

**?** CONSULT ATTORNEY REGARDING USE OF THIS LEGAL FORM **?**

**STATE OF SOUTH CAROLINA** )  
 )  
**COUNTY OF SPARTANBURG** )

**CODICIL TO WILL**  
*Percentage Gift to St. Luke's Free Medical Clinic*

I, \_\_\_\_\_ of Spartanburg County, South Carolina, do hereby declare this as a Codicil to my Last Will and Testament dated \_\_\_\_\_.

I hereby modify my above dated Last Will and Testament by adding the following bequest:

I give, devise, and bequeath to St. Luke's Free Medical Clinic of Spartanburg Inc., \_\_\_\_\_ Percent (\_\_\_\_\_% ) of the cash or liquid assets of my estate of every kind and description (including lapsed legacies and devises), wherever situate and whether acquired before or after the execution of this Will absolutely and forever.

Except as modified by this Codicil I direct that my Last Will and Testament as dated above, be carried out as written.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date entered in the Acknowledgment below.

\_\_\_\_\_  
Signature of Testator/Testatrix

\_\_\_\_\_  
Print Name of Testator/Testatrix

SIGNED, SEALED, DECLARED AND PUBLISHED to be the Codicil to the Last Will and Testament of the above named Testator/Testatrix, \_\_\_\_\_, in the sight and presence of us the undersigned witnesses, who hereby attest the same at his or her special instance and request, that he or she signed in our presence and we in his or her presence and in the presence of each other.

\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
(Witness #1 Signature)

\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
(Witness #2 Signature)

**ACKNOWLEDGMENT**

I, the undersigned Testator/Testatrix, sign my name to this instrument this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as a Codicil to my Last Will and Testament and that I sign it willingly, (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Testator/Testatrix

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator/Testatrix and executes this instrument as his or her Last Will and that he or she signs it willingly (or willingly directs another to sign for him or her), and that each of us, in the presence and hearing of the Testator/Testatrix, hereby signs this Will as witness to the Testator or Testatrix's signing and that to the best of our knowledge the Testator/Testatrix is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

**STATE OF SOUTH CAROLINA)**  
**COUNTY OF SPARTANBURG )**

Subscribed, sworn to and acknowledged before me by Testator or Testatrix and subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_, the witnesses, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**?** \_\_\_\_\_ (SEAL)  
NOTARY PUBLIC FOR SOUTH CAROLINA  
My Commission Expires: \_\_\_\_\_