

**FIRST CODICIL  
TO THE  
LAST WILL AND TESTAMENT  
OF**

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I, \_\_\_\_\_, a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, do amend my **Last Will and Testament**, dated the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, as follows:

I give and bequeath, as a charitable contribution, to St. Elizabeth Healthcare Foundation:

- (i) the sum of \$\_\_\_\_\_.
- (ii) a sum equal to \_\_\_\_\_% of my net estate.
- (iii) other \_\_\_\_\_.

**IN TESTIMONY WHEREOF**, and being first duly sworn, I have hereunto subscribed my name to this, the first Codicil to My Last Will and Testament, consisting of two (2) typewritten pages, and do hereby declare to the undersigned authority that I sign it willingly as my free and voluntary act, and that I am eighteen (18) years of age or older, and of sound mind, and under no undue influence or constraint. For the purposes of identification, I have initialed each such page all in the presence of the persons witnessing it at my request on this the \_\_\_\_ **day** \_\_\_\_\_, **2011**.

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**NAME**  
**Testator**

**COMMONWEALTH OF KENTUCKY**     )  
  )  
**COUNTY OF** \_\_\_\_\_   )  
  )  
**SS**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as his first Codicil to the Last Will and Testament and the Testator signs it willingly, and that each of us, in the presence and hearing of the Testator and in the presence of the other subscribing witness, hereby signs this First Codicil to the Last Will and Testament as witness to the Testator's signing, and to the best of our knowledge the Testator is eighteen (18) years of age or older, of sound mind, and under no undue influence or constraint.

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Witness**

**SUBSCRIBED, sworn to and acknowledged** before me by \_\_\_\_\_, **the Testator**, and subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_, witnesses, this, the \_\_\_ **day** \_\_\_\_\_, **2011**.

\_\_\_\_\_  
**NOTARY PUBLIC**

**My Com. Exp:** \_\_\_\_\_

*Disclaimer:*

*This sample codicil form has been prepared as a public service by the St. Elizabeth Healthcare Foundation. It is not meant to serve as a legal document or legal advice. Please contact your attorney or financial advisor for more information.*