ESTATE PLANNING MATTER: WAIVER OF CONFIDENTIALITY

The Karp Law Firm will release information about your legal matter only to authorized individuals. This form tells us to whom, if anyone, we may release information. Please complete, sign and mail to The Karp Law Firm, 2875 PGA Blvd., Suite 100, Palm Beach Gardens, FL 33410, or fax to 561-625-0060. (Note-If married and both spouses are clients, each client completes his own section.)

**Client #1 Name** (please print clearly) _____________________________________________

**Signature** _____________________________________________ **Date** ________________

☐ **YES**, I authorize The Karp Law Firm to release information about my estate plan to the following people. If at any time one or more of these people is no longer authorized to receive information, it is my obligation to notify The Karp Law Firm in writing.

**Spouse** (if applicable): Release information to spouse? ☐ YES ☐ NO  *If YES, provide spouse’s name (print clearly) ____________________________

**Others**: Release information to others? ☐ YES ☐ NO  *If YES, provide names and relationship (e.g., your son, niece). Print clearly. Use 2nd sheet to add more names if desired.

1. Name ________________________________ Relationship to you ____________________

2. Name ________________________________ Relationship to you ____________________

☐ **NO**, The Karp Law Firm may not release information to anyone about my estate plan.

If married: Spouse completes this section if spouse is also a Karp Law Firm client.

**Client #2 Name** (please print clearly) _____________________________________________

**Signature** _____________________________________________ **Date** ________________

☐ **YES**, I authorize The Karp Law Firm to release information about my estate plan to the following people. If at any time one or more of these people is no longer authorized to receive information, it is my obligation to notify The Karp Law Firm in writing.

**Spouse** (if applicable): Release information to spouse? ☐ YES ☐ NO  *If YES, provide spouse’s name (print clearly) ____________________________

**Others**: Release information to others? ☐ YES ☐ NO  *If YES, provide names and relationship (e.g., your son, niece). Print clearly. Use 2nd sheet to add more names if desired.

1. Name ________________________________ Relationship to you ____________________

2. Name ________________________________ Relationship to you ____________________

☐ **NO**, The Karp Law Firm may not release information to anyone about my estate plan.
Additional Authorized Individuals

Use this side to list additional people The Karp Law Firm is authorized to speak with regarding your legal matter.

**Client #1 Name** (please print clearly) _____________________________________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

**Client #2 Name** (please print clearly) _____________________________________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Name ___________________________ Relationship to you ______________________

Complete, sign and return this form to The Karp Law Firm by mail or fax.

Mailing address: 2875 PGA Blvd., Suite 100, Palm Beach Gardens, Florida 33410

Fax Number: 561-625-0060