LEGALDOCS DEPOSITORY.com

Discount Code: _____

Storage Agreement Sheet

Your Name and Address Information**:**   **Spouse's Name** and Information

_____   (Names)   _____

_____   (Driver's Licenses)   _____

_____   (Dates of Birth)   _____

_____   (Phone Numbers)   _____

_____   (Emails)   _____

_____   (Current Address)

Authorized Persons to Retrieve My Documents

_____   (Authorized Person's Name)

_____   (Authorized Person's Address)

_____   (Authorized Person's Phone Number)

_____   (Authorized Person's Date of Birth)

_____   (Alternate Authorized Person's Name)

_____   (Alternate Authorized Person's Address)

_____   (Alternate Authorized Person's Phone Number)

_____   (Alternate Authorized Person's Date of Birth)

(If you would like to list additional names, please print another sheet and add your additional authorized persons to it and sign.)

We are not a law firm and therefore we are unable to give you advice regarding the documents you are storing or may wish to store with us. We can have your documents reviewed by a licensed attorney in your area. If you have concerns as to whether the documents you are storing or planning on storing with us are valid in your state and will accomplish what you want the documents to accomplish, you should contact your attorney or an attorney you trust. If you do not have an attorney, we can have your documents reviewed by an attorney free of charge.

I would like my documents reviewed by an attorney and have read "How My Documents will be Reviewed" and agree to the procedures, and have marked on the Document Inventory Sheet which documents.

_____ (**Initials**)

I wish to store my documents with Legal Docs Depository LLC and agree with the "Terms and Conditions," and "Retrieval of Documents and Security Procedures" and agree to be bound by them. I have included My Document Inventory Sheet and if I wish to have my documents reviewed by an attorney, I have marked as such on the Inventory Sheet

Contact Information & Storage Agreement Sheet

_____   _____
Signature   **Date**

Upon receipt, we will contact you to advise that we have received your documents.
Thank you for letting us protect your important documents.