Are you looking to leave a gift to Hospital De La Familia Foundation in a codicil?

Thank you for considering leaving a gift to our organization in your estate plan. Some donors choose to leave a gift in a codicil – a minor change or addition to an existing will. We're happy to provide some suggested language that can be used for this purpose, but keep in mind you'll have to have the codicil signed by one or more witnesses in order to be valid, according to the laws of your state.

Below, you'll find some sample codicil language to facilitate your gift to Hospital De La Familia Foundation:

CODICIL TO THE WILL OF

[TESTATOR NAME]

I, [TESTATOR NAME], of [COUNTY] County, [STATE], do make and declare this to be the Codicil to my last will and testament, which was executed on the [DATE] day of [MONTH], [YEAR] (such last will and testament being hereinafter referred to as my "Will"), and I now republish and declare said Will, as amended by this Codicil, to be my Will.

ITEM I.

I add the following provision to my Will as [Article [ARTICLE NUMBER]/Paragraph [PARAGRAPH LETTER] of Article [ARTICLE NUMBER]]:

[e.g., $[Amount] shall be distributed to Hospital De La Familia Foundation, a nonprofit organization, EIN 94-2452906, with an address at PO Box 12981, Berkeley, California 94712, or its lawful successor, to be used in support of [Program/Purpose]; provided, however, that if the preceding instruction should become impossible or impractical to fulfill as determined by the Board of Directors (or equivalent governing body) of the

beneficiary, the beneficiary may use this gift as determined by its Board of Directors (or equivalent governing body)]

RATIFICATION

In every other respect, I hereby ratify, confirm and republish my said Will.

IN WITNESS WHEREOF, I have signed this **Codicil** to my Will consisting of [NUMBER] pages, this page included on the [DATE] day of [MONTH], [YEAR].

_____

[TESTATOR NAME], Testator

The foregoing instrument was signed by the Testator in our presence and declared by the Testator to be the Codicil to the Testator's Will, and we, the undersigned witnesses, sign our names hereunto as witnesses at the request and in the presence of the Testator, and in the presence of each other on the [DATE] day of [MONTH], [YEAR].

_____

[FIRST WITNESS NAME]

_____

[FIRST WITNESS ADDRESS]

_____

[SECOND WITNESS NAME]

_____

[SECOND WITNESS ADDRESS]

SELF-PROVING AFFIDAVIT

STATE OF [STATE]
COUNTY OF [COUNTY]

I, [TESTATOR NAME], sign my name to this instrument this [DAY] day of [MONTH], [YEAR], and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as the Codicil to my 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 18 years of age or older, of sound mind, and under no constraint or undue influence.

_____

[TESTATOR NAME], Testator

We, [FIRST WITNESS NAME] and [SECOND WITNESS NAME], sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Codicil to their Will and that they sign it willingly (or willingly directs another to sign for them), and that each of us, in the presence and hearing of the Testator, hereby signs this Codicil as witness to the Testator's signing, and that to the best of our knowledge the Testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

_____

[FIRST WITNESS NAME]

_____

[FIRST WITNESS ADDRESS]

_____

[SECOND WITNESS NAME]

_____

[SECOND WITNESS ADDRESS]

HOSPITAL DE LA FAMILIA FOUNDATION

STATE OF [STATE]
COUNTY OF [COUNTY]

SUBSCRIBED, sworn to and acknowledged before me by the Testator, [TESTATOR NAME], and subscribed before me by the witnesses, [FIRST WITNESS NAME], and [SECOND WITNESS NAME], this [DATE] day of [MONTH], in the year [YEAR].

_____

[FIRST WITNESS NAME]

Notary's printed name: [_____]