**Please attach the completed codicil to your existing will and notify Queensland Library Foundation of your decision.**

Codicil of (full name).....................................................................................................................

This codicil is dated (day)......................of (month)..........................................20 (year) ......................,

and is made by me of (address).........................................................................................................................

I confirm my will dated .........../............./............... in all respects, except that I revoke clause................................... of my will and substitute the following clause:

I give, free of all duties and taxes (choose one of the following from **A, B, C, D, E** or **F**)

☐ **A** the whole of my estate (or……………………….% of my estate)

☐ **B** the residue of my estate (or……………………….% of the residue of my estate)

☐ **C** the sum of $………………………., or my units/shares in……………………….Trust/Ltd

☐ **D** my real property (or……………………….% of my property) situated at .........................

.................................... having the title reference .....................................................................

☐ **E** the proceeds from the sale of ..........................................................................................\*

as liquidated by the executor of the estate (\* sale of a specific item such as artwork, jewellery etc).

☐ **F** Life insurance policy no..............................................held by...........................................

to Library Board of Queensland (trading as State Library of Queensland) ABN 45 872 652 679. The receipt by a director or public officer for the time being of Queensland Library Foundation, State Library of Queensland is an absolute discharge to my executor.

Signature of (will maker).......................................................................................................................................

SIGNED by the will maker as a codicil to last will in our presence and in the presence of each other:

**First witness**: **Second witness:**

Name:................................................................ Name:....................................................

Address:............................................................ Address:................................................

......................................................................... ..............................................................

Occupation:..................................................... Occupation:...........................................

Signed by (first witness)..................................... Signed by (second itness)...............................

Return by mail to: (No stamp required)

Queensland Library Foundation

Replied Paid 3488

South Brisbane QLD 4101

Telephone: +61 7 3840 7865

Email: foundation@slq.qld.gov.au

Foundation website: [www.slq.qld.gov.au/foundation](http://www.slq.qld.gov.au/foundation)

State Library website: [www.slq.qld.gov.au](http://www.slq.qld.gov.au)

ABN 45 872 652 679