With respect to my law practice, my personal representative is expressly authorized and directed to carry out the terms of the Agreement to Close Law Practice I have made with Assisting Attorney on , [and/or with Authorized Signer on  
 ]; if that [these] Agreement[s] are not in effect, my personal representative is authorized to enter into [a] similar agreement[s] with other attorneys that my personal representative, in his/her/their sole discretion, may determine to be necessary or desirable to protect the interests of my clients and to close my practice.

**OR**

My personal representative is expressly authorized and directed to take such steps as he/she/they deems necessary or desirable, in my personal representative’s sole discretion, to protect the interests of the clients of my law practice and to wind down or close that practice, including, but not limited to, selling of the practice, collecting accounts receivable, paying expenses relating to the practice, reconciling my trust account(s), refunding any unused trust balances owing to my clients, employing an attorney or attorneys to review my files, completing unfinished work, notifying my clients of my death and assisting them in finding other attorneys, and providing the Oregon State Bar and Professional Liability Fund with the name of the person who will be responsible for the long-term storage of and access to my closed files.

**IMPORTANT NOTICES**

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