

***Patricia E. Kefalas Dudek***  
***Patricia E. Kefalas Dudek & Associates***

Mailing Address:  
30445 Northwestern Highway, Suite 250  
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**RETAINER AGREEMENT**

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_  
\_\_\_\_\_

Client Home Number: \_\_\_\_\_ Client Work Number: \_\_\_\_\_

The undersigned, \_\_\_\_\_, retain(s) Patricia E. Kefalas Dudek of Patricia E. Kefalas Dudek & Associates to draft an estate plan which consists of the following documents:

- \_\_\_\_\_ Revocable Living Trust(s)
- \_\_\_\_\_ Joint Revocable Living Trust
- \_\_\_\_\_ Durable Power(s) of Attorney
- \_\_\_\_\_ General Power(s) of Attorney
- \_\_\_\_\_ Designation(s) of Advocate(s) and Physician(s) Directive
- \_\_\_\_\_ Last Will(s) and Testament(s)
- \_\_\_\_\_ Pourover Will(s)
- \_\_\_\_\_ Irrevocable Special Needs Trust(s)
- \_\_\_\_\_ Warranty Deed(s)
- \_\_\_\_\_ Amendment to a Trust
- \_\_\_\_\_ Codicil to a Will
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Client agrees to waive confidentiality to allow conversations with named agents in estate planning documents in the future if the need arises.

Patricia E. Kefalas Dudek of Patricia E. Kefalas Dudek & Associates shall be paid a total amount of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars. One half (1/2) of this fee shall be paid before the attorneys begin to draft the estate plan. The remaining one half (1/2) shall be paid within one month of the client's receipt of the draft documents. This fee includes but is not limited to: the initial consultation; drafting the documents; any and all subsequent meetings pertaining to the undersigned's estate plan, including the signing; and any and all phone calls pertaining to the undersigned's estate plan within a month after the signing. After one month, the client shall be billed at the hourly rate of \$300.00 an hour for consultation with Patricia E. Kefalas Dudek of Patricia E. Kefalas Dudek & Associates

Following the initial appointment, at least two additional appointments may be scheduled. The first of the two appointments will be a review of the documents, and shall take place within one month of the client's receipt of the documents. The second appointment will be to execute the documents. Execution of the documents is to occur no longer than two months following the client's receipt of the documents.

**The undersigned understand that payment for the above-listed documents shall occur within two months of the undersigned's receipt of said documents. Further, the undersigned understands that the signing of the above-listed documents shall occur within two months of the undersigned's receipt of said documents. The undersigned understands that in the event that the undersigned, for whatever reason, does not sign said documents, Patricia E. Kefalas Dudek & Associates shall be paid the total amount of this contract for any and all work done in connection with the undersigned's estate plan. Furthermore, the undersigned understands that the funding of the Trust is not the responsibility of Patricia E. Kefalas Dudek or Patricia E. Kefalas Dudek & Associates. The attorneys will provide information and guidance with respect to the funding of the Trust, however it is the client's responsibility to fund the Trust.**

**The services of Patricia E. Kefalas Dudek, and her staff at Patricia E. Kefalas Dudek & Associates are in high demand. As a result, Ms. Dudek (Patti) has an "of counsel" arrangement with Mall Malisow & Cooney, P.C. The two firms work together to provide comprehensive services to their mutual clients. This arrangement does not change the obligation of the legal professionals to keep your private information confidential. Finally, by retaining Patricia E. Kefalas Dudek you are consenting to this arrangement. You will, as always, receive one bill with the person who worked on your matter identified by initials (unless other arrangements have been made).**

**For and in consideration of legal services rendered and to be rendered by Patricia E. Kefalas Dudek of Patricia E. Kefalas Dudek & Associates, I guarantee full payment for said legal services and all relative costs, plus interest, if applicable.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date