

LAW OFFICE OF PHILIP M. FLANIGAN, PC
APPLICATION FOR ESTATE PLAN

Date: _____
Referral: _____
Quoted: \$ _____

- Intentionally Defective Irrevocable Trust (IDIT)**
 VAPT **Parental Protection Trust**
 Revocable Living Trust (RLT) **Will Only**
 Financial Durable Power of Attorney and Advanced Healthcare Directive

Planning for: Husband/ Single Male Wife/ Single Female Both

Estimated Gross Value of Estate (including life insurance death benefits) \$ _____

To expedite processing of this application, please comply with the following guidelines:

- Complete all blanks. If no answer available, fill in "N/A".
- PRINT legibly and verify spelling of all names listed.
- Complete name blanks EXACTLY as you want your name(s) to appear on your documents.
- Please print "deceased" or "divorced" or "single" where applicable.
- Provide all requested and necessary documentation.
- If additional space is needed, please attach extra pages

PERSONAL INFORMATION

Husband or Single Male Name (exactly as it will appear on the documents) _____ Can sign? <input type="checkbox"/> Yes <input type="checkbox"/> No Does he have a valid POA <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number 		Date of Birth 	
Wife or Single Female Name (exactly as it will appear on the documents) _____ Can sign? <input type="checkbox"/> Yes <input type="checkbox"/> No Does she have a valid POA <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number 		Date of Birth 	
Home Address 		City, State, 		Zip Code 	
Mailing Address (if different from Home Address) 		Email Address 		County 	
Daytime Telephone with Area Code ()		Is Husband or Single Male U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No*			
		Is Wife or Single Female U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No*			
Contact Name: Contact Telephone with Area Code ()		Date of marriage if applicable: ____/____/____			

*If not U.S. Citizen, a Co-Trustee who is a U.S. Citizen must be appointed.)

CURRENT ESTATE PLAN

Which best describes your current estate plan: Nothing Will Only Living Trust
 Other: _____

If current estate plan includes a living trust, provide a complete copy of your current trust document, including signature pages.

Name of existing living Trust:

Date of your current living trust: Month: _____

Are all your assets currently owned by the trust? Yes No

ALL BIOLOGICAL/ADOPTED CHILDREN

(All children of both spouses must be named whether or not they are to receive a distribution.)

Full Name	D.O.B	Sex	Child of
<u>1.</u>		M F	H W BOTH
<u>2.</u>		M F	H W BOTH
<u>3.</u>		M F	H W BOTH
<u>4.</u>		M F	H W BOTH
<u>5.</u>		M F	H W BOTH
<u>6.</u>		M F	H W BOTH
<u>7.</u>		M F	H W BOTH
<u>8.</u>		M F	H W BOTH
<u>9.</u>		M F	H W BOTH
<u>10.</u>		M F	H W BOTH

If any child **is not** to receive a distribution, briefly explain why:

Name: _____
 Reason: _____

Name: _____
 Reason: _____

Name: _____
 Reason: _____

SUCCESSOR TRUSTEE/PERSONAL REPRESENTATIVE

Individuals Named Below Will Be Responsible for the Administration of Your Estate

1.	<u>Name:</u>	Are These Individuals to Serve: <input type="checkbox"/> In the Order Listed? <input type="checkbox"/> Together as Co-Trustee/P.R.? <input type="checkbox"/> 1 person can sign <input type="checkbox"/> All must sign You MUST check one box.
	<u>Relationship:</u>	
	<u>Address:</u>	
2.	<u>Name:</u>	
	<u>Relationship:</u>	
	<u>Address:</u>	
3.	<u>Name:</u>	
	<u>Relationship:</u>	
	<u>Address:</u>	

FINANCIAL DURABLE POWER OF ATTORNEY

HUSBAND or SINGLE MALE <small>(Spouses Generally Serve as Each Other's Primary Agent)</small>		WIFE or SINGLE FEMALE	
Primary:	Immediate authority granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary:	Immediate authority granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate 1:		Alternate 1:	
Alternate 2:		Alternate 2:	
Alternate 3:		Alternate 3:	
Alternate 4:		Alternate 4:	

You MUST Check One or the Other - Are Alternates to Serve: In the Order Listed? Together as Co-Agents?*

*If acting together, may 1 Agent act alone? Yes No, both must sign

ADVANCE HEALTH CARE DIRECTIVE

HUSBAND or SINGLE MALE <small>(Spouses Generally Serve as Each Other's Primary Agent)</small>		WIFE or SINGLE FEMALE	
Primary:		Primary:	
Alternate 1:		Alternate 1:	
Alternate 2:		Alternate 2:	
Alternate 3:		Alternate 3:	
Alternate 4:		Alternate 4:	

You MUST Check One or the Other - Are Alternates to Serve: In the Order Listed? Together as Co-Agents?

LIFE SUPPORT DECISIONS

If client is in a terminal condition or vegetative state, does client want life support systems to be:

HUSBAND or SINGLE MALE:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Used to Maintain Life
WIFE or SINGLE FEMALE:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Used to Maintain Life

If client desires life support systems to be terminated, a DIRECTIVE TO PHYSICIANS will be prepared.

GUARDIANS FOR MINOR CHILDREN (If applicable)

The person(s) named as guardian will be responsible to care for your minor children if you die.

Child's Name:	
1 st Guardian Name:	
2 nd Guardian Name:	

Child's Name:	
1 st Guardian Name:	
2 nd Guardian Name:	

Child's Name:	
1 st Guardian Name:	
2 nd Guardian Name:	

Child's Name:	
1 st Guardian Name:	
2 nd Guardian Name:	

SPECIFIC GIFTS PRIOR TO DISTRIBUTION OF ESTATE BALANCE

These items will only include real property or specific monetary gifts. It also must be specified how the specific distribution is to be distributed if named beneficiary of said distribution predeceases the Trustor(s). Automobiles and personal property such as jewelry, furniture, tools, etc. are not included in this section.

SPECIFIC GIFTS SHALL BE DISTRIBUTED AS FOLLOWS:

<u>Asset or Cash Amount</u>	<u>Beneficiary/Devisee</u>	<u>Sex</u> M or F

If any of the above-named beneficiaries predecease the Trustors, their share of the distributions are to be:

- Distributed to That Beneficiary’s Living Issue. Held in trust until age: _____ (25 30 35)
(If a beneficiary above dies, then his/her share would go to their bloodline, i.e., children - grandchildren - etc. If no bloodline, then equally to others listed.)

- Distributed Equally to Remaining Living Beneficiaries
(If a beneficiary above dies, then his/her share would go equally to the others listed.)

RESIDUARY BENEFICIARY/DEVISEE DISTRIBUTION INFORMATION

<u>The Balance of the Estate is to be distributed as follows:</u> <u>Name(s) of Beneficiaries/Devisees</u>	<u>Sex</u>	Fraction of Estate
	M F	

(If additional space is needed, note in last space provided and attach additional beneficiary information on a separate sheet.)

If any of the above-named beneficiaries predecease the Trustors, their share of the distributions are to be:

- Distributed to That Beneficiary’s Living Issue. Held in trust until age: _____ (25 30 35)
(If a beneficiary above dies, then his/her share would go to their bloodline, i.e., children - grandchildren - etc. If no bloodline, then equally to others listed.)

- Distributed Equally to Remaining Living Beneficiaries
(If a beneficiary above dies, then his/her share would go equally to the others listed.)

Is any beneficiary/devisee disabled and/or receiving or likely to receive state or federal assistance? Yes No

FUNDING INFORMATION

Community Property consists of **assets acquired during the current marriage regardless of how they are titled**. Separate Property consists of property acquired prior to the current marriage or obtained through gift or inheritance.

Are All Assets Community Property? Yes No (If no, specify who owns each asset below.)

ACCOUNTS:

Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Community Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Separate Property of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>	

Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> _____ Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> _____ Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> _____ Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> _____ Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
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Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> _____ Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Community Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Separate Property of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>	

Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> _____ Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Community Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Separate Property of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>	

REAL PROPERTY:

The following information is necessary in order to transfer your real property:

- Attach a legible copy of the recorded Vesting Deed(s) with ownership in name of member(s). (deed that shows current title to property).
- For Assignments of Deeds of Trust or Mortgages (someone is paying you on the note), please provide a complete copy of the *recorded* Deed of Trust or Mortgage.
- For a business, please provide appropriate documentation establishing ownership or ownership interest.
- For property held jointly with a deceased spouse, please provide a court-certified copy of Death Certificate for such deceased spouse, or proof from client it has already been recorded in county where property is located.

Address/County of Property to be Transferred into Trust (tax parcel or tax ID numbers do not suffice)
 (Please note Property # assigned below on copy of Vesting Deed attached.)

Property #1:	Address:
	City, State, Zip:
	County:
	Community Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Separate Property of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
	Title currently held by: Joint (with current spouse) <input type="checkbox"/> Approximate Value: _____ Joint (with deceased spouse) <input type="checkbox"/> Joint (with others) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Existing Trust <input type="checkbox"/>
Property #2:	Address:
	City, State, Zip:
	County:
	Community Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Separate Property of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
	Title currently held by: Joint (with current spouse) <input type="checkbox"/> Approximate Value: _____ Joint (with deceased spouse) <input type="checkbox"/> Joint (with others) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Existing Trust <input type="checkbox"/>
Property #3:	Address:
	City, State, Zip:
	County:
	Community Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Separate Property of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
	Title currently held by: Joint (with current spouse) <input type="checkbox"/> Approximate Value: _____ Joint (with deceased spouse) <input type="checkbox"/> Joint (with others) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Existing Trust <input type="checkbox"/>
Property #4:	Address:
	City, State, Zip:
	County:
	Community Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Separate Property of: Husband <input type="checkbox"/> Wife <input type="checkbox"/>
	Title currently held by: Joint (with current spouse) <input type="checkbox"/> Approximate Value: _____ Joint (with deceased spouse) <input type="checkbox"/> Joint (with others) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Existing Trust <input type="checkbox"/>

Property #5:	Address:
	City, State, Zip:
	County:
	Title currently held by: Joint (with current spouse) <input type="checkbox"/> Approximate Value: _____ Joint (with deceased spouse) <input type="checkbox"/> Joint (with others) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Existing Trust <input type="checkbox"/>

Property #6:	Address:
	City, State, Zip:
	County:
	Title currently held by: Joint (with current spouse) <input type="checkbox"/> Approximate Value: _____ Joint (with deceased spouse) <input type="checkbox"/> Joint (with others) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Existing Trust <input type="checkbox"/>

Property #7:	Address:
	City, State, Zip:
	County:
	Title currently held by: Joint (with current spouse) <input type="checkbox"/> Approximate Value: _____ Joint (with deceased spouse) <input type="checkbox"/> Joint (with others) <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Existing Trust <input type="checkbox"/>

CORPORATIONS, PARTNERSHIPS AND BUSINESSES:

Business Interest #1:	
Name of Company: _____	
Type of Entity:	Estimated Value:
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>	\$ _____
Percent of Company Owned: _____% as separate property _____% as community property	
Business Interest #2:	
Name of Company: _____	
Type of Entity:	Estimated Value:
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>	\$ _____
Percent of Company Owned: _____% as separate property _____% as community property	
Attach copies of stock certificates (if corporation) or partnership/membership agreement if partnership or LLC.	

ADDITIONAL COMMENTS/QUESTIONS

AGREEMENT

I/We wish to create an Estate Plan which is appropriate for my/our needs.

1. I/We certify that all information in this Application is accurate and complete and may be relied upon in preparing my/our Estate Plan.
2. Based upon the information contained in this application and in discussions with me/us, Attorney will recommend an estate plan and prepare basic estate planning documents (ie., a will or trust, financial power of attorney, health care power of attorney, living will, deeds transferring real property to trust, if applicable, funding forms, amendment forms and miscellaneous other documents).
3. I/We acknowledge that if a trust is prepared for me/us it is only effective if all of my/our assets are properly transferred (re-titled) in the name of the trust. I/We agree that the attorney who prepares my/our Estate Plan is **not** responsible for funding my/our trust and that it is **my/our** responsibility to ensure that the trust is fully funded. Attorney will assist me/us in transferring only those assets which I/We request be transferred, show clear title or ownership and for which I/We assist in the transfer process. I/We acknowledge that information provided by me/us, including title to real estate, has not been independently confirmed.
4. I/We acknowledge that periodic review of my/our financial and estate plans is recommended to ensure the adequacy of such plans. While Attorney recommends such periodic review, Attorney has not agreed to assume responsibility for such review. I/We understand that any periodic review shall be initiated by my/our contacting Attorney or another representative of my choosing.
5. **IF THIS REQUEST AND APPLICATION IS BEING SUBMITTED BY TWO APPLICANTS, SAID APPLICANTS ACKNOWLEDGE THAT THERE IS A POSSIBILITY THAT, DURING THE COURSE OF THE ESTATE PLANNING WORK, A CONFLICT, OR CONFLICTS, MAY ARISE BETWEEN YOU WITH RESPECT TO THE OWNERSHIP OF YOUR ASSETS AND THEIR DESIRED DISPOSITION DURING YOUR LIFETIMES AND AT YOUR DEATHS. DURING THE COURSE OF THE ESTATE PLANNING PROCESS, ISSUES MAY ARISE ABOUT THE OWNERSHIP OF CERTAIN ASSETS, OR OTHER CONFLICTS OF INTEREST BETWEEN YOU MAY ARISE. ORDINARILY, UNDER SUCH CIRCUMSTANCES, ONE ATTORNEY MAY NOT REPRESENT BOTH PARTIES. FOR THIS REASON IT MAY BE BETTER FOR EACH OF YOU UNDER SUCH CIRCUMSTANCES TO OBTAIN SEPARATE COUNSEL TO AVOID THE POSSIBILITY THAT THE ATTORNEY’S ADVICE TO ONE OF THE APPLICANTS MAY BE INFLUENCED BY ATTORNEY’S REPRESENTATION OF THE OTHER. NEVERTHELESS, APPLICANTS ARE REQUESTING ATTORNEY, WITH A FULL UNDERSTANDING OF THE RIGHT, AND POSSIBLE ADVANTAGE, TO EACH OF THEM TO RETAIN INDEPENDENT COUNSEL, TO REPRESENT BOTH OF THEM WITH RESPECT TO THEIR ESTATE PLANNING NEEDS. BY SO WAIVING SUCH POTENTIAL CONFLICTS, APPLICANTS ACKNOWLEDGE THAT THERE MAY BE COMPLETE DISCLOSURE AND EXCHANGE OF ALL INFORMATION THAT ATTORNEY RECEIVES FROM EITHER APPLICANT AND THAT NO INFORMATION PROVIDED BY ONE APPLICANT SHALL BE CONFIDENTIAL AS BETWEEN APPLICANTS.**

Client’s Signature

Client’s Signature

Date