

# Codicil

Codicil of (full name): \_\_\_\_\_

This Codicil is dated \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

and is made by me of this address: \_\_\_\_\_  
\_\_\_\_\_

I confirm my Will dated \_\_\_\_/\_\_\_\_/\_\_\_\_ in all respects except that

I add the following clause or clauses:

"I give free of all duties, taxes or deductions to Wilderness School Foundation Inc., the following:

1. the whole of my estate (or \_\_\_\_\_% of my estate) OR
2. the residue of my estate (or \_\_\_\_\_% of the residue of my estate) OR
3. the sum of \$\_\_\_\_\_

and I direct that the receipt of Wilderness School Foundation Inc. will be sufficient to discharge to my Executor for the gift."

Note: Delete whichever of the alternatives that are not applicable and all of the willmaker and the witnesses must initial the deletions.

Signature of Willmaker: \_\_\_\_\_

SIGNED by the Willmaker of this Codicil in our presence and in the presence of each other:

Signature (First Witness): \_\_\_\_\_

Name, address, occupation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Second Witness): \_\_\_\_\_

Name, address, occupation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Wilderness School Foundation Inc. does NOT receive or require a copy of this Codicil.

For any enquiries please contact  
The Director of Development, Wilderness School, 30 Hawkers Road, Medindie SA 5081 (08) 8344 6688