

# Codicil Form

CODICIL of \_\_\_\_\_ (your full name and address)

This Codicil is dated \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year) in all respects except that I add the following clause: I give and bequeath, free of all duties taxes and deductions, the sum of \$ \_\_\_\_\_ or (specific percentage of my estate), or (specified items), or (the residue of my estate), to the Skin Health Institute for its general purposes. And I direct that a receipt from an authorised officer of the Skin Health Institute shall be a complete and sufficient discharge for the Executor(s) for this bequest.

## First Witness

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

## Second Witness

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_