

4.14 LAW OFFICE LIST OF CONTACTS

ATTORNEY NAME: _____ Social Security #: _____

AZ State Bar #: _____ Federal Employer ID #: _____ State Tax ID #: _____

Date of Birth: _____

Office Address: _____

Office Phone: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

SPOUSE:

Name: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Employer: _____

OFFICE MANAGER:

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

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: _____

Cell Phone: _____

Fax: _____

Email Address: _____

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: _____

Cell Phone: _____

Fax: _____

Email Address: _____

BOOKKEEPER:

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

LANDLORD:

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Location of Office Lease: _____

Lease Expiration Date: _____

PERSONAL REPRESENTATIVE:

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

ATTORNEY:

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

ACCOUNTANT:

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

ATTORNEYS TO HELP WITH PRACTICE CLOSURE:

First Choice: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Second Choice: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Third Choice: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

LOCATION OF WILL AND/OR TRUST:

Access Will and/or Trust
by Contacting: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

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: _____

Cell Phone: _____

Fax: _____

Email Address: _____

PROCESS SERVICE COMPANY:

Name: _____

Address: _____

Phone: _____

Fax: _____

Contact: _____

OFFICE-SHARER OR OF COUNSEL:

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

OFFICE PROPERTY/LIABILITY COVERAGE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Contact Person: _____

OTHER IMPORTANT CONTACTS:

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Reason for Contact: _____

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Reason for Contact: _____

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Reason for Contact: _____

GENERAL LIABILITY COVERAGE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Contact Person: _____

LEGAL MALPRACTICE – PRIMARY COVERAGE:

Provider: _____

Address: _____

Phone: _____

LEGAL MALPRACTICE – EXCESS COVERAGE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Contact Person: _____

VALUABLE PAPERS COVERAGE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Contact Person: _____

OFFICE OVERHEAD/DISABILITY INSURANCE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Contact Person: _____

HEALTH INSURANCE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Persons Covered: _____

Contact Person: _____

DISABILITY INSURANCE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Contact Person: _____

RETIREMENT FUND INFORMATION:

Plan Name: _____

Account number(s): _____

Plan Administrator & Contact
Person: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

LIFE INSURANCE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Persons Covered: _____

Contact Person: _____

WORKERS' COMPENSATION INSURANCE:

Insurer: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Policy No.: _____

Persons Covered: _____

Contact Person: _____

STORAGE LOCKER LOCATION:

Storage Company: _____ Locker _____

No.: Address: _____

Phone: _____

Fax: _____

Obtain Key
From: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Items Stored: _____

Storage Company: _____ Locker No.: _____

Address: _____

Phone: _____

Fax: _____

Obtain Key
From: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Items Stored: _____

Storage Company: _____ Locker _____

No.: Address: _____

Phone: _____

Fax: _____

Obtain Key
From: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Items Stored: _____

SAFE DEPOSIT BOXES:

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Fax: _____

Obtain Key
From: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Other _____

Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Items Stored: _____

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Fax: _____

Obtain Key
From: _____

Address: _____

Phone
:

Cell Phone: _____

Fax: _____

Email Address: _____

Other Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Items Stored: _____

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Fax: _____

Obtain Key
From: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Other _____

Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Items Stored: _____

LEASES:)

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Fax: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Fax: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Fax: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Fax: _____

Expiration Date: _____

LAWYER TRUST ACCOUNT:

IOLTA: _____

Institution: _____

Address: _____

Phone: _____

Fax: _____

Account No.: _____

Other _____

Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

INDIVIDUAL TRUST ACCOUNT:

Name of Client: _____

Institution: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

GENERAL OPERATING ACCOUNT:

Institution:

Address:

Phone:

Fax:

Account No.:

Other Signatory:

Address:

Phone:

Cell Phone:

Fax:

Email Address:

Institution:

Address:

Phone:

Fax:

Account No.:

Other Signatory:

Address:

Phone:

Cell Phone:

Fax:

Email Address:

Institution: _____

Address: _____

Phone: _____

Fax: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

BUSINESS CREDIT CARD:

Institution: _____

Address: _____

Phone: _____

Fax: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Institution: _____

Address: _____

Phone: _____

Fax: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

MAINTENANCE CONTRACTS:

Item Covered: _____

Vendor: _____

Address: _____

Phone: _____

Fax: _____

Expiration: _____

Item Covered: _____

Vendor: _____

Address: _____

Phone: _____

Fax: _____

Expiration: _____

Item Covered: _____

Vendor: _____

Address: _____

Phone: _____

Fax: _____

Expiration: _____

ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:

State of: _____

Bar Address: _____

Phone: _____

Bar ID No.: _____

State of: _____

Bar Address: _____

Phone: _____

Bar ID No.: _____

State of: _____

Bar Address: _____

Phone: _____

Bar ID No.: _____

PROFESSIONAL MEMBERSHIP ORGANIZATIONS:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

Member Number: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

Member Number: _____

PROFESSIONAL MEMBERSHIP ORGANIZATIONS:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

Member Number: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

Member Number: _____

OTHER IMPORTANT CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Reason to Contact: _____

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Reason to Contact: _____

Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Reason to Contact: _____