

Codicil of \_\_\_\_\_ ,

This Codicil is dated the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, and is made by me of \_\_\_\_\_

I confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_ in all respects except that I revoke clause \_\_\_\_\_ of my will and substitute the following clause:-

"I Give, Free of all duties and taxes (choose one of the following from A, B, C, D, E or F)

- A. the whole of my estate (or \_\_\_\_\_% of my estate), or
- B. the residue of my estate (or \_\_\_\_% of the residue of my estate), or
- C. the sum of \$\_\_\_\_\_, or my units/shares in \_\_\_\_\_Trust/Ltd, or
- D. my real property (or \_\_\_\_ % of my property) situated at \_\_\_\_\_ having the title reference \_\_\_\_\_,
- E. the proceeds from the sale of \_\_\_\_\_\* as liquidated by the executor of the estate  
\* sale of a specific item such as artwork, jewellery etc.
- F. Life insurance policy no. \_\_\_\_\_ held by \_\_\_\_\_

to Oxfam Australia ABN 18 055 208 636 of 132 Leicester Street, Carlton, Victoria 3053. The receipt of the treasurer, secretary or public officer for the time being of Oxfam Australia is an absolute discharge to my executor.

(Signature of Willmaker) \_\_\_\_\_

**SIGNED by the Willmaker as a codicil to last will in our presence and in the presence of each other:**

First Witness:

Name:

Address:

Occupation:

Signed by first Witness: \_\_\_\_\_

Second Witness:

Name:

Address:

Occupation:

Signed by second Witness: \_\_\_\_\_