



CROCKER FIELD RESTORATION COMMITTEE

140 Arn-how farm road
fitchburg, ma 01420
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LIFE INSURANCE BEQUEST FORM

As codicil and amendment to my will, dated _____, and
witnessed by _____, _____, and _____,
I, _____ declare the following:

My executor shall be directed to pay \$ _____ to _____ for my insurance policy
number _____ as established with
_____ insurance company on _____.

Signature

Date

Witness

Date

Witness

Date

Witness

Date