#### LIMITED CLIENT AGREEMENT

This Agreement confirms the terms of representation provided by the Center for Disability & Elder Law (CDEL) regarding my Will (and/or Transfer on Death Instrument (TODI)).

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client Name), give my permission for CDEL and its volunteer attorneys to assist me with my Will/TODI under the terms of this Agreement.
2. I understand and agree that CDEL’s assistance is concerned solely with my Will/TODI. CDEL and its volunteer attorneys will advise concerning and assist me in drafting my Will/TODI. That is the extent of the representation and no further representation is expected or desired.
3. I understand that all information I give to CDEL and its volunteer attorneys in relation to my Will/TODI shall be kept with CDEL and CDEL shall not disclose this information to third parties without my permission or unless a court orders CDEL to reveal such information.
4. I understand that my participation is entirely voluntary. I understand that I am free to discharge CDEL and the volunteer attorney at any time during and not continue.
5. I understand that CDEL and its volunteer attorneys can stop handling my file if they believe that one or more of the following is/are true:
   1. I lack the capacity to execute a Will, in the judgment of CDEL or its volunteer attorney,
   2. Executing such documents are not in my best interest, or
   3. If I do not cooperate or there is any other good reason within the Illinois Rules of Professional Conduct for CDEL or its volunteer attorneys to stop handling my file.
6. I understand that after signing my Will/TODI, if I have any questions or concerns about the documents, I may contact CDEL to seek further review. However, CDEL is not my attorney for probate purposes and will not represent me or my estate in any future probate proceedings.
7. **I understand that CDEL provides this service free of charge and that I do not have to pay CDEL or CDEL volunteer attorneys for their legal services. However, I understand that other entities, such as the court or recorder of deeds, may charge a fee for their services and that I am personally responsible for these fees.**
8. I understand and agree to the terms set forth above.

Client Volunteer

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorney Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Attorney

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Attorney Volunteer

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_