



Document Vault Authorization Form

Cona Elder Law is pleased to offer you and your authorized loved ones on-line access to your estate planning documents.

By signing below, you authorize Cona Elder Law to upload your estate planning documents to the Cona Elder Law Document Vault powered by Citrix ShareFile. You and your authorized delegate(s) will have access to your estate planning documents via our Client Portal located on the Cona Elder Law website: www.conaelderlaw.com.

I authorize the following documents to be uploaded to the Cona Elder Law Document Vault:

- | | | |
|--------------------------------------------|-------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Health Care Proxy | <input type="checkbox"/> Last Will & Testament | <input type="checkbox"/> Deed |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Trust | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> Disposition of Remains | |

I authorize the following people to access my Cona Elder Law Client Document Vault containing my estate planning documents under their own email and password.

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Name: _____ Email: _____ Relationship: _____

Signature: _____

Spouse: _____

Print Name: _____

Print Name: _____

Email Address: _____

Email Address: _____

Date: _____

Date: _____

Citrix ShareFile is HIPAA compliant and meets the HIPAA requirements for privacy and security. The software has three levels of back up, is hosted on a private domain and has a two-step verification system for added protection. Documents may be viewed, downloaded and printed ONLY. Cona Elder Law is not responsible for any document tampering and uploading of these documents by anyone other than Cona Elder Law. These documents may only be downloaded by the client and their authorized agents for the specific and intended uses of said documents.

Administrative Use ONLY

Matter Name: _____ Attorney Authorization: _____

Authorized By: _____ Date Effective: _____

Please email completed form to our Document Vault Administrator, MaryAnn Monahan at mmonahan@conalaw.com.