

CODICIL - Australia

PLEASE ATTACH THE COMPLETED CODICIL TO YOUR EXISTING WILL. WE SUGGEST YOU CONSULT YOUR SOLICITOR WHEN MAKING ANY CHANGES TO YOUR WILL.

Codicil of FULL NAME _____

This Codicil is dated DAY _____ of MONTH _____ YEAR _____

and is made by me of ADDRESS _____

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

United Mission to Nepal (UMN) of PO Box 126, Kathmandu, Nepal shall receive:

SIGNATURE OF WILL MAKER: _____

Signed by the Will Maker of this Codicil in our presence, and in the presence of each other.

WITNESS 1 SIGNATURE _____

NAME, ADDRESS, OCCUPATION _____

WITNESS 2 SIGNATURE _____

NAME, ADDRESS, OCCUPATION _____

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