

**CODICIL TO THE LAST WILL
OF**

Testator Name

I, _____, of _____ County, Michigan,
Testator Name Testator's County
made my last will on ____/____/_____. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women - Michigan, EIN No. 38-6073103* the sum of \$_____., or _____ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated ____/____/_____.

Dated: ____/____/_____

X _____
Testator Signature

Testator's Printed Name

Testator

I, _____, the testator, sign my name to this document on ____/____/_____. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: ____/____/_____

X _____
Testator Signature

Testator's Printed Name

Testator

We, _____ and _____, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

Witness 1

Dated: ___/___/_____

X _____
Witness Signature

Printed Name

Address: _____
Street Address

City ST ZIP

Witness 2

Dated: ___/___/_____

X _____
Witness Signature

Printed Name

Address: _____
Street Address

City ST ZIP

STATE OF MICHIGAN)
_____ COUNTY)

Subscribed and sworn **before me in** _____ **County, Michigan,** on
___/___/_____

X _____

Notary Public Name: _____.
Notary public, State of Michigan, County of _____.
My commission expires ___/___/_____.
Acting in the County of _____.