Sample Codicil

[date]

I, [name], a resident of the County of [county], State of [state], declare that this is the codicil to my last will and testament, which is dated [date original signed] (my "Will").

I add or change my Will in the following manner:

[List all specific changes or additions to the original will. Reference each section number of the will and the specific language you will be revising or otherwise affecting. This is where you could include a bequest to support the Cystic Fibrosis Foundation's mission. For suggested bequest language that can assist you, visit Sample Bequest Language.

Otherwise, I hereby confirm and republish my Will in all respects other than those herein mentioned.

I subscribe my name to this Codicil on this [day, e.g. 1st] day of [month], [year], at [full address where signed], in the presence of [full name of first witness to codicil], [full name of second witness to codicil], and [full name of third witness to codicil, if any], attesting witnesses, who subscribe their names here in my presence.

Maker	
above, declared to us, [full name of fill codicil], and [full name of third witness instrument, consisting of [number of p	known by us to be the person whose signature appears rest witness to codicil], [full name of second witness to so to codicil, if any], the undersigned, that the foregoing pages to codicil] page(s) was the codicil to the will dated d the codicil in our presence, and now in the presence of s witnesses.
Witness	
Address:	
Witness	
Address:	

IMPORTANT DISCLAIMER

Please have your will or codicil drafted or reviewed by an attorney who is familiar with the estate laws of the state where you live. The Cystic Fibrosis Foundation's provision of this sample codicil is for informational purposes only, and does not constitute legal advice. State laws govern or affect wills, trusts, and charitable gifts made in a contractual agreement. Advice from legal counsel should be sought when considering these types of gifts.