

## DISCLOSURE

(Mandatory)

I have asked the law firm of Wenzel & Wenzel, PLLC to assist me in planning my estate and in preparing the necessary documents. In completing this worksheet, I acknowledge the following:

1. I will be the sole client. No one else can give direction to the attorney or staff as to what I want. No one else can make decisions for me about my estate planning documents.
  - a. My documents may name people to make decisions for me at a later date, but these people cannot change my will or my other documents for me.
2. To complete my estate planning, I must provide accurate confidential information to the attorney and her staff.
3. I have completed this worksheet personally, to the best of my ability.
4. If I have had someone else write the answers for me, I personally made the decisions, and not someone else.
5. The attorney and staff cannot give legal advice to or answer questions for other people on my behalf, including my agents during my lifetime.
6. I must participate personally in all discussions with the attorney and staff.
7. I must be at the appointments with the attorney, and not someone else on my behalf.
8. If I am unable to handle decisions for myself, the law office of Wenzel & Wenzel, PLLC will be unable to assist me with estate planning documents.
9. Further, Wenzel & Wenzel, PLLC has no obligation to represent anyone I have named in any documents, such as Wills, Trusts, Powers of Attorney, or Health Care Powers of Attorney.
10. The attorney may make recommendations which could affect my interest in my assets during my lifetime and after my death.
11. Wenzel & Wenzel, PLLC does not handle any planning for protecting my assets if I need to go to a nursing home or other long-term care facility.

I have read the foregoing material and this worksheet.

Dated: \_\_\_\_\_

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**Client's Signature**

Notice: If you are **not comfortable** with the above, please **do not sign this** and notify our office that you will not be proceeding. Please do not share any confidential information with us prior to signing this.

**OPTIONAL**

If you wish for the attorney to be able to speak with any other people involved in your estate planning, please indicate that below and sign this page.

This is not required, but is sometimes helpful to clients, depending on the situation.

**Authorization for Release of Confidential Information**

I hereby authorize Sarah P. Wenzel, or the law firm of Wenzel & Wenzel, PLLC, to release confidential information to the following and I authorize the following to release confidential financial and/or estate planning information to my attorney, Sarah P. Wenzel, or the law firm of Wenzel & Wenzel, PLLC

☐ My Financial Advisor(s) \_\_\_\_\_

☐ Life Insurance Agent \_\_\_\_\_

☐ Retirement Account Manager \_\_\_\_\_

☐ Another advisor \_\_\_\_\_

☐ Accountant \_\_\_\_\_

☐ Another attorney \_\_\_\_\_

☐ Other family member or person \_\_\_\_\_

Regarding: ☐ My Financial Information    ☐ My Estate Planning Documents

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

Please add contact information for these people to page 5.