[Date]

[Law Firm Name]
[Attn: Records Department/Managing Partner]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Authorization for Destruction of Estate Files

Deceased Client: [Full Name of Deceased]
File/Matter Number(s): [Insert File Numbers if known]
Date of Death: [Insert Date]

To Whom It May Concern,

I am writing to you in my capacity as the [Executor/Administrator/Personal Representative] of the Estate of [Name of Deceased].

Regarding the legal files and records held by your firm pertaining to the deceased, I hereby instruct your firm to securely destroy all physical and electronic files associated with this matter, with the exception of any original documents (such as original Wills, Deeds, or Titles) which are to be returned to me at the address below.

I confirm that:

- The estate has been fully administered and closed.
- There is no pending or threatened litigation regarding this estate.
- All relevant tax filing periods and statutory retention requirements have passed.

Please provide a written confirmation or a Certificate of Destruction once this process has been completed. If there are any fees associated with this request, please notify me prior to proceeding.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Mailing Address]
[Your Phone Number]
[Your Email Address]