***AUTHORIZATION FOR ACCOUNT HOLDER***

**INSERT FIRM LETTERHEAD HERE**

**AUTHORIZATION TO RELEASE INFORMATION**

**TO ATTORNEY**

Name of Accountholder / Designated Beneficiary / Insured: TRUSTEE/CLIENT NAME

Decedent: DECEDENT NAME

Decedent’s Date of Death: DATE OF DEATH

Decedent’s S.S.N: DECEDENT’S SSN

I, TRUSTEE/CLIENT NAME, hereby request and authorize the release of any and all Insurance, Bank, Retirement, Pension, Annuity, Investment, Accounting, Tax, Financial, and Business information and records pertaining to me, **whether as accountholder or beneficiary or insured**, to my attorneys, LAW FIRM NAME, at LAW FIRM ADDRESS. Said records may be photocopied.

A photocopy of this authorization shall be as effective as the original.

This authorization is given in my individual capacity.

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TRUSTEE/CLIENT NAME

 Trustee

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA )

 ) ss.

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 On before me, , Notary Public, personally appeared TRUSTEE/CLIENT NAME, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that his/her/their executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: (Seal)

***NOTE: UPDATE OR REPLACE WITH YOUR APPLICABLE STATE NOTARY ACKNOWLEDGEMENT FORM***