

REQUEST TO MY ATTORNEY

CODICIL FORM

Attention: _____

From: _____

Reference: Request to review and modify my/our will/trust.

This is a request, to you my attorney, to assist me in revising my/our will/trust to include a provision for the benefit of Community Lutheran Church of Escondido, California, located at 3575 East Valley Parkway, Escondido, Ca., 92027-5227. The Federal Tax Identification Number of the Church is 33-0362268.

Please review and revise my/our will/trust to include a provision(s) as herin-after indicted (subject to your views as the most advantageous way to provide a benefit to Community Lutheran Church of Escondido.)

- ___ 1. Unconditional Bequest of _____ percent of my/our Residuary Estate.
- ___ 2. Unconditional Bequest of the following property: _____

- ___ 3. Unconditional Bequest in the amount of \$_____.
- ___ 4. Unconditional Bequest of my entire Residuary.
- ___ 5. Contingent Bequest of the type above indicated in the event of the following of My beneficiaries should predecease me: _____

This Bequest:

___ Is designated for use of the following ministry(s) at Community Lutheran Church

___ This gift is to be restricted for the specific purpose:

___ May be used to serve the greatest need as approved by the Church Council.

Signature(s) _____

Name(s) (please print): _____

Address: _____ City _____

State _____ Zip _____

Phone (H) _____ (W) _____

Date: _____