DATE:

 FILE NO.:

Name of client(s):

Other person(s) at interview:

I. REPRESENTATION INFORMATION

 Fee agreement and engagement letter sent?

 Fee estimate given:

 Time estimate given:

 Joint representation letter sent? ( )Yes ( )N/A

 Prenuptial agreement in effect? ( )Yes ( )N/A

 Is client a member of an Oregon registered domestic partnership? ( )Yes ( )N/A

II. REVIEW CONFIDENTIAL FAMILY INFORMATION SHEET

 Additional information or comments:

III. ESTATE PLAN

 A. CLIENT’S GOALS/BASIC INFORMATION:

 1. What are client’s greatest concerns about spouse, children or estate?

 2. General plan of disposition: (1) Spouse/Partner; (2) children; (3)

 grandchildren; (4) Other

 If “other” explain:

 3. Guardian for minor children:

 Alternate guardian:

 If co-guardians, if one can’t act, does the other one act alone or go to alternate guardian(s)?

 4. (a) Pot trust for children? Yes ( ) No ( )

 (1) Advancements for starting a business, buying a home, or graduate school? Yes ( ) No ( )

 (2) Age until division into separate trust:

 (3) When distributed after division:

 (b) Separate trusts for children initially? Yes ( ) No ( )

 (1) Age for distribution:

5. If child dies before distribution use right of

 representation? Yes ( ) No ( )

 6. Trustee:

 Alternate trustee:

 Do alternates take over if one or both of

 primary trustees are unable? Yes ( ) No ( )

 Other special provisions for trustee:

 7. Tangible personal property for personal use provisions:

 8. Special needs for any person? Yes ( ) No ( )

 If “yes” explain:

 9. Provisions for parents? Yes ( ) No ( )

 If “yes” explain:

 10. Does client desire to make any charitable devises: Yes ( ) No ( )

 11. Specific Bequests? Yes ( ) No ( )

 If “yes” explain:

 12. Provisions for pets? Yes ( ) No ( )

 If “yes” explain:

IV. ESTATE PLANNING DOCUMENTS TO USE AND SPECIFIC PROVISIONS

 1. Type:

 Simple Will ( ) Will with Trust for Minors ( ) Disclaimer Will ( )

 Will with Tax Planning Trusts ( ) Single Living Trust ( )

 Joint Living Trust with No Tax Planning ( )

 Joint Living Trust with Tax Planning ( ) ILIT ( )

 Separate Living Trusts for Spouses with No Tax Planning ( )

 Separate Living Trusts for Spouses with Tax Planning ( )

 2. Tax Planning Trust or Will Provisions:

 (a) Marital devise outright? Yes ( ) No ( )

1. Marital devise in trust? Yes ( ) No ( )
2. Credit Shelter Trust? Yes ( ) No ( )
3. QTIP trust? Yes ( ) No ( )
4. Should there be a limited Power of

Appointment? Yes ( ) No ( )

1. QDOT trust? Yes ( ) No ( )
2. Oregon Special Marital Property Trust

 needed? Yes ( ) No ( )

1. Should the Family Trust be sprinkling

 to spouse and descendants? Yes ( ) No ( )

1. Limited Power of Appointment for

 Family Trust? Yes ( ) No ( )

1. Who is presumed to survive?

 (1) In [Spouse/Partner: ] Will/Trust

 (2) In [Spouse/Partner: ] Will/Trust

 3. Revocable Trust(s)

 (a) Instructions for funding, etc.

 (b) Assets to be left out of trust:

 4. Who should receive estate if neither spouse/partner nor children (or other residuary devisees) survives?

 5. Any person to be specifically disinherited? Yes ( ) No ( )

 6. Cremation or other specific funeral arrangements: Yes ( ) No ( )

 7. How should estate taxes be apportioned?

 8. Other provisions:

V. BACKGROUND INFORMATION

 A. FAMILY INFORMATION:

 1. Are both spouses/partners U.S. Citizens? Yes ( ) No ( )

 Name of noncitizen:

 Country of citizenship:

 2. Prenuptial or other agreement with spouse/partner? Yes ( ) No ( )

 3. Prior marriage(s)? Yes ( ) No ( )

 If “yes”:

1. Are there children from prior marriage(s)? Yes ( ) No ( )

 (b) Alimony payments being made? Yes ( ) No ( )

 (c) Child support payments being made? Yes ( ) No ( )

 (d) Requirements for life insurance for children

 or ex-spouse/ex-partner? Yes ( ) No ( )

 4. Any anticipated inheritances or trust distributions? Yes ( ) No ( )

 5. Is either spouse/partner a trustee of any trust? Yes ( ) No ( )

 B. PROPERTY INFORMATION:

 1. Is community property involved? Yes ( ) No ( )

 2. Joint property acquired before 1977? Yes ( ) No ( )

 3. Are there installment obligations due to client? Yes ( ) No ( )

 C. BUSINESS INTERESTS:

 What business interests does client have?

 1. Corporation ( )

 (a) Is there a buy-sell agreement or are there

 transfer restrictions? Yes ( ) No ( )

 (b) Is it a Sub “S” corporation? Yes ( ) No ( )

 2. Partnership ( )

 (a) Is there a partnership agreement? Yes ( ) No ( )

 (b) Are there buy-sell provisions or transfer

 restrictions? Yes ( ) No ( )

 3. LLC ( )

 (a) Is there an operating agreement? Yes ( ) No ( )

 (b) Are there buy-sell provisions or restrictions

 on transfer of interests? Yes ( ) No ( )

 4. Sole Proprietorship ( )

 5. Other ( )

 Describe:

 6. Any farmland, forestland, or commercial fishing

 business or property owned? Yes ( ) No ( )

 7. Additional Information:

 D. RETIREMENT PLANS:

 1. Is client a participant in any retirement plan? Yes ( ) No ( )

 If “yes” describe:

 2. Value of benefits:

 3. Who is designated primary beneficiary?

 Address:

 Relationship:

 4. Who is contingent beneficiary?

 Address:

 Relationship:

E. LIQUIDITY PROBLEMS:

1. Are there any liquidity problems

(immediate or anticipated)? Yes ( ) No ( )

 If “yes” what solution is proposed?

 F. GIFTS:

 Prior Gifts? Yes ( ) No ( )

 1. Gift tax returns filed? Yes ( ) No ( )

 2. List donees, dates and amounts of gifts:

 G. FARM/SPECIAL USE VALUATION:

 1. Is it used by client or member of client’s family? Yes ( ) No ( )

 2. If not, is rental cash or crop share? Rent amount $

1. Average annual gross cash rental for comparable land: $
2. Average annual real property taxes for comparable land: $
3. Are there separate parcels in either spouse’s name that if conveyed to a joint living trust would cause merger for land use? Yes ( ) No ( )

 H. LIFE INSURANCE:

 1. Owner: Type: Amount:

 2. Primary beneficiary:

 Address:

 Relationship:

 3. Contingent beneficiary:

 Address:

 Relationship:

 4. Discuss ILIT?

VI. OTHER DOCUMENTS

 A. Durable Power of Attorney desired? Yes ( ) No ( )

 From: To:

 Alternate:

 From: To:

 Alternate:

 Letter of Instruction for holding Power of Attorney desired? Yes ( ) No ( )

 B. Springing Power of Attorney desired? Yes ( ) No ( )

 If yes, what conditions:

 C. Advance Directive desired? Yes ( ) No ( )

 From: To:

 Address: Phone:

 Alternate:

 Address of Alternate:

 Phone of Alternate:

 From: To:

 Address: Phone:

 Alternate:

 Address of Alternate:

 Phone of Alternate:

 D. Change Insurance Beneficiaries? Yes ( ) No ( )

 1. Primary Beneficiary:

 Address:

 Relationship:

 2. Secondary Beneficiary:

 Address:

 Relationship:

 E. Change Retirement Plan Beneficiaries? Yes ( ) No ( )

 1. Primary Beneficiary:

 2. Secondary Beneficiary:

VII. MISCELLANEOUS

 1. Is client interested in making lifetime gifts? Yes ( ) No ( )

 2. Does client have long-term care insurance? Yes ( ) No ( )

 3. Discuss life insurance

VIII. FEES/ESTATE PLANNING DATABASE

 A. Estimate:

 B. Fee Agreement signed? Yes ( ) No ( )

 C. When to review Wills/Trust? Years

 D. Index Under

 E. Other special instructions:

**IMPORTANT NOTICES**

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