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**Sample Codicil to Gift through Your Estate Plan**

Add Aii to your estate plans without re-drafting by using a codicil. Codicils may or may not be the right option for your particular legal situation. Consult an attorney, then consider the draft language below.

Aii is an alliance of two nonprofits, our 501(c)(3) nonprofit is the Public Institute for Facility Safety (PIFS). Your donations, gifts, and contributions are tax exempt to the fullest extent of the law. When you give to PIFS, you are giving to Aii. Learn more at [Aii.org](http://Aii.org).

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Date \_\_\_\_\_

I, \_\_\_\_\_, an adult resident of the County of \_\_\_\_\_, State of \_\_\_\_\_, declare that this is the codicil to my Last Will and Testament, which is dated \_\_\_\_\_ (execution date of original Will).

I add or change said last Will in the following manner, in this section number of the Will:  
\_\_\_\_\_.

**I leave \$ \_\_\_\_\_ or \_\_\_\_\_ percent of my estate to the Public Institute for Facility Safety, Arlington, Virginia, Employer Identification Number 47-2375227.**

Otherwise, I hereby confirm and republish my Will dated \_\_\_\_\_ (execution date of original Will), in all respects other than those mentioned here.

I subscribe my name to this codicil on this \_\_\_\_\_ day of \_\_\_\_\_ (month), in the year \_\_\_\_\_, at \_\_\_\_\_ (full address where signed), in the presence of \_\_\_\_\_ (full name of first witness to codicil), \_\_\_\_\_ (full name of second witness to codicil), and \_\_\_\_\_ (full name of third witness to codicil), attesting witnesses, who subscribe their names in my presence.

\_\_\_\_\_ (Your Signature)

**ATTEST**

On the date last written above, \_\_\_\_\_(your name), known by us to be the person whose signature appears at the end of this codicil, declared to us, \_\_\_\_\_(full name of first witness to codicil), \_\_\_\_\_(full name of second witness to codicil), \_\_\_\_\_(full name of third witness to codicil), the undersigned, that the foregoing instrument, consisting of 1 page, was the codicil to the Will dated \_\_\_\_\_(original signed date of Will); who then signed the codicil in our presence, and now in the presence of each other, we now sign our names as witnesses.

Witness #1 Signature and address \_\_\_\_\_

Witness #2 Signature and address \_\_\_\_\_

Witness #3 Signature and address \_\_\_\_\_

**Public Institute for Facility Safety**

**3033 Wilson Blvd, Suite 700 Arlington, VA 22201**

**Tax Employer Identification Number 47-2375227**

**SAMPLE**

**NOTICE: Your estate plans are important legal documents that should be prepared by your attorney. Please consult legal and financial advisors for professional advice. This document is to serve as sample language and recommendation once you have made the informed decision to include us in your estate plans. Do not rely on this document or other information at Aii.org as legal or tax advice for your particular situation.**