



**Legacies to charities – (Codicils to Wills)**

I, \_\_\_\_\_ (full name)  
of \_\_\_\_\_  
\_\_\_\_\_ (full address)

Declare this to be a codicil to my last Will which is dated \_\_\_\_\_ [insert date of Will] of me, \_\_\_\_\_ [insert full name] of \_\_\_\_\_ [insert full address]

In addition to any legacies given in my said Will I give to Dementia Active of 4, Eady Rd, Upper Heyford, Bicester, OX25 5TU. Charity registration number 1195246.

**<sup>1</sup>EITHER**

the sum of £ \_\_\_\_\_

**OR**

a \_\_\_\_\_ % share of the residue of my estate

<sup>2</sup>If before my death (or after my death but before my executors have given effect to the said gift) the said charity has;

(1) changed its name; or

\_\_\_\_\_

(2) transferred its assets to or become incorporated or amalgamated with another charity; or

(3) has ceased to exist

then this gift shall not fail and my executors shall give effect to it as if it had been made in the first case to the charity in its changed name or in the second case to that charity to which such transfer has been made or with which it has become incorporated or amalgamated or in the third case to such other charity as they consider most nearly fulfils the objects of the said charity]

In all other respects I confirm my said Will and any existing codicils thereto.

I declare that the receipt given by an officer of Dementia Active duly authorised by the charity to do so shall be a full and sufficient discharge to my executors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

We confirm that this codicil was signed by the above named testator in our joint presence and then by us in his/hers.

**Witness 1**

Name:

Address:

Occupation:

Date:

Signed:

**Witness 2**

Name:

Address:

Occupation:

Date:

Signed:

*Note to donor: Please keep this Codicil in the same place as your Will.*