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| Codicil for Miracles charity If you would like to remember Miracles in your Will, you can do this easily by adding a codicil form to your existing Will. It is advisable to contact a solicitor if you have multiple wills or codicils already in existence, or if you are drawing up your Will for the first time. For further information, please contact email Miracles or call 01903 775673 for a confidential chat. Registered Charity Number. 1041449 |
| e Steps  |
| 1. Sign your name in the presence of two adult witnesses. No beneficiary or executor of your Will (or any person in marriage or civil partnership with the beneficiary or executor) should be a witness. 2. Ask your witnesses to complete and sign the witness section. All must be present at this point. 4. You should then date the codicil opposite your signature where indicated. 5. Keep your Will and codicil together in a secure place, but do not attach the codicil to your Will, for example, with a paperclip as this can cause problems later. 6. Give a copy of your Will and codicil to an executor or close friend, with a note detailing the location of the original. It is important to ensure both the original Will and codicil remain together.  |
| I (Full name)............................................................................. of (Address)............................................................................................................... ..................................................................................................... (Post Code)............................................... declare this to be a 1ST…... 2nd.….3rd…... Codicil to my Will, dated and made …./…./…… In addition to any Gifts in my Will, I leave:A................ percentage share of the residue of my estate, or the sum of £................ and/or the following specific item(s) ..........................................................................................................................................................................................................................................................................................................................................................................................................................................................................to Miracles Charity, P.O.Box 3003, Littlehampton, West Sussex, BN16 1SY for its charitable purposes, and I direct that the receipt(s) of the duly organised officer of Miracles shall be sufficient discharge to my personal representatives. In all remaining respects I confirm my Will and any other codicils thereto. **Signature..................................................................... Date...................................................** Signed by the aforementioned in our presence and witnessed by us in the presence of him/her and of each other. Witness One Name............................................................................................................... Address.............................................................................................. ........................................................................................................................... (Postcode)....................................................................................... Occupation.................................................................................................................................................................................................................. **Signature..............................................................................................................** Witness Two Name............................................................................................................... Address.............................................................................................. ........................................................................................................................... (Postcode)....................................................................................... Occupation.................................................................................................................................................................................................................. **Signature................................................................................................................**   |