

WAIVER OF CONFIDENTIALITY

If married and both spouses are clients, EACH spouse must complete his/her section of this form

Client # 1 Name (print clearly): _____

Client # 1 Signature: _____ **Date:** _____

YES, I authorize the Law Offices of Michelle Hofkin to release information about my estate plan to the following individuals. If at any time one or more of these individuals is no longer authorized to receive information, it is my obligation to notify the Law Offices of Michelle Hofkin in writing.

Release information to your spouse (if applicable)? Circle one: YES NO

If *YES*, provide spouse's name (print clearly): _____

Release information to others? Circle One: YES NO If *YES*, provide names and relationship to you (e.g., son, niece, etc.). Print clearly and attach additional sheets if necessary:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

NO, I do not authorize the Law Offices of Michelle Hofkin to release information about my estate plan.

If spouse is a client, he/she completes this section. Otherwise this section is to be left blank.

Client # 2 Name (print clearly): _____

Client # 2 Signature: _____ **Date:** _____

YES, I authorize the Law Offices of Michelle Hofkin to release information about my estate plan to the following individuals. If at any time one or more of these individuals is no longer authorized to receive information, it is my obligation to notify the Law Offices of Michelle Hofkin in writing.

Release information to your spouse (if applicable)? Circle one: YES NO

If *YES*, provide spouse's name (print clearly): _____

Release information to others? Circle One: YES NO If *YES*, provide names and relationship to you (e.g., son, niece, etc.). Print clearly and attach additional sheets if necessary:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

NO, I do not authorize the Law Offices of Michelle Hofkin to release information about my estate plan.