



Bar Association of Erie County

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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 of the information provided herein, nor does the Bar Association of Erie County warrant the timeliness of the information.

Name: _____
Law Firm: _____
Business Address: _____
Phone: _____ Cell: _____
Email: _____ Fax: _____
Home Address: _____
Home Phone: _____

Designee Lawyer Name: _____
Address: _____
Phone: _____ Email: _____
Alternate Designee Name: _____
Address: _____
Phone: _____ Email: _____

Current Active Files Are Located: Home
 Office
 Other: _____

Please provide the name, address and telephone number of one person, other than yourself, who has access, or could have access, to your current active files:

Name: _____
Address: _____
Phone: _____ Email: _____

Closed Files Are Located At:

- Home
- Office
- Other: _____

Please provide the name, address and telephone number of one person, other than yourself, who has access, or could have access, to your closed files:

Name: _____
 Address: _____
 Phone: _____ Email: _____

Access to Lawyer Information:

Please provide the name and contact information for the person(s) with whom any passwords for your computer, combinations, keys, etc. shall be located:

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 of all your client matters and client property, for clients past and present located:

Name: _____
 Address: _____
 Phone: _____ Email: _____

Lawyer Professional Bank Accounts: (IOLA accounts, escrow accounts, operating accounts)

IOLA ACCOUNT

Name of Bank/Institution: _____
 Contact Person/Agency: _____
 Address: _____
 Phone: _____ Email: _____

OPERATING ACCOUNT

Name of Bank/Institution: _____
 Contact Person/Agency: _____
 Address: _____
 Phone: _____ Email: _____

Lawyer Professional Insurance: (check if not applicable or do not have)

Name of Carrier: _____
Contact Person/Agency: _____
Address: _____
Phone: _____ Email: _____

Lawyer Representative/POA/Executor:

Name: _____
Address: _____
Phone: _____ Email: _____

Miscellaneous:

Have you notified your Designee Lawyer of your designation? Yes No
If yes, has your Designee Lawyer consented to the designation? Yes No
Does your Designee Lawyer have access to any special requirements to access current active files, closed files, Will, etc. such as keys, combination, storage? Yes No

Additional Information (Optional):

Dated: _____

Attorney Signature

Witness Signature