

**LAW OFFICE LIST OF CONTACTS INVENTORY**

ATTORNEY NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
OR State Bar #: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

SPOUSE:

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

OFFICE MANAGER:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

COMPUTER PASSWORDS:

(Name of person or location such as safety deposit box)

Name: \_\_\_\_\_

Addresses: \_\_\_\_\_

Phone: \_\_\_\_\_

SECRETARY:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

BOOKKEEPER:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

LANDLORD:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

PERSONAL REPRESENTATIVE:

Name: \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone: \_\_\_\_\_

ATTORNEY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

ACCOUNTANT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

ATTORNEYS TO HELP WITH PRACTICE CLOSURE:

**First Choice:**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Second Choice:**

Address : \_\_\_\_\_  
Phone: \_\_\_\_\_

**Third Choice:**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

LOCATION OF WILL AND/OR TRUST:

Access Will and/or Trust by contracting:  
Address : \_\_\_\_\_  
Phone: \_\_\_\_\_

PROFESSIONAL CORPORATIONS:

Corporate Name:  
Date Incorporated:  
Location of Corporate  
Minute Book:  
Location of Corporate  
Seal:  
Location of Corporate  
Stock Certif.:  
Location of Corporate

Tax Returns:  
Fiscal Year-End Date:  
Corporate Attorney:  
Address:

Phone: \_\_\_\_\_

PROCESS SERVICE COMPANY:

Name:  
Address: \_\_\_\_\_

Phone:  
Contact:

OFFICE-SHARER OR "OF COUNSEL":

Name:  
Address: \_\_\_\_\_

Phone:

Name:  
Address:

Phone:

OFFICE PROPERTY/LIABILITY COVERAGE:

Insurer:  
Address: \_\_\_\_\_

Phone:  
Policy No:  
Contact Person:

OTHER IMPORTANT CONTACTS:

Name:  
Address : \_\_\_\_\_

Phone: \_\_\_\_\_

Name:  
Address :

Phone:

Name:  
Address:

Phone:

GENERAL LIABILITY COVERAGE:

Insurer:  
Address: \_\_\_\_\_  
Phone:  
Policy No:  
Contact Person:

LEGAL MALPRACTICE - PRIMARY COVERAGE:

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

LEGAL MALPRACTICE - EXCESS COVERAGE:

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

VALUABLE PAPERS COVERAGE:

Insurer:  
Address : \_\_\_\_\_  
Phone:  
Policy No:  
Contact Person:

OFFICE OVERHEAD/DISABILITY:

Insurer:  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No:  
Contact Person:

HEALTH INSURANCE:

Insurer:  
Address: \_\_\_\_\_  
Phone:  
Policy No:  
Contact Person: \_\_\_\_\_

DISABILITY INSURANCE:

Insurer:  
Address: \_\_\_\_\_

Phone:  
Policy No:  
Contact Person:

LIFE INSURANCE:

Insurer:  
Address: \_\_\_\_\_

Phone:  
Policy No:  
Contact Person:

WORKERS' COMPENSATION:

Insurer:  
Address: \_\_\_\_\_

Phone:  
Policy No:  
Contact Person:

STORAGE LOCKER LOCATION: (Continued on next page also)

Storage Company: \_\_\_\_\_ Locker No:  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Items Stored: \_\_\_\_\_

Storage Company: \_\_\_\_\_ Locker No:  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Items Stored: \_\_\_\_\_

Storage Company: \_\_\_\_\_ Locker No:  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Items Stored: \_\_\_\_\_  
\_\_\_\_\_

Storage Company: \_\_\_\_\_ Locker No: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Items Stored: \_\_\_\_\_  
\_\_\_\_\_

SAFE DEPOSIT BOXES

Institution: \_\_\_\_\_  
Box No: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Items Stored: \_\_\_\_\_

Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Institution: \_\_\_\_\_  
Box No: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Items Stored: \_\_\_\_\_

Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

Box No: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Items Stored: \_\_\_\_\_

Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

LEASES:

Items Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Items Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address : \_\_\_\_\_

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Items Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Items Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

LAWYER'S TRUST ACCOUNT:

IOLTA: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Other Signatory:

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

Phone:

INDIVIDUAL TRUST ACCOUNT:

Name of Client:

Institution:

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

Phone:

Account Number:

Other Signatory:

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

Phone:

GENERAL OPERATING ACCOUNT:

Institution:

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

Phone:

Account Number:

Other Signatory:

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

Phone:

Institution:

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

Phone:

Account Number:

Other Signatory:

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

Phone:



Institution:  
Address: \_\_\_\_\_

Phone:  
Account Number:  
Other Signatory:  
Address: \_\_\_\_\_

Phone:

BUSINESS CREDIT CARDS:

Institution:  
Address: \_\_\_\_\_

Phone:  
Account Number:  
Other Signatory:  
Address: \_\_\_\_\_

Phone:

Institution:  
Address: \_\_\_\_\_

Phone:  
Account Number:  
Other Signatory:  
Address: \_\_\_\_\_

Phone:

MAINTENANCE CONTRACTS:

Item Covered:  
Vendor Name:  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Item Covered:  
Vendor Name:  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Item Covered:  
Vendor Name:  
Address:

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Item Covered:  
Vendor Name:  
Address:

Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:

State of:  
Address

Phone: \_\_\_\_\_  
Bar ID #: \_\_\_\_\_

State of:  
Address

Phone: \_\_\_\_\_  
Bar ID #: \_\_\_\_\_

State of:  
Address

Phone: \_\_\_\_\_  
Bar ID #: \_\_\_\_\_

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