

[Date]

[Fiduciary Name]
[Fiduciary Address]
[City, State, Zip]

[Beneficiary Name]
[Beneficiary Address]
[City, State, Zip]

Re: Disclosure and Waiver of Potential Conflict of Interest regarding [Estate/Trust Name]

Dear [Fiduciary Name] and [Beneficiary Name],

This letter confirms that [Law Firm Name] has been asked to represent both [Fiduciary Name], in their capacity as [Executor/Trustee], and [Beneficiary Name], as a beneficiary of the [Estate/Trust Name].

Under applicable rules of professional conduct, a conflict of interest may exist when a lawyer represents multiple clients in the same matter whose interests may potentially differ. As the Fiduciary, your primary duty is the impartial administration of the assets. As the Beneficiary, your interest is in the distribution and preservation of your share of the assets.

While your interests currently appear aligned, potential conflicts could arise regarding the timing of distributions, valuation of assets, or the payment of fees. To proceed with joint representation, we require your informed consent based on the following understandings:

- **Shared Information:** Information shared with us by one party regarding this matter will not be kept confidential from the other party.
- **Withdrawal:** If a direct and irreconcilable conflict arises in the future, we may be required to withdraw from representing one or both of you.
- **Independent Counsel:** You have the right to, and are encouraged to, consult with independent legal counsel before signing this waiver.

By signing below, you acknowledge the potential for conflict, waive such conflict, and request that [Law Firm Name] represent both parties in this matter.

Sincerely,

[Attorney Name]
[Law Firm Name]

CONSENT AND WAIVER

I have read the above and agree to the terms of this joint representation:

[Fiduciary Name], Fiduciary

Date: _____

[Beneficiary Name], Beneficiary

Date: _____