**ATTORNEY NAME:** Social Security #:

OR State Bar #: Federal Employer ID #: State Tax ID #:

Date of Birth:

Office Address:

Office Phone:

Home Address:

Home Phone:

Cell Phone:

**SPOUSE/PARTNER:**

Name:

Employer:

Work Phone:

Cell Phone:

**OFFICE MANAGER:**

Name:

Home Address:

Home Phone:

Cell 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:

Cell 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:

Cell Phone:

**BOOKKEEPER:**

Name:

Home Address:

Home Phone:

Cell 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.:

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