

The Erie County Bar Foundation encourages lawyers to plan ahead by establishing a plan to protect their clients' interests in the event of disability, retirement or death. Having your registry card on file will allow us to provide contact information to clients, under such circumstances. We also have sample letters, forms and checklists on hand to help you, or your designee with the process.

- The card is for you to complete and send to the Bar Association of Erie County for filing.
- The 4 page form is for you to fill in and give to your designee. He or she will then have key information to make the transition process easier.

438 Main Street, Sixth Floor Buffalo, New York 14202 Phone 716-852-8687 Fax 716-852-7641



## BAR ASSOCIATION OF ERIE COUNTY

438 Main Street, Sixth Floor, Buffalo, NY 14202 Telephone (716) 852-8687 • Fax (716) 852-7641 • www.eriebar.org

## CONFIDENTIAL LAWYER SUCCESSION REGISTRY

This Lawyer Succession Registry Form is confidential and for information purposes only. This does not confer any legal right or responsibility to any Lawyer, Lawyer Designee, the Bar Association of Erie County or any third party. The Bar Association of Erie County is not responsible for the accuracy for the information provided herein, nor does the Bar Association of Erie County warrant the timeliness of this information.

Lawyer Name:		
Lawyer Firm (if any):		
		<del></del>
Phone:	Cell:	
Fax:	E-Mail:	
Home Address:		
Designee Lawyer	Name:	
	Address:	
	Phone:	
	Email:	
Alternate Designee	Name:	
	Address:	
	Phone:	
	Email:	

<b>Current Active Files Are Loca</b>	ted: Home	
	Office	
	Other:	
Please provide the name, addrescould have access, to your curre	-	er of one person, other than yourself, who has access, or
	Name:	
	Phone:	
	Email:	
Closed Files Are Located:	☐ Home	
	Office	
	Other:	
Access to Lawyer Information Please provide the name and con computer, combinations, keys ec	: ntact information for th	ne person(s) with whom any passwords for your
Name:		Name:
Address:		Address:
Phone:		Phone:
Cell:		Cell:
Email:		Email:

Location of All Wills Retained by Lawyer:		Home
		Office
		Other:
Outstanding Billing: Where and with whom is the outstanding billing and present located:	g of all ye	our client matters and client property, for clients past
Name:		
Address: _		
Phone:		
Email:		
Lawyer Professional Bank Accounts: (IOLA	account	ts, escrow accounts, operating accounts)
IOLA ACCOUNT		
Name of Bank/Institution:		
Contact Person/Agency:		
Address:		
Dhono		
Email:		
OPERATING ACCOUNT		
Name of Bank/Institution:		
Contact Person/Agency:		
Address:		
Phone:		
Email:		
Lawyer Professional Insurance:   Ch	neck if n	ot applicable or do not have
Name of Carrier:		
Contact Person/Agency:		
Address:		
Phone:		
Email:		

Lawyer Representative/POA/Executor:						
Name:						
Address:					<del> </del>	
Phone:						
Email:						
Miscellaneous:						
Have you notified your Designee Lawyer of your	designation?		Yes		No	
If yes, has your Designee Lawyer consented to the			Yes		No	
Does your Designee Lawyer have access to any sp Will, ect. such as keys, combination, storage?		ccess	current Yes	active	files, clo No	sed files,
Additional Information (optional):						
Dated:						
	Attorney Signature					
	Witness Signature					
	winess signainte					

	CONFIDENTIAL LAWYER SUCCESSION REGISTRY			
	NAME:			
BAR ASSOCIATION OF ERIE COUNTY				
	DESIGNEE LAWYER	Name		
		Phone	Email_	
	EMERGENCY CONTACT	•		
	EMERGENCI COMME			
		7.001.000		
		Phone	Email	

Note: Information will be stored on a database maintained by the Bar Association of Erie County.