



NOTICE OF LIEN AND PAYMENT INSTRUCTIONS

RE: _____ SSN: _____

To: Any Benefit Plan Administrator, Insurance Company, and/or other interested persons,

I have hired *Tucker & Ludin, P.A.* as my attorneys with regard to my claim. I have obligated myself to pay attorney fees and costs to *Tucker & Ludin, P.A.* in regard to this case. To insure that *Tucker & Ludin, P.A.* is properly paid under the contract, I hereby agree that *Tucker & Ludin, P.A.* is granted a full lien against any entitlement I may receive or recovery I might make.

I direct any Administrator, Fiduciary, Insurance Company, Plan, Trust Fund, or other individual or entity (hereafter "you") from whom I am claiming benefits or who is paying a settlement or judgment (or any part thereof) in any benefit, insurance, union, contract, pension, or other matter to recognize this lien and to forward any check for past due and future benefits or any other type of settlement/judgment check to my duly appointed attorneys: *Tucker & Ludin, P.A., 13577 Feather Sound Drive, Ste 300, Clearwater, FL 33762.* This direction shall remain valid until *Tucker & Ludin, P.A.* notifies you that checks may be sent to me directly. Checks shall either be 2 party, naming me and *Tucker & Ludin, P.A.*, or shall be made payable to *Trust Account of Tucker & Ludin, P.A.*

I also give a Limited Power of Attorney to *Tucker & Ludin, P.A.* (to include John V. Tucker and Eric Ludin) to endorse any checks I receive with regard to any claim, judgment, payment, and/or settlement for benefits, insurance benefits, union benefits, contract benefits, pension benefits, or any other matter. I understand that any such checks will be deposited into a non-interest bearing Trust account and held until funds clear before my portion of any such proceeds will be forwarded to me.

Signature: _____ Date _____

STATE OF _____ COUNTY OF _____

The above signed individual is personally known by me or they have produced _____ as identification, and I have witnessed their signature upon this document. SWORN TO AND SUBSCRIBED BEFORE me, this _____ day of _____, 200____.

Notary Public - Signature _____ Printed Name: _____
My commission expires: _____

The above stated lien, direction to pay, and Limited Power of Attorney are hereby accepted by *Tucker & Ludin, P.A.*

By: _____