CODICIL TO
LAST WILL AND TESTAMENT
OF

__________________________
(insert name above)

I, ____________, residing and domiciled in the City of _______________, County of _______________, and State of _______________, hereby make, publish and declare this to a CODICIL TO MY LAST WILL AND TESTAMENT dated ___________ (enter date of Will).

I give ____ percent (%) of the rest, residue, and remainder of my estate to United Way of Dane County Foundation, Inc. of PO Box 7548, Madison, Wisconsin  53707, as an unrestricted gift.

In all other respects my Last Will and Testament shall remain as written and published.

I, [Name], the testator, sign my name to this instrument this ___ day of _________, 20___, and being first duly sworn, declare to the undersigned authority all of the following:

1. I execute this instrument as  the [First] Codicil to my will.
2. I sign this [First] Codicil willingly.
3. I execute this [First] Codicil as my  free and voluntary act for the purposes expressed therein.
4. I am 18 years of age or older, of sound mind and disposing memory, and under no constraint or undue influence.

[Signed]

We, [the names of 3 independent witnesses], the witnesses, being first duly sworn, sign our names to this instrument and declare to the undersigned authority all of the following:

1. The testator executes this [First] Codicil on the above date in our presence and declares this to be the testator’s [First] Codicil.
2. The testator signs this [First] Codicil willingly.
3. Each of us, in the conscious presence of the testator and of each other, signs this [First] Codicil as a witness.
4. To the best of our knowledge, the testator is 18 years of age or older, of sound mind and disposing memory, and under no constraint or undue influence.

____________________________________

____________________________________

____________________________________

SIGNED at _________________________, this _____ day of _________, 20____.

STATE OF WISCONSIN

COUNTY OF DANE
Subscribed and sworn to before me by [Name], the testator, and by
_____________________, ___________________, and ________________, witnesses,
this ___ day of ________, 20__.

(SEAL) Notary Public, State of Wisconsin.

My commission expires: ______________________.