

**CODICIL TO AN EXISTING WILL**

I, (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

\_\_\_\_\_

Declare this to be my first/second codicil to my Will dated \_\_\_\_\_

In addition to any legacies given in my Will, I would like to include Greenock Medical Aid Society, 47 Eldon Street, Greenock PA16 7RA, Scottish Charity Number SC004538, to receive the sum of £ \_\_\_\_\_ and/or \_\_\_\_\_ (a specific item) or a \_\_\_\_\_ (%) share of residue from my Estate to be used for general purpose and I direct that the receipt of the Treasurer or other authorised person of Greenock Medical Aid Society shall be sufficient discharge to my Executors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(only one witness required in Scotland; two in England and Wales)

Witnessed by (signature) \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by (signature) \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Date \_\_\_\_\_