

By this first (or appropriate number) _____ Codicil to my Will dated _____

I (full name) _____

Of (address) _____

in addition to the provisions of my said Will give to The Carers Association, Market Square, Tullamore, Co. Offaly. Registered Charity Number CHY 10962 the sum of:

Residual Legacy (a percentage of my estate left after all specific gifts, debts, fees, taxes and other expenses have been paid) _____ %

Pecuniary Legacy € _____

Specific Legacy (item) _____

for its general charitable purposes and I direct that the receipt of the Treasurer for the time being or other duly authorised officer shall be a sufficient discharge to my executors/trustees. In all other respects I confirm my said Will.

Signed (in front of witnesses) _____

Date _____

Signed by the alongside in our joint presence and them by us in his/hers

1st Witness (Name) _____

Address _____

Occupation _____

2nd Witness (Name) _____

Address _____

Occupation _____