

CODICIL

Please attach the completed codicil to your existing Will.

Codicil of (full name) _____

This codicil is dated (day) _____ of (month) _____ 20 (year) _____

and is made by me, of (address) _____

I confirm my Will dated ___/___/___ in all respects, except that I revoke clause _____ of my will and substitute the following clause:

- A** the whole of my estate (or _____ % of my estate)
- B** the residue of my estate (or _____ % of the residue of my estate)
- C** the sum of \$ _____, (or my units/shares in _____ Trust/Ltd
- 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, ect.)
- F** Life insurance policy no. _____ held by _____

To Teen Challenge Care (Queensland) Ltd ABN 34 097 188 675 of P.O Box 2097 Brookside Centre, 4053. I direct that the receipt of the Chief Executive Officer, Chief Financial Officer or any two Directors of Teen Challenge Queensland shall be an absolute discharge to my executors.

Signature of Will maker _____

SIGNED by the Will maker as a codicil to last Will in our presence and in the presence of each other:

First witness: _____ Second witness: _____

Name: _____ Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Signed by first witness: _____ Signed by second witness: _____

RESTORING HOPE, **REBUILDING LIVES**