

## NOTICE OF DESIGNATED ASSISTING ATTORNEY

I, \_\_\_\_\_, have authorized the following attorneys to assist with the closure of my practice:

Name of Authorized Assisting Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Assisting Attorney's Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, have made arrangements with my financial institution to have an authorized signer on my Lawyer Trust Account:

Name of Authorized Signer on Lawyer Trust Account: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*[Planning Attorney]*

\_\_\_\_\_  
*[Date]*

\_\_\_\_\_  
*[Assisting Attorney]*

\_\_\_\_\_  
*[Date]*

\_\_\_\_\_  
*[Alternate Assisting Attorney]*

\_\_\_\_\_  
*[Date]*

\_\_\_\_\_  
*[Authorized Signer on Lawyer Trust Account]*

\_\_\_\_\_  
*[Date]*

### IMPORTANT NOTICES

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