## NOTICE OF DESIGNATED ASSISTING ATTORNEY

I, , have authorized the following attorneys to assist with the closure of my practice:

Name of Authorized Assisting Attorney:

Address:

Phone Number:

Name of Assisting Attorney’s Alternate:

Address:

Phone Number:

I, , have made arrangements with my financial institution to have an authorized signer on my Lawyer Trust Account:

Name of Authorized Signer on Lawyer Trust Account:

Address:

Phone Number:

 [Planning Attorney] [Date]

 *[Assisting Attorney]* *[Date]*

[Alternate Assisting Attorney] [Date]

[Authorized Signer on Lawyer Trust Account] [Date]