

## CODICIL

ADDING A GIFT IN YOUR WILL FOR SEASONS CENTRE FOR GRIEVING CHILDREN. If you would like to include Seasons Centre for Grieving Children in your existing Will, please complete this Codicil form and send it to your solicitor. We would be grateful if you could also inform us of your intentions and send us a copy, so that we may acknowledge your generosity, and recognize you as a member of SEASONS CENTRE FOR GRIEVING CHILDREN LEGACY SOCIETY.

| <u> </u>   | (full name)             |
|--|-------------------------|
| of   | (full address)          |
| publish and declare this to be the (first, second, etc.) Codicil to my             | Last Will and Testament |
| (my "Will") date   | (date of Will).         |
| In addition to any legacies given in my Will, I give to Seasons Centre for Grievin |                         |
| 38 McDonald Street Barrie, Ontario L4M 1P1, (Charitable Registration #8984 98      | 3142 RROOOI)            |
|  | _ % share of my estate  |
| the sum of \$  | _                       |
| specific property:   | (description)           |
| To be used for:  |                         |
| $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $   | for Grieving Children   |
| the purpose of: (Mental He   | ealth, Education)       |

If in the opinion of the Board of Directors, **Seasons Centre for Grieving Children**, it should become impossible, inadvisable, or impractical to use this gift for the purpose specified above, the Board may in its discretion use the gift to the best advantage of **Seasons Centre for Grieving Children**, keeping in mind the original wishes of the donor.



|  | SIGNED by the estate or, |               | [Your Full Name], as a                                 |  |
|--|--------------------------|---------------|--|--|
| Codicil to his/her last Will, in the presence of us, both present at the same time, who at his/her |                          |               |  |  |
| request in his/her presence and in the presence of witnesses.                                      |                          |               | ce of each other have hereunto subscribed our names as |  |
|  | Dated the(day            | y) of(month), | (year).  |  |
|  |                          |               |  |  |
|  | Witness Signature        |               | Witness Signature                                      |  |
|  |                          |               |  |  |
|  | Witness Name             |               | Witness Name   |  |
|  |                          |               |  |  |
|  | Witness Address          |               | Witness Address  |  |
|  |                          |               |  |  |
|  | Witness Occupation       |               | Witness Occupation                                     |  |