## 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. <u>VALIDITY OF WILL</u>: 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. <u>AMENDMENTS</u>: 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:

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.** <u>**CONSTRUCTION**</u>: The pronouns used in this Codicil shall include, where appropriate, either gender or both, singular and plural.

**IV.** <u>SEVERABILITY AND SURVIVAL</u>: If any part of this Codicil is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts of this Codicil and my Will shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

IN WITNESS WHER	EOF, I,	Name of Testator	,
hereby set my hand to this Cod	icil to my Last W	ill and Testament, on each page	e of which I have
placed my initials, on this	day of	, 20	
		Signature of Testator	
			, Testator
SIGNED, SEALED, P	UBLISHED and	<b>DECLARED</b> by the said	,
Testator as and for his/her Cod	icil, in the presend	ce of us, who were present at th	e same time and
who subscribed our names as w	vitnesses thereto, i	n the presence of the Testator a	and of each other,
at his/her request.			
Name of Witness #1	residing at		

Name of Witness #2

residing at

I, \_\_\_\_\_, the Testator, sign my name to this instrument as my Codicil to my Last Will and Testimony, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_ and being first duly sworn, do hereby declare to the undersigned authority that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed in the Codicil to 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
STATE OF	Name of Witness #2	Witness
COUNTY OF		
SUBSCRIBED, SWORN to and acknowle	dged before me,	,
that, (the Te	estator) and the witnesses, Name o	f Witness #1 and
Name of Witness #2 subscribed and sworn	to before me, this day of	
20		

Notary Public – State of \_\_\_\_\_