I, ______________________, Testator, a resident of the Town of ______________________, ______________________ County, New Jersey, being of sound and disposing mind and memory and over the age of eighteen (18) years, and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my First/Second/Third Codicil to my Last Will and Testament dated ______________________.

I. VALIDITY OF WILL: This Codicil is intended only to supplement and amend my existing Last Will and Testament, which was dated on ______________________ and referenced above. My Will, save as expressly amended by this Codicil, shall remain in full force and effect.

II. AMENDMENTS: I hereby amend the following Clauses of my Last Will and Testament dated ______________________ as follows:

   a. I hereby amend Clause/Paragraph ______________________. I further devise and bequeath my property, both real and personal and wherever situated, to the following charity:
      i. the sum of ______________________ ($XX,XXX.00) Dollars to THE VALERIE FUND located at 2101 Milburn Avenue, Maplewood, New Jersey 07040;

      It is my intention and desire to include and incorporate the above referenced Amendments in my Last Will and Testament dated ______________________.

III. CONSTRUCTION: The pronouns used in this Codicil shall include, where appropriate, either gender or both, singular and plural.
IV. SEVERABILITY AND SURVIVAL: If any part of this Codicil is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts of this Codicil and my Will shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

IN WITNESS WHEREOF, I, __________ Name of Testator ________________, hereby set my hand to this Codicil to my Last Will and Testament, on each page of which I have placed my initials, on this _______ day of __________________, 20___.

Signature of Testator

________________________, Testator

SIGNED, SEALED, PUBLISHED and DECLARED by the said ____________, Testator as and for his/her Codicil, in the presence of us, who were present at the same time and who subscribed our names as witnesses thereto, in the presence of the Testator and of each other, at his/her request.

Name of Witness #1 residing at ________________________________

______________________________

Name of Witness #2 residing at ________________________________

______________________________

I, ________________________________, the Testator, sign my name to this instrument as my Codicil to my Last Will and Testimony, this ______ day of ______________________ 20___ and being first duly sworn, do hereby declare to the undersigned authority that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed in the Codicil to

2
my Last Will and Testimony, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Signature of Testator

________________________, Testator

We the undersigned witnesses, Name of Witness #1 and Name of Witness #2 sign our names to this instrument this _______ day of __________________________ 20__ and being first duly sworn, do each hereby declare to the undersigned authority that the Testator signed and executed this instrument as his Codicil to his Last Will and Testament and that he/she signed it willingly, and that each of us, in the presence of the Testator signing, and his/her declaration that the Testator is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence in executing this instrument.

____________________________
Name of Witness #1 Witness

____________________________
Name of Witness #2 Witness

STATE OF _________________
COUNTY OF _______________

SUBSCRIBED, SWORN to and acknowledged before me, ___________________________, that ________________________, (the Testator) and the witnesses, Name of Witness #1 and Name of Witness #2 subscribed and sworn to before me, this ______ day of __________________________ 20__.

____________________________
Notary Public – State of _______________