

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Assoc of University Women Northville Novi Branch Inc, EIN No. 32-0309348* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Ann Arbor Inc., EIN No. 38-6083405* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Battle Creek, EIN No. 38-6092140* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Bay City, EIN No. 38-6078815* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Big Rapids, EIN No. 38-6094736* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Birmingham, EIN No. 38-2292687* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Cass City, EIN No. 38-6108196* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Detroit, EIN No. 38-6090754* the sum of \$\_\_\_\_\_, or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Escanaba Area, EIN No. 23-7328885* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Gaylord, EIN No. 23-7328888* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Grosse Pointe Branch, EIN No. 38-6070676* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn before me in \_\_\_\_\_ County, Michigan, on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Inc. Farmington, EIN No. 81-1130235* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Iron Mountain-Kingsford, EIN No. 38-6093183* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Jackson, EIN No. 38-2091645* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Livonia, EIN No. 23-7128962* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Ludington, EIN No. 38-6087401* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Marquette, EIN No. 38-6087403* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Marshall Branch, EIN No. 38-3284812* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Midland, EIN No. 20-1267825* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Monroe, EIN No. 38-6090759* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Plymouth-Canton, EIN No. 38-6065681* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Port Huron, EIN No. 38-6071448* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Rochester, EIN No. 38-6093531* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Romeo, EIN No. 51-0139507* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Saginaw, EIN No. 38-6091892* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women South Haven MI Affiliate Inc, EIN No. 82-3372996* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Traverse City, EIN No. 38-6087626* the sum of \$\_\_\_\_\_, or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Wyandotte-Downriver, EIN No. 38-6072935* the sum of \$\_\_\_\_\_, or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Southfield, EIN No. 38-6073103* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women - Michigan, EIN No. 38-6073103* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ **dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) AAUW Gaylord Education Program, EIN No. 83-2277860* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) AAUW Grosse Pointe Education Program, EIN No. 87-1243507* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) AAUW-Birmingham Branch Foundation Inc., EIN No. 87-0783293* the sum of \$\_\_\_\_\_., or \_\_\_\_\_  
**dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  
I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) AAUW Wyandotte-Downriver Foundation Inc., EIN No. 32-0265614* the sum of \$\_\_\_\_\_., or \_\_\_\_\_  
**dollars**. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  
I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Ann Arbor Inc., EIN No. 38-6083405* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women Traverse City, EIN No. 38-6087626* the sum of \$\_\_\_\_\_, or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women South Haven MI Affiliate Inc., EIN No. 82-3372996* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Assoc of University Women Northville Novi Branch Inc, EIN No. 32-0309348* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.

**CODICIL TO THE LAST WILL  
OF**

\_\_\_\_\_  
Testator Name

I, \_\_\_\_\_, of \_\_\_\_\_ County, Michigan,  
Testator Name Testator's County  
made my last will on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I now make the following codicil to my will:

I

I add the following charitable gift to my will: I give, bequeath, and devise to *the American Association of University Women (AAUW) American Association of University Women-Dearborn Branch Inc, EIN No. 38-6088805* the sum of \$\_\_\_\_\_., or \_\_\_\_\_ dollars. This gift is unrestricted, and the organization's governing body may use and expend the gift in any manner at their sole discretion.

II

In all other respects I ratify, republish, and confirm my will dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

I, \_\_\_\_\_, the testator, sign my name to this document on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is a codicil to my will; that I sign it willingly or willingly direct another to sign for me; that I sign it as my voluntary act for the purposes expressed in this codicil; and that I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Testator Signature

\_\_\_\_\_  
Testator's Printed Name

**Testator**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **the testator's** will, signed it willingly or willingly directed another to sign it for **the testator**, and signed it as **the testator's** voluntary act for the purposes expressed in this codicil; each of us, in the testator's presence, signs this codicil as witness to the testator's signing; and, to the best of our knowledge, the testator is 18 years of age or older, under no constraint or undue influence, and has sufficient mental capacity to make this will.

**Witness 1**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

**Witness 2**

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City ST ZIP

STATE OF MICHIGAN )  
\_\_\_\_\_ COUNTY )

Subscribed and sworn **before me in** \_\_\_\_\_ **County, Michigan,** on  
\_\_\_/\_\_\_/\_\_\_\_\_

**X** \_\_\_\_\_

**Notary Public Name:** \_\_\_\_\_.  
Notary public, State of Michigan, County of \_\_\_\_\_.  
My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.  
**Acting in the County of** \_\_\_\_\_.