CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

I,	_ (INSERT NAME(S)), authorize ESTATE OF CHARLES
D. PROCTOR CPA to disclose to BLU	JM & TRIPP CPAs my (our) income tax return information
· · · · · · · · · · · · · · · · · · ·	rementioned information is necessary for BLUM & TRIPP
CPAs to consider preparing my (our) 20	14 income tax returns.
return information, your consent is val	be provided to you. If you agree to the disclosure of your tax lid for the amount of time that you specify. If you do not ar consent is valid for one year from the date of signature.
If you approve the disclosure of your ta one year or (duration of consent date), p	x return information to BLUM & TRIPP CPAs for a term of lease sign below.
Name:	Name:
Signature:	Signature:
Date:	Date: