**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/PARTNER:**

Name:

Work Phone:

Employer:

**OFFICE MANAGER:**

Name:

Home Address:

Home Phone:

**PASSWORDS (FOR COMPUTER SYSTEM, SOFTWARE PROGRAMS, MOBILE DEVICES, WEBSITES, CLOUD-BASED ACCOUNTS, eFILING, VOICEMAIL, OTHER):**

(Name of person who knows passwords or location where passwords are stored, such as a safe deposit box)

Name:

Home Address:

Home Phone:

**POST OFFICE OR OTHER MAIL SERVICE BOX:**

Location:

Box No.:

Obtain Key From:

Address:

Phone:

Other Signatory:

Address:

Phone:

**LEGAL ASSISTANT/SECRETARY:**

Name:

Home Address:

Home Phone:

**BOOKKEEPER:**

Name:

Home Address:

Home 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 Contacting:

Address:

Phone:

**PROFESSIONAL CORPORATIONS:**

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:

**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:

Reason for Contact:

Name:

Address:

Phone:

Reason for Contact:

Name:

Address:

Phone:

Reason for Contact:

**GENERAL LIABILITY COVERAGE:**

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

**LEGAL MALPRACTICE – PRIMARY COVERAGE:**

Provider: Professional Liability Fund

Address: P.O. Box 231600

Tigard, Oregon 97281-1600

Phone: 503-639-6911 or 800-452-1639

**LEGAL MALPRACTICE – EXCESS COVERAGE:**

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

**VALUABLE PAPERS COVERAGE:**

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

**OFFICE OVERHEAD/DISABILITY INSURANCE:**

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

**HEALTH INSURANCE:**

Insurer:

Address:

Phone:

Policy No.:

Persons Covered:

Contact Person:

**DISABILITY INSURANCE:**

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

**LIFE INSURANCE:**

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

**WORKERS’ COMPENSATION INSURANCE:**

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

**CLOUD-BASED STORAGE:**

Cloud Provider: Account No.:

Address:

Phone:

Location of Password (if not included on page one):

Cloud Provider: Account No.:

Address:

Phone:

Location of Password (if not included on page one):

**STORAGE LOCKER LOCATION:** (Continued on next page)

Storage Company: Locker No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Items Stored:

Where Inventory of Files Can Be Found:

Storage Company: Locker No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

**STORAGE LOCKER LOCATION:** (Continued)

Items Stored:

Where Inventory of Files Can Be Found:

Storage Company: Locker No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Items Stored:

Where Inventory of Files Can Be Found:

**SAFE DEPOSIT BOXES:** (Continued on next page)

Institution:

Box No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Other Signatory:

Address:

Phone:

Items Stored:

**SAFE DEPOSIT BOXES:** (Continued)

Institution:

Box No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Other Signatory:

Address:

Phone:

Items Stored:

Institution:

Box No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Other Signatory:

Address:

Phone:

Items Stored:

**LEASES:**

Item Leased:

Lessor:

Address:

Phone:

Expiration Date:

Item Leased:

Lessor:

Address:

Phone:

Expiration Date:

Item Leased:

Lessor:

Address:

Phone:

Expiration Date:

Item Leased:

Lessor:

Address:

Phone:

Expiration Date:

**LAWYER TRUST ACCOUNT:** (Continued on next page)

IOLTA:

Institution:

Address:

Phone:

**LAWYER TRUST ACCOUNT:** (Continued)

Account No.:

Other Signatory:

Address:

Phone:

**INDIVIDUAL TRUST ACCOUNT:**

Name of Client:

Institution:

Address:

Phone:

Account No.:

Other Signatory:

Address:

Phone:

**GENERAL OPERATING ACCOUNT:** (Continued on next page)

Institution:

Address:

Phone:

Account No.:

Other Signatory:

Address:

Phone:

Institution:

Address:

Phone:

**GENERAL OPERATING ACCOUNT:** (Continued)

Account No.:

Other Signatory:

Address:

Phone:

Institution:

Address:

Phone:

Account No.:

Other Signatory:

Address:

Phone:

**BUSINESS CREDIT CARD:**

Institution:

Address:

Phone:

Account No.:

Other Signatory:

Address:

Phone:

Institution:

Address:

Phone:

Account No.:

Other Signatory:

Address:

Phone:

**MAINTENANCE CONTRACTS:**

Item Covered:

Vendor:

Address:

Phone:

Expiration:

Item Covered:

Vendor:

Address:

Phone:

Expiration:

Item Covered:

Vendor:

Address:

Phone:

Expiration:

**ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:** (Continued on next page)

State of:

Bar Address:

Phone:

Bar ID No.:

State of:

Bar Address:

Phone:

Bar ID No.:

**ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:** (Continued)

State of:

Bar Address:

Phone:

Bar ID No.:

*Reprinted and adapted with permission of the State Bar of Arizona Sole Practitioner Section*

**IMPORTANT NOTICES**

This material is provided for informational purposes only and does not establish, report, or create the standard of care for attorneys in Oregon, nor does it represent a complete analysis of the topics presented. Readers should conduct their own appropriate legal research. The information presented does not represent legal advice. This information may not be republished, sold, or used in any other form without the written consent of the Oregon State Bar Professional Liability Fund except that permission is granted for Oregon lawyers to use and modify these materials for use in their own practices. © 2019 OSB Professional Liability Fund.