

CODICIL FORM

I, *(name)*

of *(address)*

DECLARE THIS TO be a First/Second/*(other)* codicil to my last will

dated

In addition to the provisions of my said will, **I GIVE** to:

BUXTON FESTIVAL FOUNDATION (Registered Charity Number 1096269) of

3 The Square, Buxton, Derbyshire SL17 6AZ (the 'Charity')

THE SUM OF: £ *(figures)* (..... *(words)*)

for its general charitable purposes. The receipt of the Charity's treasurer or any other proper officer shall be a full and sufficient discharge to my Executors.

IN ALL OTHER RESPECTS I confirm my said will.

IN WITNESS WHEREOF I HAVE HERE UNTO SET MY HAND THIS *(day)*

Day of *(month)*

Two thousand and *(year)*

SIGNATURE

Signed by the above named as a codicil in the presence of us both, present at the same time, who at his/her request and in his/her presence, and in the presence of each other, have hereunto subscribed our names as witnesses.

WITNESS ONE

WITNESS TWO

Name:

Name:

Of *(address)*:

Of *(address)*:

.....

.....

.....

.....

Occupation:

Occupation:

Signature:

Signature:

Note that the two adults witnessing your signature may be related to each other but not related to the writer of the will or to any of the will's beneficiaries. Keep this codicil form in a safe place with your will, but do not staple or pin it to the will.