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**

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.