

## RELEASE OF INFORMATION CONSENT FORM

I authorize The Zysman Law to discuss my information with the following parties.

This consent will remain in effect until such time as you instruct us otherwise in writing. Authorizations granted to those named below shall be considered in addition to any prior authorizations granted to other individuals or entities which have not been revoked or covered under our privacy policy.

My Spouse \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signed and dated

I authorize The Zysman Law to share my estate planning documents with the following parties.

This consent will remain in effect until such time as you instruct us otherwise in writing. Authorizations granted to those named below shall be considered in addition to any prior authorizations granted to other individuals or entities which have not been revoked or covered under our privacy policy.

My Spouse \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Name of Authorized Party                      Relationship

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Signed and dated