

# Codicil for a legacy/bequest Stepping Stone Hospice & Care Services NPC

*(Please use block letters)*

By this first *(or appropriate number)* ..... Codicil to My Will dated .....

I *(full name)* .....

Identity Document Number: .....

Of *(address)* .....

.....  
.....

in addition to the provision of my said Will, give to Stepping Stone Hospice and Care Services, cnr Ascot and Heidelberg Roads, New Market Park, Alberton, 1449/P.O. Box 11211, Randhart, Alberton 1457

the sum of R..... (Written word)

or *(description of item)* .....

or .....% of my estate or otherwise disposed of in my said Will

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

Signed: (in front of witnesses)

**Signature:** .....

**Date:** .....

*For completion by your witnesses*

Signed by the above in our joint presence and then by us in his/hers.

**1st Witness:**

(Mr/Mrs/Miss/Ms) .....

ID No: .....

Address: .....

.....

Occupation: .....

Signed: .....

Date: .....

**2nd Witness:**

(Mr/Mrs/Miss/Ms) .....

ID No: .....

Address: .....

.....

Occupation: .....

Signed: .....

Date: .....

Registration No. PBO 930 051 233

Once completed, **this codicil should be sealed in an envelope together with your Will (not pinned, stapled or clipped to it).**