STATE ZIP	
		WITNESS SIGNATUR	Ξ	
		WITNESS NAME (TYPED OR	PRINTED)	
		ADDRESS		
	CITY		STATE ZIP	