JGA PROPERTY GROUP

RENTAL UNIT ACCESS DIRECTIVE

EACH Tenant Must Complete a Separate Form

In the event of the death of the Tenant(s) who executed the lease for the property address listed below (the "Rental"), JGA Property Group and its agents ("JGA") require direction as to who may access the Rental. This directive serves as a limited power of attorney granting JGA authority to enter, and to allow JGA to grant access to your designated party to enter, the Rental following your death. If the property is rented by more than one individual, the surviving tenant will be responsible for granting access to the property on behalf of the deceased co-tenant and this directive shall not apply. This directive shall only apply in the event that all tenant lease signatories are deceased. It is your responsibility to update this directive as necessary. If either tenant gives a key to a third party JGA shall not be responsible for property removal.

1.	Property Access: Upon your death, you authorize JC person listed below. You understand and agree that property from the Rental and you release and indems such removal. Please name the person who you design	the purpose of this access is to remove your personal nify JGA from any and all liability that may result from
	i. Name:	Mailing Address:
	ii. Phone Number:	
	iii. Email:	
2.	Security Deposit: Upon your death, you authorize JC deductions, to the following person. If you are a cotthe co-tenancy is terminated or a replacement co-tenagree that upon payment of the security deposit, JCA of the security deposit. Please name the person who	enant, the Security Deposit shall not be returned unti ant assumes your responsibility. You understand and A is released from any and all liability in the payment
	i. Name:	Mailing Address:
	ii. Phone Number:	·
	iii. Email:	
	response within thirty (30) days from the date of our security deposit are deemed forfeit and become the partner contact information is current and up-to-date in ordesignated representative to inform him/her of his/her. Tenant	property of JGA. It is your responsibility to insure that our records. You are also responsible to notify your
	Signature:	Signature:
	Print Name:	Print Name:
	Date:	Date:
	This document is offered for informational purposes only. It is not intended as legal advice. Consult an attorney for the laws in your jurisdiction.	Witness Signature: Print Name: Date:
	Property Address:	Unit:
	City/State/Zip:	
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Mailing Address: Property Company ◆ __

_____ • City, State Zip • *Phone:* (XXX) XXX-XXXX