CODICIL TO
LAST WILL AND TESTAMENT
OF

_____
(insert name above)

I, _____, residing and domiciled in the City of _____,
County of _____, and State of _____, hereby make, publish and
declare this to a CODICIL TO MY LAST WILL AND TESTAMENT dated _____ (enter
date of Will).

I hereby add the following specific devise to my Last Will and Testament:
I give, devise and bequeath the sum of $_____ (enter amount of gift) to United
Way of Dane County Foundation, Inc. of PO Box 7548, Madison, Wisconsin 53707, as an
unrestricted gift.

In all other respects my Last Will and Testament shall remain as written and published.
I, [Name], the testator, sign my name to this instrument this ___ day of _____, 20___, and
being first duly sworn, declare to the undersigned authority all of the following:

1.   I execute this instrument as the [First] Codicil to my will.
2.   I sign this [First] Codicil willingly.
3.   I execute this [First] Codicil as my free and voluntary act for the purposes
      expressed therein.
4.   I am 18 years of age or older, of sound mind and disposing memory, and
      under no constraint or undue influence.

_____
[Signed]

We, [the names of 3 independent witnesses], the witnesses, being first duly sworn, sign
our names to this instrument and declare to the undersigned authority all of the following:

1.   The testator executes this [First] Codicil on the above
      date in our presence and declares this to be the testator's [First] Codicil.

2.   The testator signs this [First] Codicil willingly.

3.   Each of us, in the conscious presence of the testator
      and of each other, signs this [First] Codicil as a witness.

4.   To the best of our knowledge, the testator is 18 years of age or older, of
      sound mind and disposing memory, and under no constraint or undue influence.

_____

_____

_____

SIGNED at _____, this _____ day of _____, 20____.

STATE OF WISCONSIN

COUNTY OF DANE

Subscribed and sworn to before me by [Name], the testator, and by

_____, and _____, witnesses, this ___ day of

_____, 20___.

_____
(SEAL) Notary Public, State of Wisconsin.

My commission expires: _____.