

I give, devise, and bequeath \$ _____ to the Cystic Fibrosis Foundation, 4550 Montgomery Ave, Suite 1100 N, Bethesda, MD 20814 for its charitable uses and purposes.

In all other respects I ratify and confirm all of the provision of my said last Will and Testament dated on the _____ day of _____, 20__.

IN WITNESS WHEREOF, I sign, publish and declare this instrument to be a Codicil to my last Will and Testament in the presence of the persons witnessing said Codicil at my request this _____ day of _____, 20__.

_____ residing at _____
(name)

Witnesses

_____ residing at _____
(name)

_____ residing at _____
(name)

Useful Legal Information

Legal name: Cystic Fibrosis Foundation

Address: 4550 Montgomery Ave Suite 1100 N Bethesda, MD 20814

Federal Tax ID number: 13-1930701