

**ATTORNEY'S ESTATE PLANNING**  
**INFORMATION CHECKLIST**

DATE: \_\_\_\_\_  
FILE NO.: \_\_\_\_\_

Name of Client(s): \_\_\_\_\_  
Other Persons at Interview: \_\_\_\_\_

I. **REPRESENTATION INFORMATION**

Fee Agreement and Engagement letter sent? \_\_\_\_\_  
Fee Estimate Given: \_\_\_\_\_  
Time Estimate Given: \_\_\_\_\_

Joint Representation letter sent?                    ( ) Yes                    ( ) Not Needed  
Prenuptial Agreement in effect?                    ( ) Yes                    ( ) Not Applicable  
Is client a member of an Oregon registered domestic partnership?    ( ) Yes    ( ) Not  
Applicable

II. **REVIEW CONFIDENTIAL FAMILY INFORMATION SHEET**

Additional information or comments: \_\_\_\_\_  
\_\_\_\_\_

III. **ESTATE PLAN**

A. **CLIENT'S GOALS/BASIC INFO.:**

1.    What are client's greatest concerns about spouse, children or estate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.    General plan of disposition: (1)Spouse; (2)children; (3)grandchildren;  
( )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 ( )  
Marital devise in trust? Yes ( ) No ( )
  - (b) Credit Shelter Trust? Yes ( ) No ( )
  - (c) QTIP trust? Yes ( ) No ( )  
Should there be a limited Power of Appointment?  
Yes ( ) No ( )
  - (d) QDOT trust? Yes ( ) No ( )
  - (e) Oregon Special Marital Property Trust  
needed? Yes ( ) No ( )
  - (e) Should the Family Trust be sprinkling to spouse and descendants?  
Yes ( ) No ( )  
Limited Power of Appointment for Family Trust? Yes ( ) No ( )
  - (f) Who is presumed to survive?  
(1) In Husband's Will/Trust \_\_\_\_\_  
(2) In Wife's 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 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 U.S. Citizens?<br>Name of noncitizen: _____<br>Country of citizenship: _____ | Yes ( )<br>No ( ) | No ( )<br>No ( ) |
| 2. | Prenuptial or other agreement with spouse?  | Yes ( )           | No ( )           |
| 3. | Prior marriages?<br>If "yes":   | Yes ( )           | No ( )           |
|    | (a) Are there children from prior marriage?   | Yes ( )           | No ( )           |
|    | (b) Alimony payments being made?  | Yes ( )           | No ( )           |
|    | (c) Child support payments being made?  | Yes ( )           | No ( )           |
|    | (d) Requirements for life insurance for children<br>or ex-spouse?                             | Yes ( )           | No ( )           |
| 4. | Any anticipated inheritances<br>or trust distributions?                                       | Yes ( )           | No ( )           |
| 5. | Is either spouse 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<br>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<br>transfer restrictions?                 | Yes ( ) | No ( ) |
| 3. | LLC ( )  |         |        |
|    | (a) Is there an operating agreement?   | Yes ( ) | No ( ) |
|    | (b) Are there buy-sell provisions or<br>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 \$ \_\_\_\_\_
2. Average annual gross cash rental for comparable land: \$ \_\_\_\_\_
3. Average annual real property taxes for comparable land: \$ \_\_\_\_\_
4. Are there separate parcels in husband's or wife'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 DATA BASE - INDEX

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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