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CLIENT INFORMATION

Client Name: _____

Client Address: _____

Client Email: _____

Client Phone: _____

Relation to Client:

Client

Spouse of Client

Child of Client

Attorney-in-Fact For Client

Personal Representative/Executor of Client

None

REQUESTING PARTY INFORMATION

Requesting Address: _____

Requesting Email: _____

Requesting Phone: _____

Year Last Worked with Vogel: _____

Client Number (if known): _____

Name of Attorney: _____

VOGEL OFFICE LOCATION

Fargo, ND

Bismarck, ND

Moorhead, MN

Other: _____

Description of Legal Matter:

Documents You Are Looking For:

Signature: _____

By signing the above, I confirm that the information provided is accurate and correct to the best of my knowledge.

SUBMISSION & PROCESSING

We will process the request in the order in which it is received. Processing this request may take 7-10 business days, depending on the volume of requests, the date of the file, whether it is stored on or off-site, and whether the file has been destroyed in connection with our file destruction policy.

We also suggest you look through your personal file storage as Vogel's customary practice is for the clients to retain their original documents, including Last Will and Testaments, Trusts, Powers of Attorney, Health Care Directives, Deeds, and Abstracts.

Email form to; servicedesk@vogellaw.com

Mail form to: Vogel Law Firm, 218 NP Avenue, Fargo, ND 58102