

**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

INFORMATION FOR WILLS

Your appointment is scheduled on ____ / ____ / ____ at ____ a.m./p.m. at our Akron/Batavia/ Clarence/
Orchard Park/Niagara Falls/Rochester office with Robert Friedman/Michael H. Ranzenhofer/Justin R.
Friedman/John D. Dracup

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

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
Niagara Falls Office: 810 Main St., Niagara Falls, NY 14301
Orchard Park Office: 6524 East Quaker St., Orchard Park, NY 14127
Rochester Office: 2170 Monroe Ave., Rochester, NY 14618

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>1st and 2nd</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? _____