

**1. ATTORNEY:**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ME Bar No: \_\_\_\_\_

Federal Emp. ID No.: \_\_\_\_\_ State Tax ID No. \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone \_\_\_\_\_

Written Disaster Plan? \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Phone(s) Assigned To: \_\_\_\_\_

**2. SPOUSE/PARTNER:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**3. OFFICE MANAGER:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**4. PASSWORDS (FOR COMPUTER SYSTEM, SOFTWARE PROGRAMS, WEBSITES, ONLINE DATA STORAGE, VOICEMAIL, OTHER):**

(Name of person who knows passwords or location where passwords are stored, such as a safe deposit box)

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**5. POST OFFICE OR OTHER MAIL SERVICE BOX:**

Location: \_\_\_\_\_  
\_\_\_\_\_

Box No.: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address \_\_\_\_\_

Phone(s): \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s): \_\_\_\_\_

**6. LEGAL ASSISTANT/SECRETARY:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Approximate Start Date  
With Attorney: \_\_\_\_\_ Length of Service: \_\_\_\_\_

**7. BOOKKEEPER:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Approximate Start Date  
With Attorney: \_\_\_\_\_ Length of Service: \_\_\_\_\_

**8. LANDLORD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**9. PAYROLL SERVICE:**

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Password: \_\_\_\_\_

Weekly or  
Bi-Weekly: \_\_\_\_\_

Deadline for  
Submitting: \_\_\_\_\_

Phone  
Submission  
Number: \_\_\_\_\_

Web Submission  
Address: \_\_\_\_\_

\_\_\_\_\_

**10. SECURITY SERVICE:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Password: \_\_\_\_\_

**11. ESTATE PERSONAL REPRESENTATIVE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**12. PERSONAL ATTORNEY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**13. ACCOUNTANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**14. POWER OF ATTORNEY:**

Is there a Power of Attorney?  Yes  No

If Yes:

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Is It a Durable Power of Attorney?  Yes  No

**15. LOCATION OF WILL AND/OR TRUST: AND/OR POWER OF ATTORNEY:**

Access Will and/or Trust  
By Contacting:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Access Power of Attorney  
By Contacting:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**16. PROFESSIONAL CORPORATION(S):**

Corporate Name: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

Location of Corporate Minute Book: \_\_\_\_\_

Location of Corporate Seal: \_\_\_\_\_

Location of Corporate Stock Certificates: \_\_\_\_\_

Location of Corporate Tax Returns: \_\_\_\_\_

Fiscal Year-End Date: \_\_\_\_\_

Corporate Attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**17. OFFICE-SHARER OR OF COUNSEL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Status: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**18. OTHER IMPORTANT CONTACTS (SUCH AS MARKETING, DEVELOPMENT, ADVERTISING):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Contact: \_\_\_\_\_

**19. INSURANCE: PROPERTY COVERAGE:**

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_

**20. GENERAL LIABILITY COVERAGE:**

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_

**21. PROFESSIONAL LIABILITY – PRIMARY COVERAGE:**

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_

**22. PROFESSIONAL LIABILITY – EXCESS COVERAGE:**

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_  
Contact Person/Agent: \_\_\_\_\_

**23. VALUABLE PAPERS COVERAGE:**

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_  
Contact Person/Agent: \_\_\_\_\_

**24. OFFICE OVERHEAD/DISABILITY INSURANCE:**

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_  
Contact Person/Agent: \_\_\_\_\_

**25. HEALTH INSURANCE:**

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_  
Persons Covered: \_\_\_\_\_  
Contact Person/Agent: \_\_\_\_\_

**26. PERSONAL DISABILITY INSURANCE:**

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_

**27. LIFE INSURANCE:**

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_

**28. WORKERS' COMPENSATION INSURANCE:**

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Coverage Period: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_

**29. LOCATION OF INSURANCE POLICIES IDENTIFIED ABOVE:**

19. \_\_\_\_\_

24. \_\_\_\_\_

20. \_\_\_\_\_

25. \_\_\_\_\_

21. \_\_\_\_\_

26. \_\_\_\_\_

22. \_\_\_\_\_

27. \_\_\_\_\_

23. \_\_\_\_\_

28. \_\_\_\_\_



**30. CLOUD or INTERNET-BASED STORAGE LOCATION:**

1. Cloud Provider: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of Password (if not included on page one): \_\_\_\_\_

2. Cloud Provider: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of Password (if not included on page one): \_\_\_\_\_

**31. STORAGE LOCKER LOCATIONS:**

1. Storage Company: \_\_\_\_\_ Storage Unit No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Items Stored: \_\_\_\_\_

Where Inventory of Files can be Found: \_\_\_\_\_

Location of Password (if not included on page one): \_\_\_\_\_

2. Storage Company: \_\_\_\_\_ Storage Unit No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Items Stored: \_\_\_\_\_

Where Inventory of Files can be found: \_\_\_\_\_

Location of Password (if not included on page one): \_\_\_\_\_

**32. SAFE DEPOSIT BOXES:**

1. Institution: \_\_\_\_\_ Box No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Items Stored: \_\_\_\_\_

2. Institution: \_\_\_\_\_ Box No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Items Stored: \_\_\_\_\_

**33. EQUIPMENT AND SOFTWARE LEASES:**

1. Item Leased: \_\_\_\_\_ Lessor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Item Leased: \_\_\_\_\_ Lessor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3. Item Leased: \_\_\_\_\_ Lessor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4. Item Leased: \_\_\_\_\_ Lessor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**34. LAWYER TRUST ACCOUNT:**

Institution: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Online Access Info: \_\_\_\_\_

**35. INDIVIDUAL TRUST ACCOUNT(S):**

Name of Client: \_\_\_\_\_

Institution: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Online Access Info: \_\_\_\_\_

**36. GENERAL OPERATING ACCOUNT (S):**

1. Institution: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Online Access Info: \_\_\_\_\_

2. Institution: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Online Access Info: \_\_\_\_\_

**37. BUSINESS CREDIT CARD(S):**

1. Institution: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Online Access Info: \_\_\_\_\_

2. Institution: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Online Access Info: \_\_\_\_\_

**38. MAINTENANCE/SERVICE CONTRACTS:**

1. Vendor: \_\_\_\_\_ Item Covered: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Item Covered: \_\_\_\_\_ Expiration: \_\_\_\_\_

2. Vendor: \_\_\_\_\_ Item Covered: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Item Covered: \_\_\_\_\_ Expiration: \_\_\_\_\_

3. Vendor: \_\_\_\_\_ Item Covered: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Item Covered: \_\_\_\_\_ Expiration: \_\_\_\_\_

**39. STATE BAR ADMISSIONS:**

- 1. State of: \_\_\_\_\_ Bar ID No. \_\_\_\_\_  
Bar Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_
- 2. State of: \_\_\_\_\_ Bar ID No. \_\_\_\_\_  
Bar Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_
- 3. State of: \_\_\_\_\_ Bar ID No. \_\_\_\_\_  
Bar Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**40. FEDERAL BAR ADMISSIONS:**

- 1. Jurisdiction: \_\_\_\_\_ Bar ID No. \_\_\_\_\_  
Bar Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_
- 2. Jurisdiction: \_\_\_\_\_ Bar ID No. \_\_\_\_\_  
Bar Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

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