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| **A codicil is a document your attorney can prepare to amend your will without re-writing the entire document. State law governs wills, codicils and trusts. Further, any gift you make may have tax consequences under state and federal law. You should consult an attorney experienced in tax and estate planning in the state where you live to prepare or amend a codicil or will. Deborah Hospital Foundation does not provide legal or tax advice. This sample codicil is provided to give general information about the form such a document may take and language that may be used to make a gift to Deborah.**  **YOU SHOULD CONTACT YOUR LEGAL ADVISOR OR OTHER ATTORNEY TO PREPARE A WILL OR CODICIL FOR YOU.** |

I,  *Testator Name* , a resident of the *County of \_\_\_\_\_\_\_\_\_\_*, and *State of \_\_\_\_\_\_\_\_\_\_*, being of sound mind, memory and understanding, do make, publish and declare this to be a Codicil to my Last Will and Testament dated  *Date of Last Will and Testament*  (my “Will”).

***Changes or additions to the original will would be listed in the body of the codicil. Each article, paragraph or section of the will to be revised must be identified. For example:***

FIRST: I hereby amend *Article/Paragraph \_\_\_\_\_\_\_\_\_\_* of my Will by adding a new *Paragraph/subparagraph* which shall read as follows:

**“I give to DEBORAH HOSPITAL FOUNDATION, a qualified 501(c)(3) charitable organization located in Browns Mills, New Jersey,** *the sum of $\_\_\_\_\_\_\_* **to be used for its general purposes, without further restriction as to use.”**

**or**

**“I give to DEBORAH HOSPITAL FOUNDATION, a qualified 501(c)(3) charitable organization located in Browns Mills, New Jersey,** *\_\_\_\_\_% of the residue of my estate* **to be used for its general purposes, without further restriction as to use.”**

SECOND: In all other respects I do hereby ratify, confirm and approve my Will.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of , 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (L.S.)

*Testator Name*

Signed, sealed, published and declared by the said Testator,  *Testator Name* , as and for a Codicil to *his/her* Last Will and Testament, in the presence of us, all being present at the same time, who, at *his/her* request and in *his/her* sight and presence, and in the sight and presence of each other, have hereunto subscribed our names as attesting witnesses.

I,  *Testator Name* , the Testator, sign my name to this instrument this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, and being duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as a Codicil to my Last Will and Testament and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Testator Name* , Testator

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the witnesses, sign our names to this instrument, and, being duly sworn, do hereby declare to the undersigned authority that the Testator signs and executes this instrument as a Codicil to the Testator’s Last Will and Testament and that the Testator signs it willingly (or willingly directs another to sign for *him/her*), and that each of us, in the presence and hearing of the Testator, hereby signs this will as witness to the Testator’s signing, and that to the best of our knowledge the Testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Witness

STATE OF :

: ss.

COUNTY OF :

Subscribed, sworn to and acknowledged before me by  *Testator Name* , the Testator, and subscribed and sworn to before me by and , witnesses, this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notary Public