

**WE NEED YOUR AUTHORIZATION TO HELP YOUR FAMILY!**

When we prepared your estate plan, you disclosed confidential information to us. You expected us to keep such information confidential, and we respect that confidentiality.

Your child calls our office and states that you are apparently on your death bed and asks "What should we be doing?" What do you expect me to do?

In several similar situations, we have been able to help families through difficult situations and even save families tens of thousands of dollars in taxes by taking certain actions literally on the parent's deathbed. Nevertheless, in a similar situation, the parent recovered and was extremely upset that we had discussed their estate plan and their assets with their children, and refused to pay my invoice for the time I spent trying to help their family.

In the opinion of the Colorado Bar Association, the information you disclosed to me and the estate plan I created should NOT be disclosed to or discussed with anyone other than you without your written authorization, or if deceased, with your executor or trustee upon proof of death.

Therefore, I need specific authorization in your file regarding such situations. Please complete this form and return it to me. **If this form is not returned, we cannot discuss your estate plan with your children and other heirs unless they prove you are deceased.** Feel free to describe any limitations on such authorization in the margins or on the reverse.

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Print your name clearly: \_\_\_\_\_

\_\_\_\_\_ YES, you have my authorization to discuss my estate plan, asset list, and other information in my file freely with my children or other beneficiaries should they call you.

\_\_\_\_\_ YES, you have my authorization to discuss my estate plan, asset list, and other information in my file, but only as described on the reverse of this form. On the reverse, please indicate specifically (1) what information should be discussed (2) with whom, and (3) under what circumstances.

\_\_\_\_\_ NO, do not discuss the information in my file and my estate plan with anyone until my death, and then only with my executor.

I agree to pay the fees for any work performed on my behalf or that of my family pursuant to this request.

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Stewart W. Fleisher, 3333 S. Bannock St., Suite 900, Englewood, CO 80110