

CODICIL TO THE LAST WILL OF *[NAME]*

I, **[name]**, of **[county]** County, Michigan, made my last will on **[date]**. I now make the following codicil to my will:

I

[Either]

I delete **[words to be changed]** and substitute the following in its place: **[new provision]**

[or]

I add the following to my will: **[new provision]**

II

In all other respects I ratify and confirm my will dated **[date]**.

[Choose one: attestation clause]

Dated: **[date]**

[Signature line]

[Typed name]

Testator-self represented

On **[date]**, **[name]**, the testator, signed this instrument as a codicil to **[his / her]** will. We witnessed the signing by the testator and now, on the same day, sign as witnesses in the presence of the testator and state that, to the best of our knowledge, the testator is at least 18 years of age or older and has sufficient mental capacity to make this will.

Witness 1

Dated: **[date]**

[Signature line]

[Typed name]

[Address, telephone]

Witness 2

Dated: **[date]**

[Signature line]

[Typed name]

[Address, telephone]

[or]#2 attestation clause

I, **[name]**, the testator, sign my name to this document on **[date]**. 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: **[date]** **[Signature line]**
[Typed name]
Testator-self represented

We, **[name]** and **[name]**, 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 **[his / her]** will, signed it willingly or willingly directed another to sign it for **[him / her]**, and signed it as **[his / her]** 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: **[date]** **[Signature line]**
[Typed name]
[Address, telephone]

Witness 2

Dated: **[date]** **[Signature line]**
[Typed name]
[Address, telephone]

STATE OF MICHIGAN)
[COUNTY] COUNTY)

Subscribed and sworn to **[before me in [county] County, Michigan, / before me using an electronic notarization system under MCL 55.286a in [county] County, Michigan, / before me using a remote electronic notarization platform under MCL 55.286b]** on **[date]**.

[Signature line]
[Notary public's name, as it appears on application for commission]
Notary public, State of Michigan, County of **[county]**.
My commission expires **[date]**.
[If acting in county other than county of commission: Acting in the County of [county].]

[or]#3 attestation clause

I, **[name]**, the testator, sign my name to this document on **[date]**. I declare under penalty for perjury under the law of the state of Michigan that the following statements are true: this document is a codicil to my will; I sign it willingly or willingly direct another to sign for me; I sign it as my voluntary act for the purposes expressed in this codicil; and I am 18 years of age or older, under no constraint or undue influence, and have sufficient mental capacity to make this will.

Dated: **[date]**

[Signature line]

[Typed name]

Testator-self represented

We, **[name]** and **[name]**, the witnesses, sign our names to this document typewritten on **[number]** pages on **[date]**, and we declare under penalty for perjury under the law of the state of Michigan that all of the following statements are true: the individual who signed this document as the testator signed the document as a codicil to **[his / her]** will, signed it willingly, and signed it as **[his / her]** 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: **[date]**

[Signature line]

[Typed name]

[Address, telephone]

Witness 2

Dated: **[date]**

[Signature line]

[Typed name]

[Address, telephone]

This document was drafted or partially drafted with the assistance of a lawyer licensed to practice in the State of Michigan, pursuant to Michigan Rules of Professional conduct 1.2(b). (As circumstances and specific wills differ for all individuals, it is highly recommended that you consult with legal counsel before making any changes to your will and/or estate plan.)

This last paragraph is to be added to whichever attestation clause document testator chooses. You need not use these last two sentences for your codicil.