

CODICIL: USA

ATTACH THE COMPLETED CODICIL TO YOUR EXISTING WILL. WE STRONGLY RECOMMEND THAT YOU CONSULT YOUR SOLICITOR WHEN MAKING ANY CHANGES TO YOUR WILL.

I, FULL NAME OF TESTATOR, that is, PERSON MAKING THIS WILL

[IF KNOWN BY OTHER NAMES, also known as _____];

IF MARRIED WOMAN, formerly known as
MAIDEN NAME _____],

a resident of ADDRESS _____,
COUNTY _____, STATE _____,

declare that this is the FIRST, SECOND, THIRD etc _____ Codicil to my last Will
and Testament, which is dated DATE OF CURRENT WILL _____.

[IF THERE ARE ONE OR MORE PREVIOUS CODICILS, ADD and the Codicils thereto, dated DATES OF ALL
PREVIOUS CODICILS _____.]

To the **United Mission to Nepal**, PO Box 126, Kathmandu, Nepal, _____

[FOR SPECIFIC AMOUNTS, WRITE THE AMOUNT IN BOTH NUMBERS AND WORDS, IN US DOLLARS.]

I hereby confirm and republish my Will, dated DATE OF EXISTING WILL _____

[IF THERE ARE ONE OR MORE PREVIOUS CODICILS, ADD and the Codicils thereto, dated DATES OF ALL
PREVIOUS CODICILS _____] in all respects other than that
above mentioned.

I subscribe my name to this Codicil on DATE OF CODICIL _____ at
ADDRESS _____,

COUNTY _____, STATE _____, in the presence of
WITNESS 1 _____, WITNESS 2 _____,

and WITNESS 3 _____, attesting witnesses, who subscribe their
names to this Codicil on DATE OF CODICIL _____ at my request and in my
presence.

SIGNATURE OF TESTATOR _____

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ATTESTATION CLAUSE

On the date last written above, NAME OF TESTATOR _____,
known to us to be the person whose signature appears at the end of this Codicil, declared to
us, the undersigned, that the foregoing instrument, consisting of 2 pages, was the
FIRST, SECOND, etc _____ Codicil to his/her Will, dated DATE OF WILL _____.
He/She then signed the Codicil in our presence and, at his/her request, in his/her presence,
we now sign our names as witnesses.

WITNESS 1

SIGNATURE _____, residing at
ADDRESS _____,
COUNTY _____, STATE _____

WITNESS 2

SIGNATURE _____, residing at
ADDRESS _____,
COUNTY _____, STATE _____

WITNESS 3

SIGNATURE _____, residing at
ADDRESS _____,
COUNTY _____, STATE _____