



Codicil Form

Update your Will to include a gift to HospiceCare

We recommend you give this completed Codicil form to your solicitor or Will making company, who hold your original Will for safekeeping. Please also keep a copy for yourself and let your family and executors know about this Codicil to your Will.

Please ensure it is signed by yourself and two independent witnesses to make it legally binding and that the amount or gift specified or the percentage of your estate you wish to leave is clearly stated in the Codicil form.

Please fill in the following details:

I (full name)

Of (full address)

.....

..... Postcode:

Declare this to be a 1st/2nd/3rd/other

Codicil to my Will dated (date)

I give, free of inheritance tax, the sum of £.....

Or I give, free of inheritance tax, a% share of my estate, Or I give, free of inheritance tax, a specific gift of(Details)

To The North Northumberland Hospice, Castleside House, 40 Narrowgate, Alnwick, Northumberland, NE66 1JQ. Registered Charity Number 11036351 for its general charitable purposes.

My executors may pay or transfer any assets due to HospiceCare North Northumberland to the Honorary Treasurer or any other proper officer of HospiceCare North Northumberland, and receipt issued in respect of said assets will be a good discharge for the executors. In all other respects I confirm my Will and other codicils thereto.

Signed: Date:



I can confirm that this Codicil was signed by the name mentioned overleaf in our presence and then by us at his or her request and in his or her presence:

First Witness (signature):

Full Name:

Address:

..... Postcode:

Occupation:

Date:

Second Witness (signature):

Full Name:

Address:

..... Postcode:

Occupation:

Date:

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