

LAW OFFICE LIST OF CONTACTS

ATTORNEY NAME: _____ SIN #: _____

OR Prov. Bar #: _____ Employer ID #: _____ Prov. Tax ID#: _____

Date of Birth: _____

Office Address: _____

Office Phone: _____

Home Address: _____

Home Phone: _____

SPOUSE:

Name: _____

Work Phone: _____

Employer: _____

OFFICE MANAGER:

Name: _____

Home Address: _____

Home Phone: _____

COMPUTER AND TELEPHONE PASSWORDS:

(Name of person who knows passwords or location where passwords are stored, such as a safe deposit box)

Name: _____

Home Address: _____

Home Phone: _____

POST OFFICE OR OTHER MAIL SERVICE BOX:

Location: _____

Box No.: _____

Obtain Key From: _____

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

Phone: _____

SECRETARY:

Name: _____

Home Address: _____

Home Phone: _____

BOOKKEEPER:

Name: _____

Home Address: _____

Home Phone: _____

LANDLORD:

Name: _____

Address: _____

Phone: _____

PERSONAL REPRESENTATIVE:

Name: _____

Address: _____

Phone: _____

ATTORNEY:

Name: _____

Address: _____

Phone: _____

ACCOUNTANT:

Name: _____

Address: _____

Phone: _____

ATTORNEYS TO HELP WITH PRACTICE CLOSURE: (Continued on next page)

First Choice: _____

Address: _____

Phone: _____

Second Choice: _____

Address: _____

Phone: _____

ATTORNEYS TO HELP WITH PRACTICE CLOSURE: (Continued)

Third Choice: _____

Address: _____

Phone: _____

LOCATION OF WILL AND/OR TRUST:

Access Will and/or Trust
by Contacting: _____

Address: _____

Phone: _____

PROFESSIONAL CORPORATIONS:

Corporate Name: _____

Date Incorporated: _____

Location of Corporate
Minute Book: _____

Location of Corporate
Seal: _____

Location of Corporate
Stock Certificate: _____

Location of Corporate
Tax Returns: _____

Fiscal Year-End
Date: _____

Corporate Attorney: _____

Address: _____

Phone: _____

PROCESS SERVICE COMPANY:

Name: _____
Address: _____

Phone: _____
Contact: _____

OFFICE-SHARER OR "OF COUNSEL:"

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

OFFICE PROPERTY/LIABILITY COVERAGE:

Insurer: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

OTHER IMPORTANT CONTACTS: (Continued on next page)

Name: _____
Address: _____

Phone: _____
Reason for Contact: _____

OTHER IMPORTANT CONTACTS: (Continued)

Name: _____

Address: _____

Phone: _____

Reason for Contact: _____

Name: _____

Address: _____

Phone: _____

Reason for Contact: _____

GENERAL LIABILITY COVERAGE:

Insurer: _____

Address: _____

Phone: _____

Policy No.: _____

Contact Person: _____

LEGAL MALPRACTICE—PRIMARY COVERAGE:

Provider: Professional Liability Fund

Address: P.O. Box 1600
Lake Oswego, Oregon 97035

Phone: 503-639-6911

LEGAL MALPRACTICE EXCESS COVERAGE: (Continued on next page)

Insurer: _____

Address: _____

LEGAL MALPRACTICE EXCESS COVERAGE: (Continued)

Phone: _____
Policy No.: _____
Contact Person: _____

VALUABLE PAPERS COVERAGE:

Insurer: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

OFFICE OVERHEAD/DISABILITY INSURANCE:

Insurer: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

HEALTH INSURANCE:

Insurer Name: _____
Address: _____

Phone: _____
Policy No.: _____
Persons Covered: _____
Contact Person: _____

DISABILITY INSURANCE:

Insurer Name: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

LIFE INSURANCE:

Insurer Name: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

WORKERS' COMPENSATION INSURANCE:

Insurer Name: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

STORAGE LOCKER LOCATION: (Continued on next page)

Storage Company: _____ Locker No.: _____
Address: _____

Phone: _____
Obtain Key From: _____
Address: _____

STORAGE LOCKER LOCATION: (Continued)

Phone: _____

Items Stored: _____

Storage Company: _____ Locker No.: _____

Address: _____

Phone: _____

Obtain Key From: _____

Address: _____

Phone: _____

Items Stored: _____

SAFE DEPOSIT BOXES: (Continued on next page)

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Obtain Key From: _____

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

SAFE DEPOSIT BOXES: (Continued)

Phone: _____

Items Stored: _____

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Obtain Key From: _____

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

Phone: _____

Items Stored: _____

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Obtain Key From: _____

SAFE DEPOSIT BOXES: (Continued)

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

Phone: _____

Items Stored: _____

LEASES:

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Expiration Date: _____

Item Leased: _____
Lessor: _____
Address: _____

Phone: _____
Expiration Date: _____

LAWYER TRUST ACCOUNT:

IOLTA: _____
Institution: _____
Address: _____

Phone: _____
Account Number: _____
Other Signatory: _____
Address: _____

Phone: _____

INDIVIDUAL TRUST ACCOUNT:

Name of Client: _____
Institution: _____
Address: _____

Phone: _____
Account Number: _____
Other Signatory: _____
Address: _____

Phone: _____

GENERAL OPERATING ACCOUNT:

Institution: _____

Address: _____

Phone: _____

Account Number: _____

Other Signatory: _____

Address: _____

Phone: _____

Institution: _____

Address: _____

Phone: _____

Account Number: _____

Other Signatory: _____

Address: _____

Phone: _____

Institution: _____

Address: _____

Phone: _____

Account Number: _____

Other Signatory: _____

Address: _____

Phone: _____

BUSINESS CREDIT CARDS:

Institution: _____

Address: _____

Phone: _____

Account Number: _____

Other Signatory: _____

Address: _____

Phone: _____

Institution: _____

Address: _____

Phone: _____

Account Number: _____

Other Signatory: _____

Address: _____

Phone: _____

MAINTENANCE CONTRACTS: (Continued on next page)

Item Covered: _____

Vendor Name: _____

Address: _____

Phone: _____

Expiration: _____

Item Covered: _____

Vendor Name: _____

MAINTENANCE CONTRACTS: (Continued)

Address: _____

Phone: _____

Expiration: _____

Item Covered: _____

Vendor Name: _____

Address: _____

Phone: _____

Expiration: _____

ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:

State of: _____

Bar Address: _____

Phone: _____

Bar ID #: _____

State of: _____

Bar Address: _____

Phone: _____

Bar ID #: _____

State of: _____

Bar Address: _____

Phone: _____

Bar ID #: _____

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