

Codicil



I (full name) of
..... (full address)

Declare this to be a (first/second/third) codicil to my will dated

In addition to any legacies in my will, I give to The Migraine Trust (registered charity number 1081300) of 4th floor, Mitre House, 44-46 Fleet Street, London EC4Y 1BN,

- The sum of £
- A % share of my estate
- The following specific item(s):

To be used towards its general purposes and I declare that the receipt of the Treasurer or duly authorised officer shall be a full and sufficient discharge. In all other respects I confirm my will and any other codicils thereto.

Signed: Date:

Please ensure you sign this form in the presence of two independent witnesses, and that they sign below in the presence of you and each other.

The following people cannot witness your codicil:

- 1) A beneficiary of your will
- 2) The spouse of a beneficiary of your will

Name:

Signature:

Address:

Occupation:

Witness 1

Name:

Signature:

Address:

Occupation:

Witness 2

The Migraine Trust, 4th Floor Mitre House, 44-46 Fleet Street, London EC4Y 1BN

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