CODICIL TO THE LAST WILL AND TESTAMENT OF

Ī.	. of . declar
this to be the	Codicil to my Last Will and Testament which was executed by me
I delete from such Will	
in its entirety. I substitute the follow	ving in its place:
	nged by this Codicil, I approve, ratify and affirm my Will dated
I subscribe this my Codicil to Will o	n thisday of
Signature:	
the page(s) which contain the v	that the above instrument, which consists of pages, including vitness signatures, was signed in our sight and presence by (the "Testator"), who declared this instrument to be the s/her Last Will and Testament and we, at the Testator's request and and in the sight and presence of each other, do hereby subscribe our above.
Witness 1 Sig Name: City: State:	gnature:
Witness 2 Sig Name: City: State:	gnature:

AFFIDAVIT

I,	, the Testator, sign my name to this instru	ument this
day of	, the Testator, sign my name to this instru, and being first duly sworn, do hereby	declare to the
undersigned authority that I s	sign and execute this instrument as the	Codicil to my
Will and that I sign it willing	gly, in the presence of the undersigned witnesses, that I exec	cute it as my free
	poses expressed in the Codicil, and that I am eighteen years	s of age or older
of sound mind, and under no	constraint or undue influence.	
Testator Signature:		<u>-</u>
We,	and	the
undersigned authority that the	this instrument, and being first duly sworn, do hereby declar e Testator signs and executes this instrument as the Testator til to the Testator's Will and that the Testator signs it willing	r's
	or executes it as the Testator's free and voluntary act for the	
-	that each of us, in the presence and hearing of the Testator,	
	of each other, hereby signs this Codicil, on the date of the in	
9	ing, and that to the best of our knowledge the Testator is eig	•
	and memory, and under no constraint or undue influence, an	id the witnesses
are of adult age and otherwis	e competent to be witnesses.	
Witness Cianatum		
Witness Signature:		
Name:		
City:		
State:		
Witness Signature:		
Name:		
City:		
State:		

STATE OF			
COUNTY OF			
Subscribed, sworn to and acknowle	edged before me by		, the
Testator; and subscribed and sworn to before me by			and
	witnesses, this	day of	•
	Notary public, or other officer authorized to take and certify		
	acknowledgments a	3	