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 consent received? 🞏 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:

🞏  Oregon Humane Society Friends Forever program

https://legacy.oregonhumane.org/friends-forever

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:

🞏 Letter of instruction to attorney instead of Springing Power of Attorney?

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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