



# Codicils

A codicil is simply an addition or change to your current Will. According to RCW 11.02.005 (2), a codicil is "a *Will* that modifies or partially revokes an existing or earlier *Will*. A *Codicil* need not refer to or be attached to the earlier *Will*."

Being a *Will* itself, a *Codicil* must be executed with the same formalities as *Wills*. In Washington:

1. The will must be written, dated and signed;
2. The person who makes a will (called a "testator") must be legally competent and acting voluntarily (of sound mind and free of any improper influence), and be at least 18 years old; and
3. The signing of the document must be witnessed by at least two legally competent individuals (one of whom may be a notary public) and signed in strict accordance with technical formalities. Witnesses do not need to know the contents of the will and should not be beneficiaries (persons who will receive something) of the will.

Handwritten (or "holographic") *Wills* that are not properly witnessed are invalid in Washington. A *Will* made in another state in accordance with that state's requirements will be valid in Washington.

You may choose to do a *Codicil* because rewriting your *Will* in its entirety can be time consuming and costly. A *Codicil* is a simple, easy document that is helpful for simple changes, brought about by a death, a birth, a divorce, a move, or the addition of a bequest to a charity.

Any estate planning attorney can write a *Codicil* for you; it does not have to be the person who prepared your original *Will*. Although "do-it-yourself" *Codicils* and *Wills* are available, they may not consider individual circumstances and relationships, and could cause litigation, contested *Wills* and other problems in transferring property to beneficiaries. An attorney can assist and advise by analyzing individual circumstances and preferences, drafting valid documents, and avoiding pitfalls that alter intent.

Always be sure to sign, date, and make copies of the *Codicil* and attach it to your original *Will* and all copies of your *Will*.

## SAMPLE CODICIL:

I, [testator], a resident of the City of [City] County of [county], State of [state], declare that this is the codicil to my last will and testament, which is dated [date original signed].

I add or change said last will in the following manner:

*[List with particularity all changes to the will. Reference each section number of the will and the specific language you will be affecting. Be as clear and precise as possible.]*

Otherwise, I hereby confirm and republish my will dated, [date original signed], in all respects other than those herein mentioned.

I subscribe my name to this codicil this [day] day of [month], [year], at [full address where signed], in the presence of [full name of first witness to codicil], and [full name of second witness to codicil], who subscribe their names here in my presence.

\_\_\_\_\_  
[testator]

ATTESTATION

On the date last above written, [testator], 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] and [full name of third witness to codicil], the undersigned, that the foregoing instrument, consisting, of \_\_\_\_\_ page(s) was the codicil to the will dated, [date original signed]; who then signed the codicil in our presence, and now in the presence of each other, we now sign our names as witnesses.

\_\_\_\_\_  
Signature of \_\_\_\_\_

\_\_\_\_\_  
Signature of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_, 2020, by \_\_\_\_\_ (Witness 1) and \_\_\_\_\_ (Witness 2).

SEAL OR STAMP

\_\_\_\_\_  
Notary Public in and for the State of Washington

\_\_\_\_\_  
[Printed Name]  
My commission expires: \_\_\_\_\_

Suggested Language for Including Seattle Children’s Hospital in Your Estate Planning Documents

*I give, devise and bequeath [identify here the specific sum of money, the specific asset or the portion of the residual estate] to Seattle Children’s Hospital Foundation, 4800 Sand Point Way NE., Seattle, Washington 98105, Federal Tax ID 91-1156519, to be used for the benefit of Seattle Children’s Healthcare System, 4800 Sand Point Way NE., Seattle, Washington 98105-0371, specifically for [describe the primary purpose, such as the greatest needs of the Hospital, uncompensated care, pediatric research or particular program, such as cancer, cardiology, etc].*

*If it is determined by the Board of Trustees of the Hospital that all or part of the gift is no longer needed, or for any reason cannot be used for the stated purpose, then such portion of the gift may be used for other related purposes, which the Board of Trustees deems to be in the best interests of the Hospital, giving consideration to the original purposes described above.*

Many friends of Children’s wish to support special programs or needs of the Hospital. In this case, your will or trust should clearly state the intended purpose. It is advisable that you use general language so

that the restriction is not so limited as to prevent the Hospital from applying the money in the most efficient way.

## Contact Us

For more information, please contact the Seattle Children's Legacy Services team by email [legacy@seattlechildrens.org](mailto:legacy@seattlechildrens.org) or by phone 206-987-5098.

Thank you for your interest in including a gift to Seattle Children's in your estate plan. Please bear in mind that in providing the suggested charitable bequest language at your request, Seattle Children's is not giving professional tax or legal advice. You still need to consult your professional legal and tax advisors about the consequences of this gift to your particular situation. We also encourage you to discuss your philanthropic plans with your family members as appropriate so that they may participate in your decision-making and understand the objectives of your estate giving plans.