

**CODICIL TO THE
LAST WILL AND TESTAMENT OF**

I, _____, Testator, a resident of the Town of _____, _____ County, New Jersey, being of sound and disposing mind and memory and over the age of eighteen (18) years, and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my **First/Second/Third Codicil** to my Last Will and Testament dated _____.

I. VALIDITY OF WILL: This Codicil is intended only to supplement and amend my existing Last Will and Testament, which was dated on _____ and referenced above. My Will, save as expressly amended by this Codicil, shall remain in full force and effect.

II. AMENDMENTS: I hereby amend the following Clauses of my Last Will and Testament dated _____ as follows:

a. I hereby amend Clause/Paragraph _____. I further devise and bequeath my property, both real and personal and wherever situated, to the following charity:

i. the sum of _____ (**\$XX,XXX.00**) Dollars to
THE VALERIE FUND located at 2101 Milburn Avenue, Maplewood,
New Jersey 07040;

It is my intention and desire to include and incorporate the above referenced Amendments in my Last Will and Testament dated _____.

III. CONSTRUCTION: The pronouns used in this Codicil shall include, where appropriate, either gender or both, singular and plural.

my Last Will and Testimony, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Signature of Testator

_____, Testator

We the undersigned witnesses, Name of Witness #1 and Name of Witness #2 sign our names to this instrument this _____ day of _____ 20__ and being first duly sworn, do each hereby declare to the undersigned authority that the Testator signed and executed this instrument as his Codicil to his Last Will and Testament and that he/she signed it willingly, and that each of us, in the presence of the Testator signing, and his/her declaration that the Testator is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence in executing this instrument.

Name of Witness #1 Witness

Name of Witness #2 Witness

STATE OF _____

COUNTY OF _____

SUBSCRIBED, SWORN to and acknowledged before me, _____,

that _____, (the Testator) and the witnesses, Name of Witness #1 and

Name of Witness #2 subscribed and sworn to before me, this _____ day of

_____ 20__.

Notary Public – State of _____