

I give, devise, and bequeath \$ _____ to Nurse-Family Partnership, 1900 Grant St., 4th Floor, Denver, CO 80203, for its charitable uses and purposes.

In all other respects I ratify and confirm all of the provision of my said last Will and Testament dated on the _____ day of _____, 20__.

IN WITNESS WHEREOF, I sign, publish and declare this instrument to be a Codicil to my last Will and Testament in the presence of the persons witnessing said Codicil at my request this _____ day of _____, 20__.

_____ residing at _____
(name)

Witnesses

_____ residing at _____
(name)

_____ residing at _____
(name)