

HOW TO HAVE YOUR WILL, POWER OF ATTORNEY AND HEALTH CARE PROXY PREPARED WITHOUT LEAVING YOUR HOME OR CAR

Seven Easy Steps

For your safety, as well as ours, we are offering remote or drive-up no-contact document signing during the COVID-19 crisis. We are available by phone or email at any time to answer your questions. These are the easy steps to have your will, power of attorney and health care proxy/living will prepared:

- 1) Complete the Will Information Sheet (“WIS”) at <https://www.wny-lawyers.com/will-intake-form/> or call 716.542.5444 and request that the WIS be mailed to you.
- 2) Return the WIS to us either electronically via online form, by scanned email, fax 7165424090 or by mail to POB 31, Akron, NY 14001.
- 3) When we receive your WIS, we will call you or email you to schedule an initial telephone conference.
- 4) During the telephone conference, we will advise you when the documents will be mailed to you and the total fees which can be paid by check or any credit card at WNY-Lawyers.com
- 5) When you have received and reviewed the documents, call (716)542-5444 or email rfriedman@legalsurvival.com us to schedule remote signing. The signing

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: 3853 North Buffalo Rd., Orchard Park, NY 14127

Rochester Office: 70 Linden Oaks, 3rd Floor, Rochester, NY 14625

appointment can be done one of two ways as explained below in #6 and #7. If you are not personally known to us, you must present valid photo ID at the signing.

- 6) Remote signing by Facetime, Skype, or other teleconferencing service.
 - A) You must affirmatively represent that you are physically situated in the State of New York;
 - B) You must transmit by fax or electronic means a legible copy of the signed document directly to us on the same date you signed it ;
 - C) We will witness and notarize the transmitted copy of the document and transmit it back to you; and
 - D) You mail the signed documents to us in the envelope provided within seven days.
 - E) We will mail the original notarized poa and health care proxy to you.
 - F) There is an additional \$149 fee per person for this type of signing only to cover the additional administrative costs and re-signing of documents after the pandemic.

- 7) Remote no-contact signing in your car if you do not have access to Skype, Facetime, or other teleconferencing service:
 - a) Drive to our office at the appointment time and stay in your car.
(For an additional charge, we can drive to your home.)
 - b) Call the cell phone number listed below and we will drive or walk up alongside your car.
 - c) We will speak via cell phones and observe the signing through the car windows.
 - d) Mail the documents to us in the return envelope sent to you.
 - e) We will mail a copy of your will and the original notarized poa and health care proxy/living will to you.

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.

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)

**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/
Orchard Park/Niagara Falls/Rochester office with Robert Friedman/Michael H. Ranzenhofer/Samuel A. Alba/
Justin R. Friedman

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

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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? _____