

## Sample Codicil

*I give, devise and bequeath to The Brigham and Women's Hospital, Inc., a 501(c)(3) tax-exempt corporation with a tax identification number of 04-2312909, located at 263 Huntington Ave, #318 (c/o Development Office), Boston, MA 02115-4506, or its successor organization, (the sum of \$ \_\_\_\_\_/percentage of \_\_\_\_% of my estate), to be used for its general purposes.*

Should it become impossible or impracticable to carry out the designated purpose, I authorize the trustees of The Brigham and Women's Hospital, Inc. the discretion to determine an alternate purpose as near as possible to my wishes as stated herein.

In all other respects I ratify and confirm all of the provisions 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)

## Sample Codicil

*I give, devise and bequeath to The Brigham and Women's Faulkner Hospital, Inc., a 501(c)(3) tax-exempt corporation a tax identification number of 04-2768256, located at 1153 Centre Street (c/o Development Office), Jamaica Plain, Massachusetts, 02130, or its successor organization, (the sum of \$ \_\_\_\_\_/percentage of \_\_\_\_% of my estate), to be used for its general purposes.*

Should it become impossible or impracticable to carry out the designated purpose, I authorize the trustees of The Brigham and Women's Hospital, Inc. the discretion to determine an alternate purpose as near as possible to my wishes as stated herein.

In all other respects I ratify and confirm all of the provisions 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)