

P: 06 377 5430  
 PO Box 555, Masterton 5840

E: [info@catwalk.org.nz](mailto:info@catwalk.org.nz)  
[www.catwalk.org.nz](http://www.catwalk.org.nz)

## Instructions for Codicil

Please complete and forward to your lawyer. Your lawyer will need to prepare a codicil, make sure that it fits with your Will and formalise it as a legal document. You will then need to sign the finalised document and have it witnessed.

### Instructions for a codicil to my last Will

Full Name:.....

Address:.....

.....

Occupation:.....

**My will is dated:**.....

(Write the date of your current will)

I give and bequeath free of all duties and taxes the sum of \$ .....

**OR**

I give and bequeath free of all duties and taxes .....% of my estate (or), the residue of my estate (or), the residue of my estate (or), property or items as follows:

.....  
 To **The CatWalk Spinal Cord Injury Trust** for its work towards a world free from spinal cord injury paralysis. I declare that the official receipt of The CatWalk Spinal Cord Injury Trust shall be a full and sufficient discharge to my Executors.

In all other respects I confirm my Will

Signed by me in the presence of two witnesses	
<b>MY SIGNATURE:</b> _____	DATE: _____
<b>WITNESS SIGNATURE:</b> _____	DATE: _____
FULL LEGAL NAME: _____	
ADDRESS: _____	
<b>WITNESS SIGNATURE:</b> _____	DATE: _____
FULL LEGAL NAME: _____	
ADDRESS: _____	



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## My Gift

Please fill in this form and mail or email to us

The CatWalk Trust contact details: Meg Speirs – General Manager e [meg@catwalk.org.nz](mailto:meg@catwalk.org.nz) m. 021 670 390

First Name:.....

Last Name :.....

Address: .....

.....Postcode: .....

Email: .....

{ } Yes, I have included The CatWalk Spinal Cord Injury Trust in my will.

{ } I intend to include The CatWalk Spinal Cord Injury Trust in my will and would like to arrange a meeting to discuss this with you. Please contact me.

Name and firm of solicitor: .....

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