

**FRIEDMAN**  
**RANZENHOFER**  
ATTORNEYS AT LAW

74 Main Street-PO Box 31  
Akron, NY 14001-0031  
Phone: 716.542.5444

Fax: 716.542.4090  
(Not for service of process)

*Areas of practice:*  
Accidents/Personal Injury  
Corporate/Business/LLC  
Criminal/Traffic/DWI  
Divorce/Custody/Support  
Elder Law/Guardianships  
Landlord/Tenant  
Matrimonial/Family Law  
Municipal Law  
Not-for-Profit Corporations  
Probate/Estates  
Real Estate  
Trials/Appeals  
Wills/Trusts

Per your request, enclosed please find the Will Information Sheet, our firm brochure and newsletter, directions to our offices and my business card.

These are the five steps in having your Will prepared by us:

- STEP ONE:** Complete both sides of the Will Information Sheet. Include complete addresses of all persons who will be named in your Will, Power of Attorney and Health Care Proxy.
- STEP TWO:** Call (716) 542-5444 or (585) 343-0746 to schedule an appointment with an attorney for the first consultation.
- STEP THREE:** Bring your Will Information Sheet with you to the appointment. Payment in the form of cash, charge or check is required at the first appointment.
- STEP FOUR:** Drafts of your documents will be mailed to you for your review.
- STEP FIVE:** A final appointment will be scheduled for you to sign your documents.

For the reasons stated on the enclosed "Why You Need a Health Care Proxy/Living Will", we highly recommend that you have those documents drafted. We will explain to you how our Health Care Proxies differ from those given to you by your doctor or hospital.

We look forward to seeing you to discuss your estate planning.

Batavia Office: 113 Main St. Batavia, NY 14020

Buffalo Office: 70 Niagara St. Buffalo, NY 14202

Clarence/Williamsville Office: 8207 Main St, Ste. 13, Williamsville, NY 14221

Rochester Office: 70 Linden Oaks, 3<sup>rd</sup> Floor, Rochester, NY 14625

West Seneca Office: 3686 Seneca St., West Seneca, NY 14224

Niagara Falls Office: 345 Buffalo Ave., Niagara Falls, NY 14303

## DIRECTIONS TO OUR OFFICES

### AKRON OFFICE

Our **Akron office** is located at **74 Main Street** at Clinton Street in the Village of Akron. Take Route 5 to Route 93 (Buell Street) to Main Street and proceed one block past the Bank of Akron. The total distance from Route 5 is 1.7 miles.

### BATAVIA OFFICE

Our **Batavia office** is located at **113 Main Street** in the City of Batavia in the Ameriprise Financial office between Jackson and Center Streets.

### ROCHESTER OFFICE

Our **Rochester office** is located at **70 Linden Oaks, 3<sup>rd</sup> floor** in the Town of Penfield. **From the East**, take NYS Thruway to Exit 45 to 490 West. Take the Linden Avenue Exit and make a right (East) onto Route 441 (.6 miles). **From the West**, take NYS Thruway to Exit 47 to Route 490 East. Take the Linden Avenue Exit and make a left (East) on to 441 (.6 miles). **From both directions**, turn right at Linden Oaks Office Park. Building 70 is the first building on the right. Take the elevator to the third floor, turn right and go to the first door on your right to "Office Suites of Linden Oaks".

### WEST SENECA OFFICE

Our **West Seneca office** is located at **3686 Seneca Street, West Seneca, NY 14224**. Take the Ridge Road East Exit off of Route 219. Ridge Road turns into Seneca Street. 3686 Seneca Street is on the left in the Paramount Settlement building. The office is located 1.3 miles East of Route 219.

### NIAGARA FALLS OFFICE

Our **Niagara Falls office** is located at **345 Buffalo Avenue** in the Whitney Mansion. Take the Robert Moses Parkway to 4<sup>th</sup> Street. Turn right onto 4<sup>th</sup> Street and left onto Buffalo Ave. Our office is on the left.

### WILLIAMSVILLE/CLARENCE OFFICE

Our **Clarence/Williamsville office** is located at **8207 Main Street, Suite 13** in the Stonegate Office Park. It is .3 miles east of the intersection of Main & Transit Roads. The office park entrance is between Towne BMW and Mercedes Benz of Buffalo.

Please feel free to call us at (716) 542-5444 or (585) 343-0746 if you have any questions or visit [wny-lawyers.com](http://wny-lawyers.com) for a map.

## WHY YOU NEED A POWER OF ATTORNEY, HEALTH CARE PROXY AND LIVING WILL

### POWERS OF ATTORNEY

By signing a **durable power of attorney**, you can authorize another person or persons known as the “agent” or “attorney-in-fact” to act on your behalf to perform any number of specified acts. Powers of attorney are useful to manage your affairs if you subsequently become incompetent thus avoiding the need for a more complex and costly guardianship or trust.

There are two types of powers of attorney. The “general power of attorney” goes into effect as soon as it is signed notarized and initialed. The “springing power of attorney” is for those who are hesitant to grant a power of attorney while they are still able to manage their own affairs. The springing power of attorney takes effect at a specified future time or upon the occurrence of a specified contingency, such as the signing of a written statement by a physician or licensed psychologist or psychiatrist certifying that you are suffering from diminished capacity that precludes you from conducting your own affairs in a competent manner.

You can grant to your agent the power over some or all of the following transactions: real estate; personal property; bonds, shares and commodities; banking; operation of a business; insurance; lawsuits; benefits from military service; and records, reports and statements. A power of attorney is not a substitute for a will because it automatically terminates upon your death.

### HEALTH CARE PROXIES

Your spouse or other relatives are not legally authorized to make medical decisions on your behalf unless that authority is delegated to them by a living will and health care proxy. **Health care proxies** recognize your right to appoint a health care agent that you trust to decide about medical treatment in the event that you become unable to decide personally. Unless specified otherwise, the agent will have the same authority that you would have in deciding about treatment. The authority encompasses the right to forego treatment or to consent for needed treatment. The agent’s authority begins only when a physician determines that you have lost the capacity to decide about treatment.

### LIVING WILLS

**Living wills** are written declarations instructing your family and doctor about life-prolonging medical procedures when your condition is terminal and there is no chance of medical recovery. Under constitutional and common law, patients have the right to refuse medical treatment. A living will gives you the opportunity to express your wishes in advance, since you may not be able to make them known when it becomes necessary to do so. Life-prolonging procedures include the use of machines if you cannot breathe on your own, performing operations or prescribing antibiotics that cannot realistically increase the chances of recovery, starting your heart mechanically when it stopped beating, or feeding by tube.

**Please bring this completed form  
to your appointment.  
(Do not mail it to us)**

*Areas of practice:*  
Accidents/Personal Injury  
Corporate/Business/LLC  
Criminal/Traffic/DWI  
Divorce/Custody/Support  
Elder Law/Guardianships  
Landlord/Tenant  
Matrimonial/Family Law  
Municipal Law  
Not-for-Profit  
Corporations  
Probate/Estates  
Real Estate  
Trials/Appeals  
Wills/Trusts

**INFORMATION FOR WILLS**

Your appointment is scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ a.m./p.m. at our Akron/Batavia/ Clarence/  
West Seneca/Niagara Falls/Rochester office with Robert Friedman/Michael H. Ranzenhofer

1. Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, County, State & Zip Code: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Cell Phone/Pager No. \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Spouse's Occupation/Employer: \_\_\_\_\_

Spouse's DOB: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Referred By: \_\_\_\_\_

2. All relatives who would share in your property if you had no Will (e.g. children, parents or siblings):

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Any prior marriages for you or your spouse? \_\_\_\_\_

4. Names of step-children: \_\_\_\_\_

5. Do you have a safe deposit box? \_\_\_\_\_ If so, where? \_\_\_\_\_

6. Do you have a: Living Will? \_\_\_\_\_ Health Care Proxy? \_\_\_\_\_  
Power of Attorney? \_\_\_\_\_ Living Trust? \_\_\_\_\_

7. Which of the above items would you like us to prepare? \_\_\_\_\_

8. Date and location of old Will: \_\_\_\_\_

**TURN OVER**

9. Who do you want to act as Guardian or Trustee of your children?

Name/Address/Relationship: \_\_\_\_\_

10. Who do you want to act as Executor and Alternate Executor?

Name/Address/Relationship: \_\_\_\_\_

11. List all life insurance policies:

<u>Company</u>	<u>Type</u>	<u>Face Value/Cash Value</u>	<u>Beneficiary</u> <u>1<sup>st</sup> and 2<sup>nd</sup></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. List bank accounts, CDs and money market funds (individual and joint):

<u>Bank/Institution</u>	<u>Type of Account</u>	<u>Approx. Bal.</u>	<u>Name of Owners</u>
_____	_____	_____	_____
_____	_____	_____	_____

13. List all real estate (individual and joint):

<u>Brief Description</u>	<u>Value</u>	<u>Mortgage Balance</u>	<u>Name of Owners</u>
_____	_____	_____	_____
_____	_____	_____	_____

14. List all retirement plans, IRAs, 401-Ks, etc.: \_\_\_\_\_

\_\_\_\_\_

15. Stocks, bonds, mutual funds and annuities (individual and joint):

<u>No. of Shares</u>	<u>Class</u>	<u>Company</u>	<u>Value</u>	<u>Name of Owners</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. List any other property you own or in which you have an interest, including business interests, notes or mortgages owed to you, autos, boats, valuable jewelry, art work, etc.

\_\_\_\_\_

17. Would you like us to hold your original will in safekeeping? \_\_\_\_\_

18. Who do you want to leave your estate to? \_\_\_\_\_

\_\_\_\_\_

19. Are you or any of your beneficiaries disabled? \_\_\_\_\_