

Norfolk Heritage Fleet Trust

CODICIL

(Legacy of specific amount)

I, FULL NAME:.....of

FULL ADDRESS.....

.....Postcode.....

declare this to be a (first, second, third etc) codicil to my will dated
(insert date of will) and to my codicil(s) dated.....(cross through if no other
codicils) (together 'my Will').

1 I give free of inheritance tax the sum of:

Amount in words:.....pounds

Amount in figures: £.....to

Name of charity:

Registered charity number:absolutely

2 My executors may pay or transfer any assets due to a charity to the person who purports to be the treasurer or other appropriate officer of such charity, and the receipt of such person shall be a full discharge to my executors

3 If at the date of my death any charity named as a beneficiary in my Will is no longer in existence or is subject to a winding-up order, my executors shall pay the legacy to such other charitable body or bodies having the same or similar objects as my executors shall select

4 In all other respects I confirm my Will.

SIGNED by the said testator)

in our presence and then by us in his/hers) Sign:.....

Witness (1) Sign Witness (2) Sign

Print Name Print Name

Address Address

.....

Occupation Occupation

Please note that your witnesses can not be beneficiaries in your Will or be married to anyone who is a beneficiary of your Will. You must sign the will in front of both witnesses who must both then sign the form in front of you and each other. Your witnesses should then fill in their name, address and occupation as above.

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CODICIL

(Gift of share of residuary estate)

I, FULL NAME:.....of

FULL ADDRESS.....

.....Postcode.....

declare this to be a (*first, second, third etc*) codicil to my will dated

(*insert date of will*) and to my codicil(s) dated.....(*cross through if no other codicils*) (together '**my Will**').

1 I leave the residue of my estate : [*fill in as appropriate: percentages must add up to 100%*]

1.1 As to(*insert percentage in words*) per cent (.....%) to
..... (*name of charity*) registered charity number
..... absolutely

1.2 As to(*insert percentage in words*) per cent (.....%) to
..... (*name of charity*) registered charity number
..... absolutely

1.3 As to(*insert percentage in words*) per cent (.....%) to
..... (*name of charity*) registered charity number
..... absolutely

2 Incidence of inheritance tax (*to be included if only part of residuary estate is being left to charity*)

I declare that if the share in my residuary estate of any beneficiary does not qualify for exemption from inheritance tax, the shares of the other residuary beneficiaries shall be deemed to be of amounts such that, after payment of the inheritance tax due in respect of those shares, the amounts received by the residuary beneficiaries are in the proportions specified

OR

I declare that if the share in my residuary estate of any beneficiary does not qualify for exemption from inheritance tax, that share shall bear its own inheritance tax so that the amount received by each residuary beneficiary, before the payment of inheritance tax, is in the proportions specified

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- 3 My executors may pay or transfer any assets due to a charity to the person who purports to be the treasurer or other appropriate officer of such charity, and the receipt of such person shall be a full discharge to my executors
- 4 If at the date of my death any charity named as a beneficiary in my Will is no longer in existence or is subject to a winding-up order, my executors shall pay the legacy to such other charitable body or bodies having the same or similar objects as my executors shall select
- 5 In all other respects I confirm my Will.

SIGNED by the said testator)
in our presence and then by us in his/hers) Sign:.....

Witness (1) Sign Witness (2) Sign

Print Name Print Name

Address Address

.....

Occupation Occupation

Please note that your witnesses can not be beneficiaries in your Will or be married to anyone who is a beneficiary of your Will. You must sign the will in front of both witnesses who must both then sign the form in front of you and each other. Your witnesses should then fill in their name, address and occupation as above.