

Dated

THIS IS THE(codicil no.) **CODICIL** to the last Will of me

..... (full name)

of (place)

..... (occupation)

which Will is dated the (day) of (month) of (year)

1. I insert the following clause into my said Will numbered as Clause No

I give absolutely to the trustees of the FRIENDS OF MOTUEKA HOSPITAL TRUST the sum of

.....

The receipt of the trustees of the FRIENDS OF MOTUEKA HOSPITAL TRUST will be full discharge to my trustees who shall have no responsibility as to the application of the funds distributed.

2. IN all other respects I confirm my said last Will.

Signed by me

My full name

In our presence and attested by us in his / her presence

Witness Signature

Witness Signature

Witness Name

Witness Name

Witness Occupation

Witness Occupation

Witness Address

Witness Address