



FILE RETRIEVAL & REQUEST FOR FILE SEARCH/RELEASE OF COPIES/INFORMATION (DEATH OR INCAPACITY)

I am the successor in interest of the following former client of the Law Offices of Ernest Kim/the Law Offices of John M. Gustafson ("Law Firm"). The former Client's identifying information is as follows (**PLEASE COMPLETE AS MUCH AS POSSIBLE FOR FILE SEARCH**):

Former Client's Name:	<i>(If married)</i> Spouse's Name:
Address:	<i>(If different)</i> Current Address:
Client's Phone#:	<i>(If married)</i> Spouse's Phone#:
Client's Date of Birth:	<i>(If married)</i> Spouse's Date of Birth:
Client's Email:	<i>(If married)</i> Spouse's Email:

I confirm that I (**choose one**): **HAVE** | **DON'T HAVE** Former Client's original estate planning documents.

Former Client's Child 1 Name and Phone #:

Former Client's Child 2 Name and Phone #:

Former Client's Child 3 Name and Phone #:

Former Client's DPOA Agent Name and Phone #:

I HAVE attached a copy of the (**choose the applicable option/s**) **death certificate** OR **physician's incapacity letter** OR **OBJ durable power of attorney ("DPOA")** regarding Former Client, and by my signature below, I certify that I am the successor in interest to the Former Client and I request and authorize Law Firm to locate copies of the document(s)/information indicated below and release same, to the following:

REQUESTOR's Name:	Relationship to Former Client:
Address:	Phone:
Delivery Method (choose one): <input type="checkbox"/> Email via expiring link (30 days) to email: _____	
<input type="checkbox"/> U.S. Mail to current address only (<i>additional copy and postage fees applicable</i>) <input type="checkbox"/> Fax to _____	





I request that the following Documents/Information Copies to be Released, and understand that Copies do not replace Original Documents (check all that apply):

- Trust | Will(s) | Power(s) of Attorney | Advance Healthcare Directive(s) | Certification of Trust | Deed/s
- Community Property Advisory | Other (specify document(s)): _____

In order to proceed with this request, I will call the Law Offices of Ernest Kim at 949-975-1870 to process credit card payment for the requested file retrieval/service fees of \$_____.

I understand that it is Law Firm’s practice to provide all original documents to its Clients at the time services were provided, and that this authorization is for **ONE** retrieval and forwarding of Law Firm’s document COPIES (if any); subsequent requests are **NOT** covered by this authorization. I understand that documents emailed will be sent via **secure link** through which I will immediately download and **SAVE** documents to my own computer, and that for security reasons, that email link will **EXPIRE** in 30 days from the date sent to me. I authorize Law Firm to accept a scan/copy of this signed Authorization Form and all attachments as if they were the originals. I understand the security of the chosen delivery method cannot be guaranteed and that I assume sole responsibility for safeguarding the released documents/information. I understand that all attorneys are bound by ethical and legal obligations to safeguard a former Client’s information, and that not every request submitted may be honored. I agree to indemnify and hold harmless the Law Offices of Ernest Kim/Law Offices of John Gustafson from any and all claims, complaints, or lawsuits from the former Client, any other parties or other potential successors in interest to former Client which may result from complying with my request.

I am attaching a copy of my valid government issued photo ID.

Date: _____

Requestor’s Signature: _____