NEBRASKA ATTORNEY SUCCESSION PLANNING RULES SAMPLE FORM

Keep this document in a safe and secure location. Provide this to your designated attorney and/or a trusted staff person to be used if you become disabled, pass away, or otherwise cannot protect client interests.

Attorney Name:

Social Security Number:

Date of Birth:

Nebraska Bar Number:

Home Address:

Cell or Personal Phone Number:

Office Address:

Office Phone Number:

Additional Office Locations:

Phone Number:

Admitted to Practice in Other States:

State:

Bar Number:

State:

Bar Number:

PLANNING ATTORNEY LEGAL INFORMATION:

Personal Attorney:

Law Firm:

Address:

Phone Number:

Personal Representative or Trustee:

Address:

Phone Number:

Location of Will or Trust:

Accountant:

Name:

Address:

Phone Number:

IF LAW FIRM IS A PROFESSIONAL ENTITY (PC, PCLLO OR LLC):

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 Number:

Accountant:

Address:

Phone Number:

NEXT OF KIN:

Name:

Address:

Phone Number:

Employer:

OFFICE MANAGER/LEGAL ASSISTANT/SECRETARY:

Name:

Address:

Cell/Personal Phone Number:

COMPUTER/NETWORK LOG-IN AND PASSWORDS:

(Name of person who knows passwords or location where passwords are stored, such as a locked office file or password management system.).

Name:

Address:

Cell/Phone Number:

LOCATION OF CLIENT LIST AND ACTIVE FILES OR PERSON WITH THIS INFORMATION:

Location:

Person with this information:

Address:

Phone Number:

OFFICE SHARE OR OF COUNSEL:

Name:

Address:

Phone Number:

POST OFFICE BOX OR OTHER MAIL SERVICE BOX:

Location:

Box No.:

Person who has key(s):

Address:

Phone Number:

Other Signatory:

Address:

Phone Number:

LANDLORD OR PROPERTY MANAGEMENT COMPANY:

Name:

Address:

Phone Number:

UTILITY INFORMATION:

Electricity Service Provider:

Address:

Phone Number:

Account Number:

Natural Gas:

Address:

Phone Number:

Account Number:

Telephone Service Provider:

Address:

Phone Number:

Account Number:

Water/Sewer:

Address:

Phone Number:

Account Number:

Garbage:

Address:

Phone Number:

Account Number:

Recycling:

Address:

Phone Number:

Account Number:

Other Utility:

Name:

Address:

Phone Number:

Account Number:

PROCESS SERVICE COMPANY:

Name:

Contact Person:

Address:

Phone Number:

STORAGE AND SAFE DEPOSIT BOX INFORMATION:

Storage Company:

Locker/Unit Number:

Address:

Phone:

Person who has key:

Address:

Phone:

Description of items stored:

(Add additional storage company information on additional pages.)

Safe Deposit Box Institution:

Box Number:

Address:

Phone Number:

Person who has key:

Address:

Phone Number:

Other Signatory:

Address:

Phone Number:

Description of items stored:

(Add additional bank institution information on additional pages.)

BANKING AND CREDIT CARD INFORMATION: LAWYER

TRUST ACCOUNT:

Institution:

Address:

Phone Number:

Account Number:

Other Signatory:

Address:

Phone Number:

GENERAL OPERATING ACCOUNT:

Institution:

Address:

Phone Number:

Account Number:

Other Signatory:

Address:

Phone Number:

OTHER TRUST ACCOUNT:

Institution:

Address:

Phone Number:

Account Number:

Other Signatory:

Address:

Phone Number:

OTHER BUSINESS BANK ACCOUNT:

Institution:

Address:

Phone Number:

Account Number:

Other Signatory:

Address:

Phone Number:

BUSINESS CREDIT CARD INFORMATION:

Institution:

Address:

Phone Number:

Account Number:

Other Signatory:

Address:

Phone Number:

(Add additional information as necessary.)

TECHNOLOGY INFORMATION:

Internet Service Provider:

Address:

Phone Number:

IT Provider:

Address:

Phone Number:

Cloud Storage Provider:

Address:

Phone Number:

INSURANCE INFORMATION:

OFFICE PROPERTY/LIABILITY INSURANCE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

GENERAL LIABILITY:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

LEGAL MALPRACTICE-PRIMARY COVERAGE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

LEGAL MALPRACTICE-EXCESS COVERAGE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

WORKERS' COMPENSATION INSURANCE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

OFFICE OVERHEAD INSURANCE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

DISABILITY INSURANCE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

VALUABLE PAPERS INSURANCE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

CYBER SECURITY INSURANCE:

Insurer:

Contact Person/Agent:

Address:

Phone Number:

Policy Number:

OFFICE EQUIPMENT AND MAINTENANCE INFORMATION:

Office Leases:

Item Leased:

Lessor/Company:

Address:

Phone Number:

Expiration Date:

Item Leased:

Lessor/Company:

Address:

Phone Number:

Expiration Date:

Item Leased:

Lessor/Company:

Address:

Phone Number:

Expiration Date:

Maintenance Contracts:

Item Covered:

Vendor:

Address:

Phone Number:

Expiration Date:

Item Covered:

Vendor:

Address:

Phone Number:

Expiration Date:

Item Covered:

Vendor:

Address:

Phone Number:

Expiration Date:

OTHER IMPORTANT CONTACTS:

Name:

Address:

Phone Number:

Reason for Contact:

Name:

Address:

Phone Number:

Reason for Contact:

Name:

Address:

Phone Number:

Reason for Contact: