

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 _____.