LUTHERAN FAMILY SERVICES
Rocky Mountains
Faces of Philanthropy

CODICIL TO THE WILL
OF
_____

I, _____, also known as_____, a resident of _____ County, Colorado, declare this to be a codicil to my will dated _____, _____ **(and/or as amended by my codicil dated _____, 20____).

1. I add the following new article to my Will as a specific Bequest:

   I give the sum of $_____ to Lutheran Family Services Rocky Mountains.

   Or

   I give ____% of my Residuary Estate to Lutheran Family Rocky Mountains.

   Please direct my gift to _____.

   Except as amended in this codicil, I redeclare and republish my will [and all previous codicils to my will].

I, _____, sign my name to this instrument consisting of _____pages (including this page and the following page) on _____, 20____, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as the first codicil to my last 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 purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

_____
Testator/Testatrix

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We, _____ and _____, the witness, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that _____ signs and executes this instrument as the first codicil to his/her last will that he/she signs it willingly (or willingly directs another to sign for him/her) and that he/she executes it as his/her free and voluntary act for the purposes therein expressed, hereby sign this codicil as witness to his/her signing, and that to the best of our knowledge _____ is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

_____	_____
Witness	Witness
_____	_____
Address	Address

STATE OF COLORADO

COUNTY OF _____

Subscribed, sworn to, and acknowledged before me by _____,
and subscribed and sworn to before me by _____
and _____, witnesses, on _____, 20_____.

Witness my hand and official seal.

My commission expires _____.

_____
Notary Public

{SEAL}