

December 2019



Elder law *focus*

ANNUAL CLIENT RELATIONSHIP SERVICE NEWSLETTER
QUESTIONS? CALL (207) 361-4680

Office Developments

- Mary Kathryn has recently been named as a Rising Star by SuperLawyers for her fifth straight year.
- Smilie has been inducted into the Kennebunk Rotary Club. When Smilie first moved to Maine in 2006, he practiced in Kennebunk for a number of years and was a member of that Rotary group.
- Last year we opened an office in Kennebunk which has been a great success. We also opened a Portsmouth signing office in 2018 which has since been discontinued.
- We are no longer offering Life Care Planning at the moment as our social worker, Edie Reno, has moved on to other employment.

Topics Covered

- Maine's Probate Code Gets a Major Overhaul
- Death with Dignity Act is Passed and Signed
- Social Security
- Medicare
- Tax Topics
- Long-Term Care
- Estate Issues
- Prescription Drug Dangers and Scams

**This is the extended version of this newsletter
and the print is larger.**

Maine's Probate Code Gets a Major Overhaul

Maine's Probate Code got its first major overhaul since it was adopted in 1969. This update was adopted on September 1, 2018, but went into effect on September 1, 2019. The changes are significant. Some key aspects of the Maine Uniform Probate Code ("MUPC") are discussed below. Sign up for our monthly newsletter (see below) for future articles featuring changes brought by the MUPC.

Compliance with the Ambition of the Testator

The MUPC wanted to make clear the decedent's last wishes were honored with respect to the disposition of his or her estate. Now lawyers can look for other evidence beyond the "four corners of a will" to determine the decedent's intent. This change leaves the will open to more interpretation which may lead to more litigation over estates. What might be considered by the probate court now could be sweeping in scope: letters, emails, text messages, and/or conversations. This may make trusts a better option for clients that have complicated family situations.

The MUPC has broadened its coverage beyond wills to include deeds, trusts, insurance, and annuity policies, accounts with POD (payable on death) designations, securities registered in beneficiary form, transfer on death deeds, retirement and pension plans, powers of attorney and other similar types of documents. This change is a reflection of the generational change in the aging demographic landscape and the shift from the traditional methods of asset transfer to more non-probate assets or "will substitutes" in transferring wealth to the next generation of beneficiaries.

Extensive Inclusion and Blended Families are Omnipresent

As blended families are more common, stepchildren were introduced in Maine's anti-lapse statute. If someone makes a will ("the testator") and a beneficiary passes away before the testator, in certain circumstances, the gift can be passed on to the beneficiary's descendants (that is, their children or, if deceased, more remote persons). Coverage, however, has now been extended to include stepchildren and their descendants, who are not related by blood to the testator. This introduction is a reflection of the structure of the modern family unit, and if this is something that is concerning to you, a review of your current estate plan is a good idea.

Guardianship and Conservatorship Laws

Extensive changes were implemented concerning governing conservatorships and guardianships. We are among the initial states in the country to adopt the Uniform Guardianship, Conservatorship, and Other Protective Arrangements Act ("Act"). This Act makes it harder for petitioners to become appointed guardians or conservators. The new Act focuses on "supportive decision making," which places a higher priority on emphasizing the rights of an individual while making sure any decisions made are in his or her best interest. If a less restrictive alternative exists, then guardianship or conservatorship is not warranted under this Act. Although this Act does more to protect the person subject to the conservatorship or guardianship, it will create more work on the part of the guardian/conservator in the form of more notice requirements and more court proceedings resulting in greater legal expense. Annual and interim reports will be required. These statutory changes make having a valid power of attorney and advance health care directive even more imperative for everyone, especially the elderly. Additionally, it may encourage the use of trusts for asset management.

The Act to Help Prevent Financial Elder Abuse

How financial accounts pass at death can be confusing. A common misunderstanding of the general public as it pertains to the legal ramifications of naming a co-owner on a bank account is the driving force behind the Act to Prevent Financial Elder Abuse. Many individuals will put the name of someone they trust on their bank account simply because it seems to make sense so that they can get help with paying bills; however, what they may not realize is that upon their passing, the assets in that account get passed on to the co-owner. Many family misunderstandings result after a person has died because of this co-ownership arrangement. Unfortunately, when setting accounts like this up, most people don't think of this as "estate planning," but that is exactly what it is.

Under the new law, financial institutions are now required to ask upon creation of a joint account: "Do you intend for the sum remaining upon your death to belong to the surviving party or parties? Yes or No?" due to the large number of probate litigation problems this decision has led to over the years. Not sure what to do? Call or email us to discuss it.

The Uniform Real Property Transfer on Death Act

The Uniform Real Property Transfer on Death Act creates a new deed called a *Transfer on Death Deed* or TODD. Maine joins fourteen other states in adopting this statute, which allows the owner to retain ownership, title, and controlling interest in the property throughout his or her life. Upon his or her death, the property is bequeathed to the designated beneficiary through a non-probate transfer of the real estate. TODDs will likely reduce the number of trusts that lawyers prepare for clients where the only reason for the trust is probate avoidance on transfer of real estate. However, care should be taken with any TODD that it contains contingent provisions in case the intended recipient is deceased and may, in some cases, simply add another cost to an estate plan. Like any new tool, a TODD will have some great uses but is not a panacea and may, if overused, result in missed long term care or asset management planning options.

Small Estate Values Increased

The MUPC increased the exemption for "Small Estates," which do not require a probate proceeding, from \$20,000 in assets to \$40,000 (minus any liens or encumbrances). This change is an inflation adjustment and will help reduce the number of probates that the courts have to process. To administer a Small Estate, an appropriate party only need sign an affidavit, which contains certain statutory information, to be entitled to collect assets of a decedent that otherwise would require the opening of a probate proceeding.

Probate Allowances and Exemptions have Increased for Surviving Spouses

Surviving spouses, as well as decedent's dependents, will also see an increase in exemptions and allowances to account for inflation and are beyond the reach of creditors. The Homestead Allowance has increased from \$10,000 to \$22,500; the Family Allowance has increased from \$12,000 to \$27,000 and the Exempt Property allowance has increased in value from \$7,000 to \$15,000. These are important exemptions in small or insolvent estates and are often overlooked by lay people and lawyers alike. Beneficiaries of estates, in this regard, can often benefit from speaking with a lawyer - even it seems like there are no assets available because of debts, mortgages and/or liens.

Maine's Elective Share Law

The MUPC has updated Maine's Elective Share Law, of which married clients, particularly those in recent marriages, will want to take notice. The Elective Share Law is intended to prevent someone from disinheriting their spouse and speaks to the portion of the estate that the spouse may claim in place of what is stated in the will or by will substitute. A disinherited spouse can elect to take a portion of the deceased spouse's probate and some, but not all, non-probate assets. In the past, this amount was 1/3rd of the deceased spouse's "augmented estate." The amount of the elective share now is tied to the length of the marriage, so the longer the marriage, the greater the elective share. It takes 15 years for the new elective share amount to mature and once it does, it is 50% of the augmented estate. Many estate plans and potential end of marriage plans (prenuptial or antenuptial agreements) should consider the impact this change in the law may have on prior planning assumptions. Marital agreements can alter the default law, so this change may also encourage people to consider marital agreements. This change in the elective share amount may also impact planning that relies on wills with supplemental needs trusts. That is because DHHS may now try to seek to enforce this potentially greater elective share in well established marriages. This may make using irrevocable trusts more important for asset protection from long term care expenses.

This change in the elective share amount may also impact planning that relies on wills with Supplemental Needs Trusts. That is because, DHHS may now try to see to enforce this potentially greater elective share in well established marriages. This may make using irrevocable trusts more important. The importance of this change for those relying on a will with Supplemental Needs Trust planning should not be taken for granted.

Maine's Intestacy Law

If someone passes away without a will, the estate passes through the intestacy statute, also known in Maine as the decedent's "heirs at law." The intestate share allocated to the surviving spouse is now greater, with inflation taken into consideration; however, stepchildren are excluded in the intestacy rules, but their presence can change what the surviving spouse is entitled to receive.

Disinheriting People

It is now possible in Maine to disinherit a person or class of persons rather than just omit them from your will. This change in the law can be helpful if someone has learned that they have a child or relatives through DNA testing. DNA testing done as part of a family genealogy search has, in recent years, surprised many people when they learn that they have children or siblings of whom they were not previously aware. Similarly, children have been able to locate parents of whom they were previously unaware. These surprises can also raise issues with respect to how assets pass a death. Including a provision in a will that disinherits certain persons or groups might be advisable in some situations or a safeguard even where there is no currently known issue.

Death with Dignity Act is Passed and Signed

The Death with Dignity Act was signed into law by Governor Janet Mills on June 12, 2019. With five house sponsors including Patricia Hymanson (D-York) and Michele Meyer (D-Eliot) and three State Senate sponsors including David Woodsome (R-York) was first introduced on March 18, 2019. A 2017 poll showed 73% of Mainers supported Death with Dignity legislation. On September 12, 2019, Maine joined eight other jurisdictions with the statute. Mainers are now able to die the way they want without suffering, in peace, and with dignity. Key points to keep in mind:

- You must be a Maine resident to be eligible.
- If a physician believes a person is suffering from depression, they are obligated to refer the person to a state-licensed professional to ensure that the condition is not impairing that person's judgment.
- While the attending physician must recommend notifying next of kin, the patient is not obligated to do so.
- In order to qualify for physician-assisted death under the statute, an otherwise qualifying patient must sign a written request with two witnesses who swear that to the best of their knowledge and belief the patient is competent, is acting voluntarily, and is not signing the request due to coercion. At least one of the two witnesses must be a person who is not (1) a relative of the patient by blood, marriage, or adoption; (2) a person who, at the time the request is signed, would be entitled to any portion of the patient's estate under a will or under law; or (3) an owner, operator, or employee of the healthcare facility where the patient is receiving medical treatment or is a resident. Then, two physicians also must make a determination that the patient is voluntarily making the request, and the attending physician specifically must make a determination that the patient's request does not arise from coercion or undue influence after a one-on-one discussion with the patient.

Social Security

Most are Taking Social Security at the Wrong Time

A new report finds that almost no retirees are making financially optimal decisions about when to take Social Security and are losing out on more than \$100,000 per household in the process. The average Social Security recipient would receive 9 percent more income in retirement if they made the financially optimal decision.

When claiming Social Security, you have three options: You may begin taking benefits between age 62 and your full retirement age, you can wait until your full retirement age, or you can delay benefits and take them anytime up until you reach age 70. If you take Social Security between age 62 and your full retirement age, your benefits will be reduced to account for the longer period you will be paid. If you delay taking retirement, depending on when you were born, your eventual benefit will increase by 6 to 8 percent for every year that you delay, in addition to any cost-of-living increases.

The 2020 Social Security Increase will be Smaller than 2019

The Social Security Administration has announced a 1.6 percent increase in benefits in 2020, nearly half of last year's change. The small rise has advocates questioning whether the government is using the proper method to calculate the cost of living for older Americans and those with disabilities.

Cost-of-living increases are tied to the consumer price index, and a modest upturn in inflation rates and gas prices means Social Security recipients will get only a small boost in 2020. The 1.6 percent increase is lower than last year's 2.8 percent rise and the 2 percent increase in 2018. The average monthly benefit of \$1,479 in 2019 will go up by \$24 a month to \$1,503 a month for an individual beneficiary, or \$288 yearly.

The cost-of-living change also affects the maximum amount of earnings

The new report, conducted by United Income, an online investment management and financial planning firm, found that only 4 percent of retirees make the financially optimal decision about when to claim Social Security. Nearly all of the retirees not optimizing their benefits are claiming benefits too early. The study found that 57 percent of retirees would build more wealth if they waited to claim until age 70. However, currently more than 70 percent of retirees claim benefits before their full retirement age. Claiming before full retirement is the financially best option for only 6.5 percent of retirees, according to United Income.

The consequences of claiming Social Security too early can be big. The report found that collecting benefits at the wrong time causes retirees to collectively lose \$3.4 trillion in potential income (an average of \$111,000 per household). The report also estimates that elderly poverty could be cut in half if retirees claimed benefits at the financially optimal time.

One reason most people do not optimize Social Security is because waiting to collect benefits means their overall wealth may fall during their 60s and 70s. They also may not be aware that collecting benefits before full retirement age means that their benefits will be permanently reduced. According to the report's authors, policy changes are necessary to get retirees to wait to claim benefits. The report recommends that early claiming be made the exception and reserved for those who have a demonstrable need to collect early. Another recommendation is to change the label on early retirement and call it the "minimum benefit age."

subject to the Social Security tax, which will grow from \$132,900 to \$137,700.

For 2020, the monthly federal Supplemental Security Income (SSI) payment standard will be \$783 for an individual and \$1,175 for a couple. The smaller increase may mean that additional income will be entirely eaten up by higher Medicare Part B premiums. The standard monthly premium for Medicare Part B enrollees is forecast to rise \$8.80 a month to \$144.30. According to USA Today, advocates are questioning the method used to calculate cost-of-living increases. The Bureau of Labor Statistics uses the Consumer Price Index for Urban Wage Earners and Clerical Workers to set the inflation rate. This method looks at prices for gasoline, electronics, and other items that younger workers rely on. The advocates suggest using a different index (the Consumer Price Index for Elderly) that puts greater emphasis on medical and housing expenses.

Most beneficiaries will be able to find out their cost-of-living adjustment online by logging on to my Social Security in December 2019. While you will still receive your increase notice by mail, in the future you will be able to choose whether to receive your notice online instead of on paper.

Medicare

Don't Let Medicare Open Enrollment go by Without Reassessing Your Options

Medicare's Open Enrollment Period, during which you can freely enroll in or switch plans, runs from October 15 to December 7 (sorry – better luck next year!). Don't let this period slip by without shopping around to see whether your current choices are the

Don't Make the Mistake of Not Signing up for Medicare Supplemental Coverage

You are turning 65 and enrolling in Medicare, but as a healthy senior do you really need to also

best ones for you. **A recent NPR report says that most seniors are not shopping around and may be missing out.**

During this period, you may enroll in a Medicare Part D (prescription drug) plan or, if you currently have a plan, you may change plans. In addition, during the seven-week period you can return to traditional Medicare (Parts A and B) from a Medicare Advantage (Part C, managed care) plan, enroll in a Medicare Advantage plan, or change Advantage plans. Beneficiaries can go to www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to make changes in their Medicare prescription drug and health plan coverage.

According to the New York Times, few Medicare beneficiaries take advantage of open enrollment, but of those that do, nearly half cut their premiums by at least 5 percent. Even beneficiaries who have been satisfied with their plans in 2019 should review their choices for 2020, as both premiums and plan coverage can fluctuate from year to year. Are the doctors you use still part of your Medicare Advantage plan's provider network? Have any of the prescriptions you take been dropped from your prescription plan's list of covered drugs (the "formulary")? Could you save money with the same coverage by switching to a different plan?

For answers to questions like these, carefully look over the plan's "Annual Notice of Change" letter to you. Prescription drug plans can change their premiums, deductibles, the list of drugs they cover, and their plan rules for covered drugs, exceptions, and appeals. Medicare Advantage plans can change their benefit packages, as well as their provider networks.

Remember that fraud perpetrators will inevitably use the Open Enrollment Period to try to gain access to individuals' personal financial information. Medicare beneficiaries should never give their personal information out to anyone making unsolicited phone calls selling Medicare-related products or services or showing up on their doorstep uninvited. If you think you've been a victim of fraud or identity theft, contact Medicare. Here are more resources for navigating the Open Enrollment Period:

Medicare Plan Finder, which helps you find a plan to match your needs: www.medicare.gov/find-a-plan

sign up for Medicare's supplemental coverage? Not signing up initially can be very costly down the road.

Medicare pays for only about half of all medical costs. To augment Medicare's coverage, you can purchase a supplemental or "Medigap" insurance policy from a private insurer. There are 10 Medigap plans that each offers a different combination of benefits, allowing purchasers to choose the combination that is right for them. In addition, Medicare offers a federally subsidized prescription drug program, in which private health insurers provide limited insurance coverage of prescription drugs to elderly and disabled Medicare recipients.

Purchasing the supplemental coverage means paying more premiums. If you don't go to the doctor very often or have any regular prescriptions, you may not want to sign up for the additional coverage. However, if you get sick, what Medicare doesn't cover can be a lot more costly than the extra premiums. And buying coverage after you get sick can be difficult and expensive.

You cannot be denied a Medigap policy for pre-existing conditions if you apply within six months of enrolling in Medicare Part B. If you don't buy a policy right away, the plan can use medical underwriting to decide whether to accept your application. The plan will look at your age, gender, and pre-existing conditions and can charge you higher premiums, restrict coverage, or even reject your application.

Medicare coverage options:

<https://www.medicare.gov/medicarecoverageoptions/>

The 2020 Medicare & You handbook, which all Medicare beneficiaries should have received. The handbook can also be downloaded online at: [medicare.gov/forms-help-resources/medicare-you-handbook/download-medicare-you-in-different-formats](https://www.medicare.gov/forms-help-resources/medicare-you-handbook/download-medicare-you-in-different-formats)

The Medicare Rights Center:

www.medicareinteractive.org

Your State Health Insurance Assistance Program, which offers independent counseling:

<https://www.shiptacenter.org>

Beneficiaries who enroll in Medicare Advantage plans can't also buy a Medigap policy. But if they chose Medicare Advantage as their first form of insurance and later decide to return to original Medicare, they must select a Medigap policy within the first year of their initial Medicare enrollment or risk being shut out of a policy. Medicare beneficiaries are also subject to significant financial penalties for late enrollment in the Medicare drug benefit (Medicare Part D). For every month you delay enrollment past the Initial Enrollment Period, the Medicare Part D premium will increase at least 1 percent. For example, if the premium is \$40 a month, and you delay enrollment for 15 months, your premium penalty would be \$6 (1 percent x 15 x \$40 = \$6), meaning that you would pay \$46 a month, not \$40, for coverage that year and an extra \$6 a month each succeeding year.

There are some exceptions built in to both Medigap and Medicare Part D if you did not enroll right away because you had other coverage. But if you choose not to enroll because you think you won't need the plan; it is not easy to change your mind later on.

Tax Topics

Using a Donor-Advised Fund May be a Way to Get a Charitable Tax Break Under the New Tax Law

Donor-advised funds are a growing trend in giving that may get more popular due to the new tax law. These funds allow you to donate money, receive a charitable tax deduction, and continue to grow the money until you are ready to distribute it to a charity or charities of your choice.

A donor-advised fund is established through a charity or nonprofit. The way the fund works is that you donate assets (it can be cash, stocks, or real estate) to the fund. The gift is irrevocable – the

nonprofit controls the assets and you cannot get the assets back. You may then take an immediate tax deduction for the gift to the fund. Once the fund is established, you can tell the fund where to donate the money, and when.

These funds are becoming more popular in part because the new tax law enacted in 2017 doubled the standard deduction to \$12,000 for individuals and \$24,000 for couples. This means that if your charitable contributions along with any other itemized deductions are less than \$12,000 a year, the standard deduction will lower your tax bill more than itemizing your deductions. For most people, the standard deduction will be the better option and they will get no deduction for their charitable contributions.

A donor-advised fund allows you to contribute several years' worth of charitable donations to the fund at once and receive the tax benefit immediately, making it more likely that itemizing would be more advantageous than taking the standard deduction.

There are different types of donor-advised funds. Some are spinoffs of large financial investment firms like Fidelity and Schwab. Others may be smaller community funds. Some universities and faith-based organizations also have funds. Each fund has its own rules on how the money is distributed. There may be limits on how much you can donate each year or a requirement that you donate a certain amount. Some funds are single-issue funds that may require that at least some of the donations go to a particular charity or cause. Each fund also has its own rules on whether the fund can be passed down to heirs.

Before deciding to give to a donor-advised fund, you should investigate the fund's rules, fees, and how established the fund is. It is best to consult with your financial advisor before making any major donations.

Long-Term Care

Home Care Costs Rise Sharply in Annual Long-Term Care Cost Survey

When it comes to long-term care costs, the charges for home care are now rising faster than those for nursing home care, according to Genworth's 2019 Cost of Care survey. In the past year, the median annual cost for home health aides rose 4.55 percent to \$52,624, while the median cost of a private nursing home room rose only 1.82 percent to \$102,200.

Genworth reports that the median cost of a semi-private room in a nursing home is \$90,155, up 0.96 percent from 2018, and the median cost of assisted living facilities rose 1.28 percent, to \$4,051 a month. But home care services had sharper increases. The national median annual rate for the services of a home health aide rose from \$22 to \$23 an hour, and the cost of adult day care, which provides support services in a protective setting during part of the day, rose from \$72 to \$75 a day, up 4.17 percent annually.

Alaska continues to be the costliest state for nursing home care by far, with the median annual cost of a private nursing home room totaling \$362,628. Oklahoma again was found to be the most affordable state, with a median annual cost of a private room of \$67,525.

The 2019 survey, conducted by CareScout for the sixteenth straight year, was based on responses from more than 15,178 nursing homes, assisted living facilities, adult day health facilities and home care providers. Survey respondents were contacted by phone during May and June 2019.

As the survey indicates, long-term care is growing ever more expensive. Contact your elder law attorney to learn how you can protect some or all of your family's assets from being swallowed up by these rising costs.

Estate Issues

Guns and Dementia: Dealing with a Loved Ones Firearms

Having a loved one with dementia can be scary, but if you add in a firearm, it can also get dangerous. To prevent harm to both the individual with dementia and others, it is important to plan ahead for how to deal with any weapons.

Research shows that 45 percent of all adults aged 65 years or older either own a gun or live in a household with someone who does. For someone with dementia, the risk for suicide increases, and firearms are the most common method of suicide among people with dementia. In addition, a person with dementia who has a gun may put family members or caregivers at risk if the person gets confused about their identities or the possibility of intruders. A 2018 Kaiser Health News investigation that looked at news reports, court records, hospital data and public death records since 2012 and found more than 100 cases in which people with dementia used guns to kill or injure themselves or others.

The best thing to do is talk about the guns before they become an issue. When someone is first diagnosed with dementia, there should be a conversation about gun ownership similar to the conversation many health professionals have about driving and dementia. Framing the issue as a discussion about safety may help make it easier for the person with dementia to acknowledge a potential problem. A conversation about guns can also be part of a larger long-term care planning discussion with an elder law attorney, who can help families write up a gun agreement that sets forth who will determine when it is time to take the guns away and where the guns should go. Even if the gun owner doesn't remember the agreement when the time comes to put it to use, having a plan in place can be helpful.

What to do with the guns themselves is a difficult question. One option is to lock the weapon or weapons in a safe and store the ammunition separately. Having the guns remain in the house--even if they are locked away--can be risky. Another option is to remove the weapons from the house altogether. However, in some states, there are strict rules about transferring gun ownership, so it isn't always easy to simply give the guns away. Families should talk to an attorney and familiarize themselves with state and federal gun laws before giving away guns.

Our office has encountered this issue and may, if requested to visit a home, ask if there are guns in the home and may decline coming to a home if guns are present and not under lock and key.

Prescription Drug Dangers and Scams

Prescription Drug Dangers

It probably isn't news to you that our country is experiencing a prescription drug crisis. If you take prescription drugs or care for someone that does, make the effort to ensure that access to them is restricted and that unused drugs are properly destroyed.

Scams (Yes - it can happen to you!)

Scams, by mail, email and phone, continue to plague us and the elderly are a prime target. People calling asking for you to send money, that you have won a prize, that your computer is inflected with a virus, and more, are all potential scammers. Review the Maine Attorney General's scam tips and when in doubt, please call us to ask. <https://www.maine.gov/ag/consumer/scams.shtml>. If you think you have been a victim, ask for help quickly.

Stay Connected!

Follow us on social media!

- We manage an active Facebook presence at: www.facebook.com/myestateplan. It's speed and cost effectiveness allow us to pass on the savings to you!
- We recently created a Twitter account which can be found by searching either @pllcrogers or <https://twitter.com/PllcRogers>.
- We also recently created an Instagram account which can be found by searching either @brennanrogerspllc or <https://www.instagram.com/brennanrogerspllc/>.

Check out our Legal Blog!

We maintain an active blog on WordPress titled **Planning for Life's Transitions**. It touches on a variety of topics that we come across every day. Please let us know if you have any questions!

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Promotional Cards Sent Out Last Year are Still Valid

Last year, we sent out promotional cards with our ACRS newsletter. Some people have asked if we are still honoring them. We are still honoring them and appreciate those of you that shared them with friends and family.

Meet and Greet

This coming year we will be hosting a few meet and greet sessions in our York and Kennebunk offices. If you have any friends or family that are on the fence regarding their estate plan, let them know that our first meet and greet will be held on **Thursday, January 30th, 2020**. The day will begin in our **York office from 9:00 a.m. to 11:00 a.m.** and then continue in our **Kennebunk office from 1:00 p.m. until 3:00 p.m.**

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Happy Holidays!