

NOTICE OF EMERGENCY PRACTICE COORDINATOR

I, _____, have authorized the following individual(s) to hold emergency access credentials and provide said credentials to the Assisting Attorney in the event of my unexpected incapacity or death:

Name of Authorized Emergency Practice Coordinator: _____

Address: _____

Phone Number: _____

Name of Emergency Practice Coordinator: _____

Address: _____

Phone Number: _____

[Planning Attorney]

[Date]

[Emergency Practice Coordinator]

[Date]

[Alternate Emergency Practice Coordinator]

[Date]

[NOTE: This form may be used in lieu of, or in addition to, the Notice of Designated Assisting Attorney and the Notice of Designated Authorized Signer. If you have selected an Assisting Attorney to help in the facilitation or closure of your practice **and** added someone as an Authorized Signer on your lawyer trust account, you should communicate your choices to your family, the Assisting Attorney, the Authorized Signer, the Emergency Practice Coordinator, and any designated alternates to avoid confusion.]

DISCLAIMER: The State Bar as a regulatory entity does not provide legal advice to licensees. The information provided in this document should not be used as a substitute for obtaining legal advice. You should always consult a suitably qualified attorney regarding any specific legal problem or matter.

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