

# Thank you for remembering us!

## Instructions for completing the codicil to your Will or Living Trust.

1. Print 2 copies of page 2.
2. Complete both copies.
3. You and 3 witnesses must sign & date both copies in each other's presence at the same time.
4. Attach 1 copy to your Will or Living Trust.
5. Mail the other copy to the CDCoC:

Children's Dyslexia Centers  
of Cincinnati  
317 E Fifth Street  
Cincinnati, OH 45202

Ph: (513) 562-2665  
cincinnati@cdcoc.org  
FEIN: 04-3169620

*\*Witnesses must be disinterested third parties. Your spouse, family or other beneficiaries should not be witnesses.*

*\*\*You may print extra copies to share with your beneficiaries so they are aware of your intent to bequeath a portion of your estate to the CDCoC.*

# CODICIL TO LAST WILL AND TESTAMENT OF

\_\_\_\_\_  
(your name)

I, \_\_\_\_\_, an adult residing at \_\_\_\_\_  
(address)

\_\_\_\_\_, \_\_\_\_\_, being of sound mind, declare this Codicil  
(city) (state)

to my Living Trust or Last Will and Testament ("Will") originally dated \_\_\_\_\_,  
\_\_\_\_\_.

effective as of today, \_\_\_\_\_, \_\_\_\_\_. I add or change said last will

in the following manner:

I give and bequeath the sum of \$ \_\_\_\_\_.

(or) the following described property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(or) \_\_\_\_\_% of my estate

(or) the residue of my estate

**to continue the charitable works of the Children's Dyslexia Centers of Cincinnati.**

**In all other respects I confirm my said living trust or will.**

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

Dated \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Dated \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Dated \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Dated \_\_\_\_\_