

CODICIL

Please attach the completed Codicil to your existing Will and notify Urban Neighbours of Hope (UNOH) of your decision.

Codicil of (full name)

This codicil is dated (day) Of (month) 20 (year), and is made

by me of (address)

.....

I confirm my Will dated / / in all respects, except I add the following clause or clauses:

.....

Urban Neighbours of Hope shall receive:

.....

.....

.....

.....

Signature of Will maker:

SIGNED by the Will maker of this codicil in our presence and in the presence of each other:

Signature (first witness)

Name, address and occupation:

.....

Signature (second witness)

Name, address and occupation:

.....

Urban Neighbours of Hope: PO Box 2711 Dunearn LPO Dandenong North Vic 3175
Phone: 03 9701 7114 Fax 03 9701 7115