

NOTICE OF DESIGNATED ASSISTING ATTORNEY

I, _____, have authorized the following attorney(s) to assist with the facilitation of my law practice in the event I am unexpectedly incapacitated or to assist with the closure of my law practice:

Name of Authorized Assisting Attorney: _____

Address: _____

Phone Number: _____

Name of Assisting Attorney's Alternate: _____

Address: _____

Phone Number: _____

[Planning Attorney]

[Date]

[Assisting Attorney]

[Date]

[Alternate Assisting Attorney]

[Date]

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