

Waiver of Attorney Client Privilege

_____ (Name of attorney whose attorney-client privilege is being waved), I hereby waive my attorney-client privilege with respect to any confidential communications between us with respect to my family members, _____, _____, _____, and _____ my CPA, _____ and my financial advisor, _____. Regardless of what anyone directs you to do in the future if I, or anyone that states they are acting on my behalf, directs you that I no longer waive this privilege, you are directed to notify _____ and _____ of my said notification to you, and forward to them any direction you receive from me or anyone who states I have authorized them to contact you.

CLIENT Date

WITNESS

WITNESS

The foregoing WAIVER OF ATTORNEY CLIENT PRIVILEGE was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification, and by _____, a witness, who is personally known to me or who has produced _____ as identification and by _____, a witness, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC

Name: _____
(Typed, Printed or Stamped Name of Notary)

My Commission Expires: