CODICIL TO THE LAST WILL OF

	Testator Name
I,	, of County, Michigan, I now make the following codicil to my will:
	Ι
Association of University Wom Irish Hills, EIN No	gift to my will: I give, bequeath, and devise to <i>the America</i> <i>(AAUW) American Association of University Women Adrian</i> <i>33-1962618</i> the sum of \$, of dollars. This gift is unrestricted, and the may use and expend the gift in any manner at their sole discretion
	II
In all other respects I ratify, rep	blish, and confirm my will dated//
Dated://	XTestator Signature
	Testator's Printed Name
	Testator
I have taken an oath, administered	, the testator, sign my name to this document on// d by the officer whose signature and seal appear on this document as document are true. I declare to that officer that 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, _______, 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://	Χ			
	Witness Signature			
		Printed Name Street Address City ST ZIP		
	Address:			
Witness 2		City	ST	ZIP
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, Cour My commission expires//	nty of		_• ·	
Acting in the County of	_•			