



Codicil Form

I, _____, give and bequeath to The Stuttering Treatment and Research Trust for itS work in therapy, support, and research: _____%
Of my estate (or) the residue of my estate (or) _____% of the residue of my estate (or) the sum of \$ _____ (or) property or items as follows:

free of all death and estate duties and I declare that the official receipt of The Stuttering Treatment and Research Trust shall be a full and sufficient discharge to my Executors.

(Signed by me in the presence of two witnesses)

MY SIGNATURE: _____ **DATE:** _____

FULL LEGAL NAME: _____

ADDRESS: _____

WITNESS SIGNATURE: _____ **DATE:** _____

FULL LEGAL NAME: _____

ADDRESS: _____

WITNESS SIGNATURE: _____ **DATE:** _____

FULL LEGAL NAME: _____

ADDRESS: _____
