IMPORTANT NOTICE - This specimen document is being provided to you for general education and discussion purposes only. It does not constitute legal advice, should not be used as a final and complete document and should only be used to assist your qualified legal counsel in preparing a final document. It is not designed to address your particular facts and circumstances and does not account for applicable federal and state law, including tax law, new developments in federal and state law or your individual goals and circumstances. Always consult with a qualified attorney for legal advice, including the drafting of all legal documents on the use of a Codicil in meeting your overall estate planning objectives.

## SAMPLE CODICIL

I	of	, Massachusetts, make th	is <mark>[number of</mark>
		I amend my will as follows:	· ·
-	. •	at any alterations or deletions clearly i	•
the will to be change	d, e.g., I strike Article Firs	st of my will in its entirety and substitu	te for it the following:]
In all other respects I	ratify and confirm all the	provisions of my will dated	, 20
I,	, the testator, sign m	ny name to this instrument this	day of, 20XX,
and being first duly s	worn, do hereby declare	to the undersigned authority that I sig	n and execute this
instrument as the [ins	sert number, e.g., First, e	etc.] Codicil to my will and that I sign it	willingly (or willingly
direct another to sign	for me), that I execute it	as my free and voluntary act for the p	ourposes therein
expressed, and that I	am eighteen (18) years	of age or older, of sound mind, and u	nder no constraint or
undue influence.	. , , ,	-	
			Testator
We,	and	, the witnesses, si	ign our names to this
instrument, being firs	t duly sworn, and do here	eby declare to the undersigned author	rity that the testator
signs and executes the	nis		
instrument as his will	and that he signs it willing	ngly (or willingly directs another to sign	n for him) and that
each of us, in the pre	sence and hearing of the	e testator, hereby signs this will as wit	ness to the testator's
signing, and that to th	ne best of our knowledge	the testator is eighteen (18) years of	age or older, of sound
mind, and under no o	constraint or undue influe	ence.	

residing at	
(Witness)	
residing at	
(Witness)	_
COMMONWEALTH OF MASSACHUSETTS COUNTY OF	
Subscribed, sworn and acknowledged before me by	, the testator, and subscribed
and sworn to before me by and	, the witnesses, this
day of, 20XX.	
Notary Public	
My Commission Expires:	