

# SAMPLE CODICIL

*(SAMPLE FORM ONLY; Please consult your legal and financial advisors for assistance.*

*Lawrence*  
PUBLIC LIBRARY  
FOUNDATION



[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].

I add or change said last 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 are affecting. **Include your bequest to Lawrence Public Library's mission here:***

*I give to the Lawrence Public Library Foundation, a Kansas non-profit corporation, tax ID 48-1179872, 707 Vermont Street, Lawrence KS 66044 the amount of \$ \_\_\_ or \_\_\_% of my estate for general purposes (or state restricted purpose.)*

Otherwise, I hereby confirm and republish my will dated, [date original signed], in all respects other than those herein mentioned.

I subscribe my name to this codicil 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] and [full name of second witness to codicil], attesting witnesses, who subscribe their names here in my presence.

\_\_\_\_\_  
Maker

## ATTEST

On the date last above written, [name], known by us to be the person whose signature appears at the end of this codicil, declared to us, [full name of first witness to codicil], and [full name of second witness to codicil] the undersigned, that the foregoing instrument, consisting of one page, was the codicil to the will dated, [date original signed]; who then signed the codicil in our presence, and now in the presence of each other, we now sign our names as witnesses.

\_\_\_\_\_  
Witness

Address:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
Witness

Address:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by

\_\_\_\_\_ (name(s))

(Seal)

\_\_\_\_\_  
(Signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My appointment expires: \_\_\_\_\_