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| CODICIL SUBSTITUTING DECEASED EXECUTER I, ………………………………………………………………. S/o............................................................., aged………………….. year, residing at………………………………….………….. do hereby declare this to be a first codicil to my will dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . WHEREAS by my aforesaid will I have appointed Sh. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, R/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as one of the executors and have given him a legacy or Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ for acting as an executor. AND WHEREAS the said Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has expired on (DATE)\_\_\_\_\_\_\_\_\_. 1. Now I hereby revoke the appointment of the said Sh.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as one of the executors of my will and appoint Sh\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, S/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, R/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be the executor and trustee thereof in his place. I bequeath to the said Sh\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a legacy of Rs\_\_\_\_\_.\_\_\_\_\_ for acting as such executor. 2. I hereby declare that my said will and all the provisions contained therein shall be construed and take effect as if the name of the said Sh\_\_\_\_\_\_\_\_\_\_\_\_\_\_ were substituted therein as an executor thereof for the name of Sh. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 3. In all other respects I confirm my said will. IN WITNESS WHEREOF, I have to this set my hand this…………… day of ………………. SIGNATURE OF TESTATOR Signed by the above named testator in our presence at the same time and each of us has in the presence of the testator signed his name hereunder as an attesting witness. WITNESSES: 1. …………………(Name and Address) 2. …………………(Name and Address)  |

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