

**AUTHORIZATION FOR RELEASE OF INFORMATION AND LIMITED RELEASE OF
ATTORNEY/CLIENT PRIVILEGE**

I hereby give my consent to and authorize my Attorney, Financial Advisor, Insurance Professional, CPA/Accountant, Stockbroker, Stock Transfer Agent, or Banker to release to Ross Estate Planning (including Robert A. Ross, Jane Seusy, Sue Sixel, Cathy Ash and Stephanie Cataldo Pabich) any and all information regarding all financial investments and taxes, including any information in regards to stocks, bonds, certificates of deposit, bank accounts, tax returns, retirement accounts, pension plans, or any other document or any State or Federal benefits I am receiving.

I give my consent and authorize my attorney(s), Ross Estate Planning whose address is 218 North 14th Avenue, P O Box 317, Sturgeon Bay, WI 54235, to release to my financial planner, insurance agent, CPA/accountant, employer (current or former), pension administrator, retirement plan administrator/custodian, stock transfer agent, or stockbroker, any and all information regarding my estate plan, including trusts, wills, letters, contracts, drawings, funding documents, affidavits, powers of attorney, or any other document used in the preparation of my estate plan for the purpose of coordinating my estate planning with any existing or proposed financial planning or for the purposes of funding revocable or irrevocable trusts.

I understand all communications between myself and Ross Estate Planning, are privileged and protected from disclosure because of the attorney/client relationship.

I hereby release Ross Estate Planning, Financial Advisor, Insurance Professional, CPA/Accountant, Stockbroker, Stock Transfer Agent, or Banker from any liability for releasing the above referenced information in reliance on this consent.

I HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS AND DO VOLUNTARILY SIGN MY NAME TO THIS DOCUMENT.

SIGNATURE

SIGNATURE

DATE

DATE