## LIMITED RELEASE OF ATTORNEY/CLIENT PRIVILEGE **AT DEATH**

## **Disclosure to Death Trustee:**

After my death, I hereby give my consent to and authorize my attorney, Planning With Purpose, Inc., to release to my acting Death Trustees all information needed in order to legally close my Estate. This includes, a copy of my Revocable Living Trust, any pertinent financial information necessary to close my estate, and:



□ No other information, only information necessary to close my estate

Any information that may be helpful to close my estate, which includes but is not limited to, file notes, past conversations, and other file information

## **Disclosure of the Beneficiaries of my Estate:**

I also authorize my Attorney to disclose to the beneficiaries of my estate plan, any information required in accordance with state law, such as pertinent information included in my Revocable Living Trust. I instruct my Trustee to:

Redact all portions not required by law of my Trust for all beneficiaries

**Redact only the following portions of my Trust for all beneficiaries:** 

\_\_\_\_\_

Redact all portions not required by law of my Trust to the following beneficiaries only:

Give a complete copy of my Trust to all beneficiaries

## **Disclosure to Other Individuals:**

I also authorize my Attorney to disclose information about my estate plan to the following individuals, even if they are not entitled to information by law:

Signature	Date	
Print Name		
Signature	Date	
Print Name		