

CODICIL

THIS IS A CODICIL TO THE LAST WILL AND TESTAMENT of

(1)_____

of (2)_____, Ontario which Last Will and Testament is dated the ___ day of

(3)_____, _____.

1. **I DIRECT** my Executor(s) and Trustee(s) to pay a legacy of (4)_____ **DOLLARS** (\$_____) to the **TRENTON MEMORIAL HOSPITAL FOUNDATION** to be applied for the benefit of the said Foundaiton in such a manner a its Directors may determine.

2. **IN ALL OTHER RESPECTS**, I confirm my Will.

IN TESTIMONY WHEREOF I have to this Codicil to my Last Will and Testament, written upon this single page of paper, signed my name the ___ day of _____, (5) _____.

SIGNED, PUBLISHED and DECLARED by the said)

Testator, (6)_____ and _____)

As a Codicil to his Last Will and Testament, in the)

presence of us, both present at the same itme, who at) (7)_____

his requiest in his presence and in the presence of)

each other have signed our names as witnesses.)

NAME: (8)_____

ADDRESS: _____

OCCUPATION: _____

NAME: (8)_____

ADDRESS: _____

OCCUPATION: _____

