

Patricia N. Miramon

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Date _____

NAME OF CLIENT: _____

I HEREBY declare that I have been informed by Patricia N. Miramon, Attorney at Law, of the following:

1) If, at some time in the future, I am unable to personally request copies of my personal documents by reason of illness, incapacity, etc., I understand that only my appointed agent through Power of Attorney or appointed executor through Last Will and Testament is authorized to request and receive copies of my personal documents prepared by Patricia N. Miramon;

2) If I am unable to personally request copies of my personal documents, I hereby name _____ in addition to my appointed agent through Power of Attorney and appointed executor through Last Will and Testament to request and receive copies of my personal documents prepared by Patricia N. Miramon. I hereby release Patricia N. Miramon from any and all liability in providing copies of my personal documents to my appointed agent through Power of Attorney or appointed executor through Last Will and Testament, or to the individual named above in this paragraph. If I have passed away, only my appointed executor through Last Will and Testament is authorized to request and receive a copy of my Last Will and Testament.

3) I certify that I have been given the originals of my prepared documents (Will, Power of Attorney, Living Will, Trust or any other documents that have been prepared for me and not recorded with the Clerk of Court) unless otherwise noted in my file and initialed by both PNM and myself. If my Power of Attorney has been recorded with the Clerk of Court, I have been supplied with certified copies of said Power of Attorney after said filing. If I require additional copies of my personal documents in the future, I will be charged a service fee of \$20.00 for PNM to search for my file and/or documents. In addition to the \$20.00 service fee, I understand that a fee of \$5.00 will be charged for PNM to obtain said documents. I further understand that there will be a charge of \$1.50 per page for copies of documents over 10 pages. I also understand that if I require certified copies, I will be charged a fee of \$5.00 per page.

I further understand that Patricia N. Miramon, Attorney at Law, has not performed a title check on any property owned, inherited, or donated by (or to) me; she has not verified the accuracy of any property description(s) that I have provided to her; and that she has not verified the accuracy of any information that I have provided to her.

I further understand that after Patricia N. Miramon, Attorney at Law, has prepared the initial draft of the documents, any changes made by me will be billed at an hourly rate.

I further understand that after closure of my file, any corrections/amendments that are necessary due to incorrect information supplied by myself or my agents to Patricia N. Miramon, Attorney at Law, will be billed at an hourly rate, and I will be subject to reimbursement to Patricia N. Miramon for any court costs she has incurred to file said correction/amendment.

Client signature _____

Date: _____