

## CLAUSE WORDING FOR YOUR WILL

We would always recommend using a solicitor when making or updating your Will. The following are some sample clauses to assist you when including the Yarmouth (Isle of Wight) Town Trust in your Will.

RESIDUARY GIFT	PECUNIARY GIFT	SPECIAL GIFT
<p>The residue or part of the residue of your estate</p> <p>a) I give to the Yarmouth (Isle of Wight) Town Trust, Town Hall, Yarmouth, Isle of Wight PO41 0NS Registered Charity No. 234220 all the residue of my estate (or a x% share of the residue of my estate) for its general charitable purposes.</p> <p>b) I declare that the receipt of the duly authorized officer of the Yarmouth (Isle of Wight) Town Trust shall be a full and sufficient discharge for my Executors/Trustees</p>	<p>A fixed sum of money</p> <p>a) I give to the Yarmouth (Isle of Wight) Town Trust, Town Hall, Yarmouth, Isle of Wight PO41 0NS Registered Charity No. 234220 the sum of £..... for its general charitable purposes.</p> <p>b) I declare that the receipt of the duly authorized officer of the Yarmouth (Isle of Wight) Town Trust shall be a full and sufficient discharge for my Executors/Trustees</p>	<p>A particular item</p> <p>a) I give to the Yarmouth (Isle of Wight) Town Trust, Town Hall, Yarmouth, Isle of Wight PO41 0NS Registered Charity No. 234220 (description of property given) ....or its sale proceeds for its general charitable purposes.</p> <p>b) I declare that the receipt of the duly authorized officer of the Yarmouth (Isle of Wight) Town Trust shall be a full and sufficient discharge for my Executors/Trustees</p>

For any questions or assistance required please do contact the Clerk Yarmouth (Isle of Wight) Town Trust, Town Hall, Yarmouth, Isle of Wight PO41 0NS. Email [clerk@yarmouthtowntrust.org](mailto:clerk@yarmouthtowntrust.org)

# CODICIL

**The Codicil Form overleaf can be used if you wish to add The Yarmouth Isle of Wight Town Trust to your existing Will.**

## **PLEASE NOTE**

### **What do I need to do?**

1. Please complete the form overleaf (but do not sign it until both your witnesses are present.)
2. Ask two adults (of sound mind) to be witnesses. The following people cannot witness your Will.
  - Your executor's spouse
  - A beneficiary of your Will
  - A beneficiary's spouse.
3. Sign the codicil in ink, using your normal signature, in the presence of both your witnesses.
4. Ask both witnesses to sign and complete their section of the codicil in the presence of you and each other.
5. Send your completed codicil to your solicitor or the person who is looking after your Will. Banks and solicitors do not normally charge for storing a codicil or an existing Will.

- Do not write on or cross out anything in your existing Will – it will invalidate it.
- Do not attach anything to your existing Will using paper clips or pins as this may cause difficulties later on. Instead enclose your codicil with your existing Will.
- We recommend you consult a solicitor about any substantial amendments to an existing Will. It may well be better to have a new Will drafted to avoid confusion.

# CODICIL

I (full name) -----

of (address) -----

-----Post Code -----

Declare this to a (first/second) codicil to my Will dated

\_\_\_\_\_

I give to the Yarmouth Isle of Wight Town Trust of Town Hall,  
Yarmouth, Isle of Wight PO41 0NS Registered Charity No.  
234220

the sum of £ \_\_\_\_\_

x% of the residue of my estate

a specific item \_\_\_\_\_  
(or its sale proceeds)

for its general charitable purposes.

**THIS FORM SHOULD NOT BE COMPLETED  
WITHOUT READING THE GUIDANCE NOTES.**

I declare that the receipt of the duly authorized officer of the  
Yarmouth Isle of Wight Town Trust shall be a full and sufficient  
discharge for my Executors/Trustees.

In all other respects, I confirm my said Will and other codicils  
there to.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed by the above named in our presence and witnessed by  
us in the presence of him/her and each other.

**Witness One**

**Witness Two**

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_