

ATTORNEYS AT LAW

Attorneys:

William E. McLeod, LL.M. (Tax), JD, CPA*
wmcleod@eptaxlaw.com

Matthew W. Rigel, JD
mrigel@eptaxlaw.com

April C. Ladner, JD, Of Counsel**

Will Russell, LL.M. (Tax), JD, Of Counsel

Jane C. Harkins, LL.M. (Estate Planning), JD**
 Of Counsel

* McLeod & Associates, P.A.,
 is not a CPA firm

**Also admitted in Alabama

10 Professional Parkway
 Hattiesburg, MS 39402
 Telephone: (601) 545-8299
 Facsimile: (601) 545-8298

Paralegals:

Brad C. Stinson
bstinson@eptaxlaw.com

Marie R. Speed, CP
 Certified Paralegal
mspeed@eptaxlaw.com

Administrative Assistant:

Linda Welborn
lwelborn@eptaxlaw.com

Legal Assistants:

Hannah Parker
hparker@eptaxlaw.com

Savannah Gee
sgee@eptaxlaw.com

ESTATE PLANNING QUESTIONNAIRE

Thank you for requesting our Estate Planning Questionnaire. In order to better serve your needs, please review and complete the following information and return the completed Questionnaire to our office. We will then prepare an engagement letter and provide you with an estimate of fees with respect to this engagement. If you should have any questions, please contact our office. Completion of this Questionnaire does not mean we are representing you. You will need to sign an engagement letter before representation can begin.

Thank you for selecting our firm to possibly represent you with respect to your Estate Planning. We look forward to hopefully working with you.

How did you hear about our firm?

Website? ___ Phone Book? ___ Advertisement? ___ Other? ___

Referral? ___ If so by whom, so we may thank that person? _____

Personal Information

1. Your **Full** Name : _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

2. Current residence address: _____
 City: _____ State: _____ Zip: _____
3. Date of birth: _____ Sex: M _____ F _____ Social Security No.: _____
4. Your prior marriage (put N/A if not previously married): _____
 a. Former spouse's name: _____
 b. Date of marriage: _____ Date of divorce: _____
 c. Court where judgment was rendered: _____
 d. Date of prior spouse's death (if applicable): _____

5. List your children from a prior marriage.

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>Spouse</u>

6. List your grandchildren.

<u>Name</u>	<u>Parent's Name</u>	<u>M/F</u>	<u>Birthdate</u>	<u>Living</u>	<u>G'child's Spouse</u>

7. Describe any special circumstances concerning your children, such as disabilities, untrustworthy child, etc. [Note: See Special Family Circumstances checklist attached on page 11.]

8. Please list parents, siblings, grandparents and others dependent on you for support. (Use back if necessary.)

<u>Name</u>	<u>Address</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>Spouse</u>
Your dependents:				

9. Your employer: _____

a. Job position: _____ Retirement Date: _____

10. Military service (branch, dates of service):

You: _____ Spouse: _____

DURABLE POWER OF ATTORNEY

Do you want us to prepare a Durable Power of Attorney which appoints someone to handle your personal and business affairs if you become incapacitated?

Yes _____ No _____

1. If yes, please name the persons, in order, to be your agents in the directive:

First Agent: _____
Address/Phone: _____

Second Agent: _____
Address/Phone: _____

Third Agent: _____
Address/Phone: _____

2. Please read and choose from the following option:

_____ Check here if you desire the power to be effective only upon incapacity (a Springing Durable Power of Attorney; certified by two (2) doctors).

_____ Check here to provide that all persons serving as Agent must consent to any action.

_____ Check here to provide that a majority of persons serving as Agent must consent to any action.

_____ Check here to allow any person appointed as Agent to take action alone.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Do you want us to prepare a Durable Power of Attorney for Health Care which appoints someone to make medical treatment and health-care decisions for you if you become incapacitated? Yes _____ No _____

1. If so, please name the persons, in order, to be your agents in the DPAHC :

First Agent: _____
Address/Phone: _____

Second Agent: _____
Address/Phone: _____

Third Agent: _____
Address/Phone: _____

2. When would you like for your agent's authority to become effective:

(A) Immediately _____; or

(B) When my primary physician determines that I am unable to make my own health-care decisions. _____

3. Please select one of the following choices regarding your end-of-life decisions:

(A) _____ Choice Not to Prolong Life - I do not want my life to be prolonged if:

i. I have an incurable and irreversible condition that will result in my death within a relatively short time, or

ii. I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or

(B) _____ Choice To Prolong Life - I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

4. Do you want artificial nutrition and hydration to be provided regardless of your condition and regardless of the choice you have made in paragraph (3) above. **Yes** ___ **No** ___

5. Please provide any special requests (e.g. **non-traditional burial, cremation, prepaid burial policy** etc.)

6. Please provide any other special requests regarding medication, surgery, or non-heroic efforts (e.g. **do not resuscitate, donate organs**).

7. Please provide the name, address and phone number of your **primary physician**.

PLANNING FOR DISPOSITION OF ASSETS

In general, to whom and how do you want your property distributed at your death?

Think about your family members, friends, and charities (such as nonprofit or religious organizations). Also consider to whom your property should go if your first-choice beneficiaries do not survive you (or, if all or part of your property is left in trust, if the beneficiaries do not survive until complete distribution is made from the trust).

1. Do you wish to provide that anyone who contests your Last Will and Testament will receive nothing? **Yes** _____ **No** _____

2. Do you wish to disinherit (or limit gifts to) a child or grandchild?

Yes _____ **No** _____ To whom / Explain: _____

3. *Specific Gifts:*

Many people wish to designate specific sums of money, family heirlooms, jewelry or other items of special value to be distributed to specific friends or relatives. If you wish to leave specific items of property to specific persons, please complete the following. (NOTE: Complete this number 3 ONLY if you desire such specific items to be left to person(s) other than those who would receive your other assets under your chosen Option "A" through "C" below. If you do not complete this Item 3, all property will be distributed as indicated in the selected Option in section 4 below.) (Attach additional sheet if necessary.)

DESCRIPTION OF ITEM

RECIPIENT

4. *General Disposition of Assets (after specific gifts) (Choose one from Options A or B):*

_____ **Option A.** I am unmarried or widowed with children and want my assets to pass:

- a. In equal shares to my children.
- b. If one or more of my children predeceases me, that child's share shall be distributed to his or her children in equal shares.
- c. If any child or grandchild to receive assets is under 21 or disabled, I want his/her share to be held in trust (see Section 6 below for details)
- d. In the event all of my children and descendants fail to survive me, I want my assets to be distributed as follows:

_____ **Option B.** I am unmarried or widowed and have no children. I want my assets to pass as follows:

_____ **Option C.** I have a potentially taxable estate (assets-liabilities exceed the current exemption equivalent amount (\$11,400,000 for 2019 unless changed by Congress)), and are interested in having either a tax-driven Will or Revocable Living Trust prepared for the benefit of my children:

5. Trust for Minor or Disabled Person:

If your child or other person to whom you wish to leave property is a **minor or disabled** at your death, you may leave that person's share to a trustee whom you appoint to hold in trust and distribute funds for the needs of your minor or disabled child. Leaving assets directly to a disabled child may disqualify them for Medicaid, SSI or other benefits, and will require a court-established guardianship and court approval (with court costs and attorney fees) in order to access the money for the child's needs. No *such guardianship or court* approval will be required for your trustee to handle the trust assets. A trustee must be able to faithfully carry out your directions for management and distribution of the trust share as stated in your will, and must be able to keep good financial records and understand financial and legal guidance about the trust. (For a disabled child, ask for our **Special Needs Trust** Information Form.)

Do you want the share for any **minor child or grandchild** to be held in trust for that child / grandchild? Yes _____ No _____

- a. If "Yes", indicate how you would like the trustee to make distributions to / for that child:
 _____ for ANY purposes the Trustee may determine, **OR** any of the following
 _____ to pay medical expenses not covered by other insurance
 _____ to pay education expenses, including college / vocational / graduate school
 _____ to purchase a car for him/her at certain ages or up to a certain purchase price
 _____ to provide summer trips, camps or other cultural experiences
 _____ to provide a cash award of some amount for good grades during each semester
 _____ to pay for a wedding, the purchase of a first house, or starting a business
 _____ to pay a monthly / quarterly income to the child / grandchild starting after age 21

b. The trustee must distribute the principal amount of the trust at one or more times in the future. How would you like the trust to be distributed:

- _____ distribute all to the child / grandchild at age 21
- _____ distribute _____ % at age _____, then distribute _____ % at age _____, then
- _____ distribute _____ % at age _____

Name your Trustee(s) in the "Appointment of Fiduciaries" section below.

Appointment of Fiduciaries

1. **EXECUTOR.** The person charged with paying taxes and other debts you owe, marshaling and distributing estate assets, and otherwise carrying out the directions in your will at your death is called your "Executor". State the name and address of the person you wish to serve in this role (they must be a United States resident).

Full Name: _____
 Address: _____
 Telephone Number: _____
 Email: _____

If the person listed above is unwilling or unable to serve as Executor, please list a **first alternate**:

Full Name: _____
Address: _____
Telephone Number: _____
Email: _____

If the person listed above is unwilling or unable to serve as Executor, please list a **second alternate**:

Full Name: _____
Address: _____
Telephone Number: _____
Email: _____

If the person listed above is unwilling or unable to serve as Executor, please list a **third alternate**:

Full Name: _____
Address: _____
Telephone Number: _____
Email: _____

The law requires an Executor to file a formal inventory of your estate with the court and to purchase an insurance bond for handling your estate, **unless you waive** these requirements. Do you wish to waive these requirements? **Yes** _____ **No** _____

2. GUARDIAN. If your child(ren) are under age 21, identify the person(s) you wish to act as their guardian in the event of your death (in the case of a single parent). (You should obtain the consent of that person(s) before executing your Will.)

Name(s): _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

If, at the time of your death, the person named above is unwilling or unable to serve as guardian, please list a first and second alternate:

Name(s): _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

Name(s): _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

3. TRUSTEE. You may wish to leave property for a minor child or a disabled person (the "beneficiary") to one or more persons as Trustee (or Co-Trustees), who will act as financial custodian and hold and manage the beneficiary's property so long as they are disabled or until the beneficiary reaches certain ages you select. If you have appointed a guardian for a child above, do you want the appointed guardian to also be the trustee of any funds inherited by the minor children? Yes ___ No ___

If no, please list the person(s) or entity you wish to act as the Trustee and successor Trustee. You should obtain the consent of that person or entity to serve as Trustee before executing your Will.

Name(s): _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

If the person(s) or entity listed above is unwilling or unable to serve as Trustee, please list a first and second alternate person or bank to serve as successor Trustee:

Name(s): _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

Name(s): _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

4. COMPENSATION FOR TRUSTEE: Do you want your Trustee to be compensated?
YES ___ NO ___
If Yes, how much compensation per year \$ _____ or how much per Quarter \$ _____
or how much semi-Annually \$ _____ ?

5. TRUST COMMITTEE MEMBERS: Please list three individuals or two individuals along with an entity to serve as the Trust Committee for the Trust.

Name: _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

Name: _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

Name: _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as a Trust Committee Member, please list a first and second alternate person or bank to serve as a successor Member:

Name: _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

Name: _____
Address: _____
Telephone Number: _____
Email: _____
Relationship (if any): _____

6. PROFESSIONAL ADVISORS.

1. Other Attorney: _____
Address _____
Phone _____

2. CPA or Tax Advisor: _____
Address _____
Phone _____

3. Insurance Agent: _____
Address _____
Phone _____

4. Investment Counselor / Broker: _____
Address _____
Phone _____

5. Banker: _____
Address _____
Phone _____

SPECIAL FAMILY CIRCUMSTANCES CHECKLIST

1. **SPENDTHRIFT CHILD:** Yes _____ No _____

A "spendthrift" child is one who has shown poor judgment in using or saving money or who has an overly extravagant lifestyle. Consider a trust for such child instead of giving money or assets outright to such child. Options, which often depend upon the age of the child, include:

- a. Holding that child's share in trust for a certain number of years or for the child's lifetime; allow for the child's general support or limit support to health, education, housing, etc.
- b. Staggered distributions, allowing the child to receive portions of an inheritance at certain ages, with the balance being distributed many years later.

2. **"FAR-OUT" CHILD:** Yes _____ No _____

This is both an objective and subjective determination by the parents. Is the child to be trusted with money, particularly if a potentially large amount of money is involved? Drug problems, gambling, cults, life styles, work styles, judgment creditors or ex-spouse threatening to garnish his/her assets, or many other circumstances may justify a cautious approach by the parent. The same trust options exist as for the spendthrift child, but careful attention must be given to criteria, if any, for distribution and the identity of the trustee.

3. **DISFAVORED IN-LAWS:** Yes _____ No _____

A son-in-law or daughter-in-law may be disfavored to the point where clients want none of their estate to go to their own Child or minor grandchildren for fear that the assets will end up in the hands of the in-law. This may be particularly important where a marriage is perceived to be unstable. Options are an appropriate trustee and allowable distributions. Such trust may provide for the purchase of a residence with ownership to remain with the trust and therefore certain to ultimately go to the grandchildren.

4. **DISABLED CHILD:** Yes _____ No _____

Physical or mental disability may leave a child unable to manage money. Where such child is a public benefits recipient, eligibility for Supplemental Security Income (SSI) and Medicaid may be lost if the child inherits assets or even if a carelessly drafted trust is established for such child. Just as important, the untended loss of benefits also means the loss of caseworkers, some housing options, and an entire network that may have been supporting the adult child for years.

Two main options present themselves. One is disinheritance and leaving that child's share to other children, perhaps with promises from them that they will look out for their disabled sibling. The second (and better) is to create a Special Needs Trust designed to hold assets for the benefit of the child, but to restrict use of the funds so that public benefits eligibility remains undisturbed.

5. SIBINGS, PARENTS, OR OTHER RELATIVE IN NEED: Yes _____ No _____ If yes, please explain:

FINANCIAL INFORMATION FORM

ASSETS: (If this information is for **Medicaid planning** purposes, please supply information for the Medicaid Applicant. If the information is for **Estate Planning** purposes, please supply information for the Client. Where "Value" requested, give current value or date of value if current value information not available).

1. Home: (attach copy of deed)

Market Value	Assessed Value	Date	Cost Purchased	Owner(s) Names
\$ _____	\$ _____	_____	\$ _____	_____

2. Other Real Estate: (attach copies of deeds)

Description	Value	Date	Cost Purchased	Owner(s) Names
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

3. Checking Accounts:

Bank (Branch)	Account Number	All Names on Account	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. Safe Deposit Box

#	Bank (Branch)	Name(s) on Signature Card	Contents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Savings Accounts and Certificates of Deposit:

Bank (Branch)	Account Number	All Names on Account	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Stocks / Mutual Funds: (attach schedule if necessary)

Company or issuer	Current Owner(s)	# Shares	Price/Share	Total Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

7. Bonds (Savings, Treasury or Municipal): (attach schedule if necessary)

Type Bond	Face Amount	Present Value	Owners
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

8. Retirement Plans (IRA, Keogh, Other):

Where Held	In Whose Name(s)	Balance	Beneficiary(ies)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

9. Life Insurance: (continue on separate sheet if necessary)

Company: _____ Policy No. _____

Owner of Policy: _____

Insured: _____ Primary Beneficiary: _____

Secondary Beneficiary: _____ Type: term/ whole life / variable / universal

Death Benefit: \$ _____ Cash Value: \$ _____

Company: _____ Policy No. _____

Owner of Policy: _____

Insured: _____ Primary Beneficiary: _____

Secondary Beneficiary: _____ Type: term/ whole life / variable / universal

Death Benefit: \$ _____ Cash Value: \$ _____

Company: _____ Policy No. _____

Owner of Policy: _____

Insured: _____ Primary Beneficiary: _____

Secondary Beneficiary: _____ Type: term/ whole life / variable / universal

Death Benefit: \$ _____ Cash Value: \$ _____

10. Annuities:

Company: _____ Acct. No. _____

Annuitant: _____ Beneficiary: _____

Secondary Beneficiary: _____ Type: single premium / variable

Death Benefit: \$ _____ Cash Value: \$ _____

Company: _____ Acct. No. _____

Annuitant: _____ Beneficiary: _____

Secondary Beneficiary: _____ Type: single premium / variable

Death Benefit: \$ _____ Cash Value: \$ _____

11. Employee Benefits: (Profit Sharing or Pension Plan; Stock Options)

Employer and Address: _____
 Type Benefit: _____ Present Value: \$ _____
 Death Benefit: \$ _____ Beneficiary: _____
 Payment of Death Benefit: [] Lump Sum [] Annuity [] To be elected

Employer and Address: _____
 Type Benefit: _____ Present Value: \$ _____
 Death Benefit: \$ _____ Beneficiary: _____
 Payment of Death Benefit: [] Lump Sum [] Annuity [] To be elected

12. Oil, Gas, or Other Minerals:

Description / County / State	Value	Owner(s)
_____	\$ _____	_____
_____	\$ _____	_____

13. Accounts / Notes Receivable / Rents Receivable:

Description & Debtor Name	Balance	Owed to:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

14. Property Income:

Description: _____ Gross Income: \$ _____
 Annual Taxes & Maintenance: \$ _____ Lease cost: \$ _____ Annual Net Income \$ _____

Description: _____ Gross Income: \$ _____
 Annual Taxes & Maintenance: \$ _____ Lease cost: \$ _____ Annual Net Income \$ _____

15. Personal Property: (Indicate how ownership is held)

<u>Description</u>	<u>Value</u>	<u>Owner(s) Names</u>
Vehicles _____	\$ _____	_____
(make/model/ type) _____	\$ _____	_____
Boats/RV's _____	\$ _____	_____
Silverware _____	\$ _____	_____
Home Furnishings _____	\$ _____	_____
Jewelry and/or Furs _____	\$ _____	_____
Tools and/or Firearms _____	\$ _____	_____
Art Collection _____	\$ _____	_____
Coin Collection _____	\$ _____	_____
Other _____	\$ _____	_____
_____	\$ _____	_____

16. Business Interests:

Please give name, location, percentage owned by you, names and relationship of co-owners, the form (e.g., **sole proprietorship, Limited Liability Company, limited partnership, closely held corporation**, etc.) of business; if there is a buy-sell agreement (provide us with a copy), or any Operating Agreement or other agreement relating to death, disability or retirement of a Member, partner or shareholder; its fair market value (appraisal or your estimate).

17. Rights or Interests in Trusts, Estates, or Prospective Inheritance:

Are you a beneficiary of any trust? Yes ___ No ___. If so, please describe and furnish a copy of the trust agreement (Name/ Date of Trust. Name/ contact information of Trustee.): _____

Are you now, or will you soon be, an heir to an inheritance from any person?
Yes ___ No _____. If so, please describe the Property (real or personal) to be inherited.: _____

Estimated Fair Market Value of inheritance?

18. Miscellaneous:

Do you own an interest in any other assets (such as a franchise, hunting club membership, interest in a lawsuit, etc.)? Describe below and on a separate sheet if necessary:

19. LIABILITIES

Description	Name of Creditor	Name of Debtor(s)	Balance Due	When Due
Home Mortgage	_____	_____	\$ _____	_____
Other Mortgage	_____	_____	\$ _____	_____
Secured Loan(s)	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
Unsecured Loans(s)	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
Notes and Accounts Payable (including credit cards)	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
Loans on Insurance Policies	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
Medical and Other Expenses	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
Contingent Liabilities	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____
Other Debts	_____	_____	\$ _____	_____
	_____	_____	\$ _____	_____

20. Prior Gifts you have made

[Include all gifts of money or property to anyone during the last six (6) years that exceeds the annual per donee exclusion amount (currently \$15,000 per person per year for 2019). If none, write n/a.]

Donor (giver)	Donee (recipient)	Date Given	Value/Amt.	Return Filed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME EXPENSES

21. Monthly Income (current)

Wages, Salary	_____
Other Compensation	_____
Social Security	_____
Disability Compensation	_____
Annuity	_____
Pensions	_____
IRA/Retirement Income	_____
Interest and Dividends	_____
Business Income	_____
Rental Income	_____
Other (describe)	_____
_____	_____
TOTAL	\$ _____

22. Monthly Expenses (current)

	Amount	Notes:
Mortgage or Rent	\$ _____	_____
Property Taxes	\$ _____	_____
Utilities	\$ _____	_____
Telephone	\$ _____	_____
Repairs and Maintenance	\$ _____	_____
Food	\$ _____	_____
Clothing	\$ _____	_____
Automobile (gas, maintenance)	\$ _____	_____
Medical and Dental	\$ _____	_____
Prescription Drugs	\$ _____	_____
Services (describe)	\$ _____	_____
Insurance – Homeowners	\$ _____	_____
Insurance – Life	\$ _____	_____
Insurance – Medical	\$ _____	_____
Insurance - Disability	\$ _____	_____
Insurance – Automobile	\$ _____	_____
Insurance - Long Term Care	\$ _____	_____
Insurance – Other	\$ _____	_____
Loan Payments – Auto	\$ _____	_____
Loan Payments - Credit Cards	\$ _____	_____
Children's Education	\$ _____	_____
Entertainment/Travel	\$ _____	_____
Contributions	\$ _____	_____
Gifts	\$ _____	_____
Child Support	\$ _____	_____
Income Taxes	\$ _____	_____
TOTAL EXPENSES	\$ _____	_____

The above information is true to the best of my knowledge. I understand that if such information is incorrect or incomplete, then inaccurate advice may be given and inappropriate documents may be prepared.

(Signature) (Date)

AUTHORIZATION TO DISCLOSE INFORMATION

As an attorney, my Firm and I are required to keep your information confidential unless you specifically allow us to disclose it to others. The Federal Trade Commission now also requires anyone giving significant "financial advice" to let you know their policy of disclosure of information. The Federal Trade Commission requirement is found at 16 CFR § 313.4 (C)(3)(c). Our policy is to not disclose anything about your financial information to others if not specifically allowed and instructed to do so by you.

Only you can choose to allow our Firm and me to disclose information about your legal matters to others. Following is a list of your instructions about people you authorize my firm and me to provide any such information to. We will disclose only such information as we may believe to be in your best interest.

I, _____ (client), authorize McLEOD & ASSOCIATES, P.A., and my attorney, to communicate with the following people about my financial or legal matters. ("Now" means at any time prior to my incapacity.)

	Now	After Incapacity
_____ Any Child of mine: _____	_____	_____
_____ <u>Except:</u> _____	_____	_____
_____ My Trustee, Power of Attorney Agent, or Health Care Agent: _____	_____	_____
_____ My Accountant, Banker, or Financial Planner:	_____	_____
_____ My Insurance Agent:	_____	_____
_____ Other Relatives or Friends:	_____	_____

Other Instructions:

Dated: _____

(Signature)