

PROOF OF CLAIM & RELEASE

Deadline for Submission: June 5, 2017

OUR RECORDS REFLECT THAT YOU PAID A FEE FOR AND/OR RECEIVED MEDICAID PLANNING SERVICES SUCH AS THE PREPARATION OF A MEDICAID APPLICATION, TRUST, POWER OF ATTORNEY OR ENHANCED LIFE ESTATE DEED PERFORMED BY RICHARD HICKS, ELDER ADVISORY SERVICES, ELDER ADVISORY SERVICES, LLC, ELDER TAX ADVISORY GROUP, LLC AND/OR ELDER TAX ADVISORY GROUP ("THE HICKS DEFENDANTS") ON OR AFTER JANUARY 1, 2005. AS A RESULT, YOU ARE A SETTLEMENT CLASS MEMBER AND MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

TO RECEIVE A REFUND OF FEES PAID DIRECTLY OR INDIRECTLY TO RICHARD HICKS, ELDER ADVISORY SERVICES, ELDER ADVISORY SERVICES, LLC, ELDER TAX ADVISORY GROUP, LLC AND/OR ELDER TAX ADVISORY GROUP, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM & RELEASE AND RETURN IT TO CLASS COUNSEL NOT LATER THAN **JUNE 5, 2017**. YOU MAY EMAIL YOUR COMPLETED CLAIM FORM TO *jh@JamesHolmesLaw.com* OR SEND IT BY UNITED STATES FIRST CLASS MAIL TO THE LAW OFFICE OF JAMES HOLMES, P.C., 212 SOUTH MARSHAL, HENDERSON, TEXAS 75654. IF YOU ELECT TO MAIL YOUR CLAIM FORM, IT MUST BE POST-MARKED ON OR BEFORE **JUNE 5, 2017**. IF YOU DO NOT SUBMIT YOUR CLAIM FORM ON OR BEFORE **JUNE 5, 2017**, YOU WILL NOT RECEIVE ANY PAYMENT FROM THE SETTLEMENT.

YOU MAY ALSO REQUEST EXCLUSION FROM THE SETTLEMENT AND RETAIN YOUR LEGAL RIGHT TO SUE. TO DO SO, YOU MUST SUBMIT A WRITTEN REQUEST FOR EXCLUSION BY NOT LATER THAN **JUNE 5, 2017**. YOU MAY EMAIL YOUR WRITTEN REQUEST TO *jh@JamesHolmesLaw.com* OR SEND IT BY UNITED STATES FIRST CLASS MAIL TO THE LAW OFFICE OF JAMES HOLMES, P.C., 212 SOUTH MARSHAL, HENDERSON, TEXAS 75654. IF YOU ELECT TO MAIL YOUR WRITTEN REQUEST, IT MUST BE POST-MARKED ON OR BEFORE **JUNE 5, 2017**.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM OR WRITTEN REQUEST FOR EXCLUSION TO THE COURT.

CLAIM FORM

1. Please identify the person who received the services provided by Richard Hicks, Elder Advisory Services, Elder Advisory Services, LLC, Elder Tax Advisory Group and/or Elder Tax Advisory Group, LLC. **This person is the Client.**

Name: _____

Address: _____

2. Please identify the person who paid the fees for services provided by Richard Hicks, Elder Advisory Services, Elder Advisory Services, LLC, Elder Tax Advisory Group and/or Elder Tax Advisory Group, LLC. **This person is the Responsible Party. .**

Name: _____

Address: _____

3. Are either the Client or the Responsible Party deceased? If so, please attach a copy of his or her death certificate.

4. Are either the Client or the Responsible Party alive but incapacitated? If so, please attach an attending physician's statement verifying his or her inability to manage their affairs.

5. If you are filing this claim on behalf of a deceased or incapacitated Client or Responsible Party, please state the basis for your authority to act on his or her behalf and attach supporting documentation.

CERTIFICATION

Check all that apply:

I am the Client. Please send my refund to the following address:

Name: _____

Address: _____

I am the Responsible Party. Please send my refund to the following address:

Name: _____

Address: _____

The Client and/or Responsible Party is deceased. Please send his/her refund to their Estate at the following address:

Name: _____

Address: _____

The Client and/or Responsible Party is incapacitated. I am his or her authorized representative. I have attached documentation of my authority to file this claim on his or her behalf. Please send his or her refund to the following address:

Name: _____

Address: _____

Other circumstances. Please explain and attach supporting documentation.

I wish to be excluded from this settlement. I understand I will not receive any payments.

By submitting this Claim, I state that (a) I believe in good faith that I am a Class Member as defined above and in the Notice or am acting for such a person; (b) I am not a Defendant in the litigation or anyone excluded from the Class; (c) I have read and understand the Notice; (d) I believe that I am entitled to receive a share of the Settlement Fund as defined in the Notice; (e) I elect to participate in the proposed Settlement and (f) I have not filed a request for exclusion.

I consent to the jurisdiction of the Court with respect to all questions concerning the validity of my claim. I understand and agree that my claim may be subject to investigation and discovery under the Texas Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Settlement Class Member and the validity and amount of my claim. If I am a current client of Peter G. Milne, I waive any conflict of interest associated with my participation in this settlement.

I understand that if the services for which I am requesting a refund were received through Peter G. Milne, P.C. or Healy, Milne & Associates, P.C., I may only obtain a refund of the share of fees actually received by the Hicks Defendants. If both the person receiving services from the Hicks Defendants and the person who paid the fee file valid claims, the refund shall be paid to them jointly and delivered to the address of the person who paid the fee, or his or her authorized representative. I understand that all refunds owed to any deceased Settlement Class Member, shall be paid to his or her estate and delivered to the representative making the claim on their behalf.

If the Court gives final approval to the Settlement, my signature below shall constitute a full and complete release by me and my heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns of all Released Claims against the Released Parties as described in the Settlement Agreement.

I CERTIFY UNDER PENALTIES OF PERJURY THAT ALL OF THE INFORMATION I PROVIDED ON THE PROOF OF CLAIM & RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature

SWORN TO & SUBSCRIBED before me, the undersigned authority, by the said

_____ on this, the _____ day of _____, 2017.

NOTARY PUBLIC, STATE OF TEXAS

SUBSTITUTE FORM W-9

Enter the taxpayer identification number below for the person entitled to the refund. For most individuals, this is your Social Security Number. The Internal Revenue Service ("IRS") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number (for individuals)	or	Taxpayer Identification Number (for estates, trusts, corporations, etc.)

I certify that I am NOT subject to backup withholding under the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholdings.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN JUNE 5, 2017 AND MUST BE EMAILED TO jh@JamesHolmesLaw.com OR SENT BY UNITED STATES MAIL TO

Class Counsel
THE LAW OFFICE OF JAMES HOLMES, P.C.
212 South Marshall
Henderson, Texas 75654

A Proof of Claim shall be deemed to have been submitted when posted, if mailed by **JUNE 5, 2017** and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by Class Counsel. No refunds will be issued until the Court has given final approval to the Settlement and the claims deadline has passed. The refunds will be processed as promptly as time permits, given the need to verify and tabulate each Claim. Please notify Class Counsel of any change of address.